

APPENDIX "A"

Analysis of the shots fired and resultant wounds to President John F. Kennedy, Texas Governor John B Connally, and eyewitness/bystander James T. Tague.

- Notes
- for New York Times / Hal Aronson
- 377-28 (p.7)
- Handwritten notes: 377-28 (p.7)
- Handwritten notes: must use entrance - entrance
- Handwritten notes: Clerk / mail report (p.14) - medical fees
- Handwritten notes: next inner report (p.16) - not necessary for
- Handwritten notes: bones splinters - "missile" O'Neil + Subject
- Handwritten notes: check pp details for the "missile" O'Neil + Subject
- Handwritten notes: receipt + stuff for Bundy
- Handwritten notes: where Connally's statement is recorded
- Handwritten notes: Connally's statement in file
- Handwritten notes: on separate sheet
- Handwritten notes: 11/66

In analyzing the shooting sequence that results in the death of President Kennedy and the wounding of Governor Connally the following conclusions were reached:

- (1) The President was shot twice, both shots being fired from the front of the presidential limousine; both shots therefore generated wounds of entry on the front of the President. One of these wounds was obvious with the exact point of entry never really in doubt as specified by the first medical personnel to view the President's body, the doctors and attending people present at Parkland hospital.
- (2) Governor Connally was shot once from the front of the Presidential limousine at extremely close range. The Governor's wounds were exact and are represented as such in the existing medical record. The confusion regarding the Governor's wounding arises from a number of factors; the Governor's testimony; an inability, to date, of the body of critical or supportive writing to be able to look beyond the blinders of the "single bullet theory" and actively pursue the real source of the Governor's wounds; an analysis of film other than the Zapruder film to examine the Governor's reaction to being shot; the handling of the Governor's personal clothing, a critical piece of evidence for which there exists a rather circuitous chain of possession.
- (3) A fourth shot was fired from a point at or about ground level and to the right rear of the presidential limousine. This bullet struck and passed through the windshield of the President's car and went on to strike the curb on the south side of Main Street some 600' from the alleged assassins' perch. A bystander/eyewitness James Tague, suffered a minor facial laceration as a result of this curb strike.

FIRST SHOT: FIRST WOUND

Zapruder Film: Of the two shots that struck President Kennedy, this is the more difficult to ascertain in relation to a time frame established by the Zapruder film. Unlike the fatal head shot, which is readily apparent to anyone who views the film, the first shot can probably never be visually verified in an examination of the film, even in a frame-by-frame analysis of same. There are two reasons for this: (1) the size of the initial wound of entry is extremely small when compared to the distance from the Presidents throat to Zapruders actual position (let alone the position of the film plane within the camera itself), and, (2) all of the resultant damage inflicted by the path of the first bullet is internal.

As a result one is left with having to examine the physical movements of the occupants of the presidents car, in this case the president himself, in reaction to what the HSCA would term "severe external stimulus." (R-HSCA-p.82)

From the time the president's limousine materializes out of thin air at Zapruder frame 133 and until he receives the first shot the president's movements are relatively uniform; he is seen facing slightly to his right, turned at a shallow angle, and waving to the crowd on his side of Elm Street. Beginning at Zapruder frame 189 the waving motion is perceptibly interrupted with the waving hand actually stopping in mid-motion at Zapruder frame 200. This process transpires over a time span of some 11 frames or .60109 seconds of actual elapsed time. Between frames 200 and 202, or some .10928 of a second the presidents entire head moves rapidly from right-centre to centre-left. It remains in this position, disappearing behind the freeway sign at frame 203 and reemerging at frame 225 at which time it is very apparent that the president has been hit.

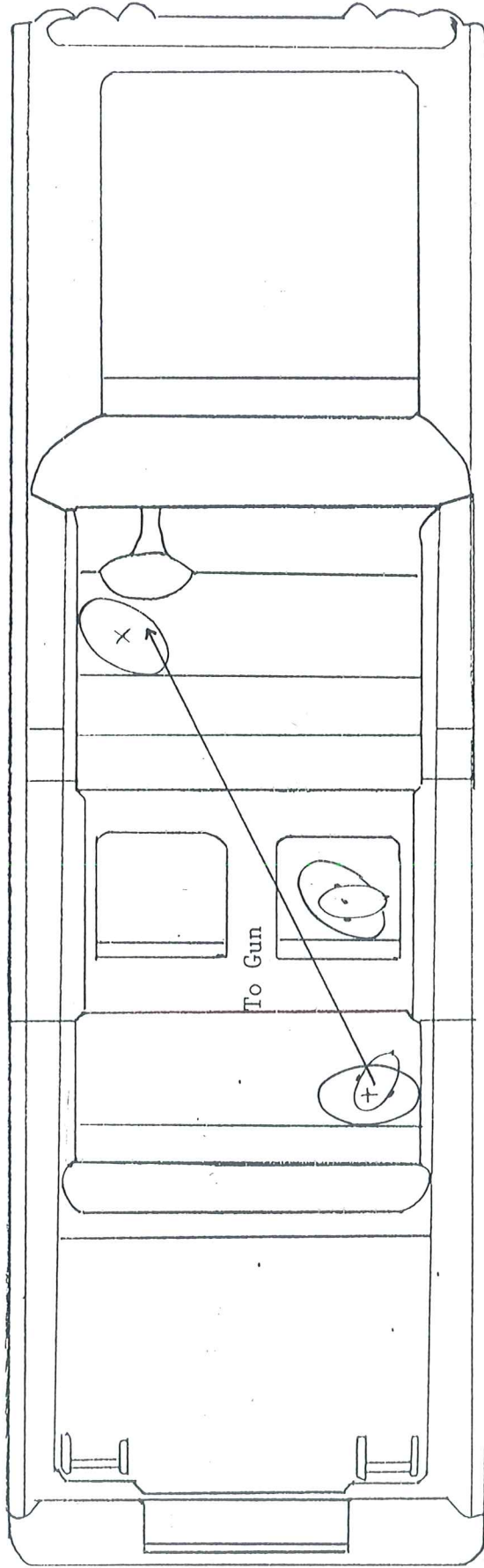
I would agree with the HSCA panel's examination that the president is hit "at about Zapruder frame 188 - 191."

Utilizing a frame by frame study of the Zapruder film and charts produced by the HSCA the following conclusions were reached: at Z190 President Kennedy is sitting erect in the back right-hand position on the bench seat of the limousine. (see Fig. 1) His back is to the bench seat and his body is at the right hand edge of the interior of the car at this point with his right arm and hand actually appearing to be above the right hand side of the car in the process of waving. While his torso is facing forward his head is turned approximately 45 degrees to the right in relation to his body position. It is noted that even in this position the president's throat is not rotated this far to the right and is open and exposed to the front. Governor Connolly in the jump seat in the front of the president has his entire body rotated to the right some 60 degrees.

The one person of note whose movements no one appears to have critically analyzed in relation to the Zapruder film and other photographic evidence is the driver of the Presidential limousine, William Greer. The authors of this book have spent countless hours doing just this. More can be read of these results in the Zapruder appendix. Suffice to say that at the time frame established for the first shot Greer's entire body is rotated to his right. Taking the mid-point of the hood of the presidential limousine as 12:00 o'clock, the mid-point of the trunk as 6:00, mid-point right hand side of vehicle as 3:00 and the left hand mid-point as 9:00, Greer's body position throughout the sequence of the first shot is rotated in the 3:00 to 4:30 positions. Those portions of his white dress shirt not covered by his suit jacket are exposed in their entirety as he faces Zapruder's camera, this occurring during a time sequence when the president's limousine is actually moving away or at best tangentially to Zapruder. (see Robert H. West surveyor's chart, prepared Dec. 5, 1963 for confirmation of this.) It is when he is in this position that agent Greer fires the first shot, striking the president in the throat.

Fig. 1.

ZAPRUDER FRAME 190



To Zapruder

THE THROAT WOUND:

When one analyzes the throat wound it is essential to understand that the only individuals to see and describe the wound in it's original appearance are the medical personnel of Parkland Hospital. It is also essential to any understanding of this wound that one realize and appreciate the fact that the wound as described by the Parkland personnel is described accurately and that what they have to say about this wound is the truth as they viewed it at approximately 12:38 p.m. and after on the afternoon of November 22, 1963. This, then, is what is known of this wound as initially reported:

- (1) It was a wound of entry. There is absolutely no doubt on this point. The medical personnel of Parkland have been adamant, and rightly so, on this issue since their initial observations some 30 years ago. The only time there has even been a hint at deviation from this stance is when those Parkland personnel who were questioned by the Warren Commission were subjected to a question so hypothetical and laden with assumption to border on the ludicrous; it did appear to serve it's purpose, however, for it did put the medical people in a position where the response garnered from the question asked was the one that Arlen Spectre in particular and the Commission in general so deperately needed. In reality when one examines the line of questioning pursued by Spectre on the Parkland medical people one is left with only one conclusion: the Parkland medical personnel were subjected to special pressures that were uncalled for, undignified, and at times out and out abusive. As Dr. Perry himself noted in a 1979 interview regarding his orginal assessment of the throat wound as one of entry: "My whole credibility as a trauma surgeon was at stake. I couldn't have made a mistake like that. It destroys my integrity if I don't know an entrance wound from an exit wound." (the emphasis is Dr. Perry's)

Those Dallas Parkland Hospital personnel who described the wound as one of entry were:

Dr. Charles J. Carrico (3H361, 6H3, CE 392, 17H4; 7HSCAp.276ff)

Dr. Malcolm Perry (3H368,369, 6H9, 15,16, CE392, 17H6; 7HSCA293ff). In addition, Dr. Perry's statements at the Parkland press conference on Kennedy's death, the afternoon of Nov. 22, 1963, are both explicit and a matter of public record. On three sperate occasions Dr. Perry was asked direct questions regarding the nature of the throat wound and on every occasion Dr. Perry replied that the throat wound was one of "entrance."

Dr. Ronald C. Jones (6H53-55) Additionally, in an April 5, 1991 interview with researcher Harrison Livingstone regarding the specifics of the throat wound: "My initial statement was that I saw it as an entrance wound. I made the assumption. That was what my interpretation was. I thought someone had come up and shot him in the neck with a handgun at close range."

Dr. Charles R. Baxter (6H42, CE 392, 17H8) Dr. Baxter was specific, placing the entrance wound of the neck at "1½' - 3.84 cm - above the notch of the breastbone."

Nurse Margaret M. Henchcliffe (6H141) Actually, nurse Henchcliffe was the first medical person to see President Kennedy, prior to the arrival seconds later of Dr. Carrico. The very first thing she noted was a gunshot wound of the neck which she repeatedly and insistently described to counsel Spectre as one of "entrance." Her testimony before the Warren Commission is indicative of the courage of this woman at this point in time. She indicated to counsel that eight of her twelve years experience as a nurse had been in emergency rooms of hospitals where her encounter with gunshot wounds was all too frequent. She had never seen a gunshot exit bullethole that looked like the throat wound present on President Kennedy.

In addition to the above we have the corroborative handwritten account of Dr. Humes after his telephone call to Dr. Perry in the early morning hours of November 23, 1963: "Dr. Perry noted the massive wound of the head and a second, puncture wound, of the lower anterior neck in approximately the midline."

Position of the Wound:

In testimony before the Warren Commission Dr. Carrico, in response to queries presented by Commissioner Allen Dulles, indicated that the President's throat wound was above the knot of the tie. (3H361-362) Carrico further substantiated this observation in December of 1971 in an interview with researcher Harold Weisberg, at which time he reiterated that the anterior neck wound was "above the shirt collar." (Weisberg, Post Mortem, p. 375) He also indicated that he saw no bullet holes in either the president's shirt or tie. This is crucial for the Warren Commission was to contend that "holes" found in both the president's tie and shirt collar front were the means of exit for the bullet fired from behind by Oswald. (R91) In reality, as later research was to show, there never were any "holes" in either Kennedy's shirt or tie; rather both were shown to have been slits, innadvertently occurring when nurses at Parkland hospital cut off the president's necktie.

As noted previously, Dr. Baxter was the most specific in describing the entrance wound of the throat as being "1½" - 3.84 cm - above the notch of the breastbone."

For his part, Dr. Perry described the wound as one of entrance "of the lower anterior neck in approximately the midline." (Humes notes, also, CE397, in which Humes description as written originally by his own hand have been shown to have been edited.)

Size of the Wound:

Dr. Perry's initial description of the throat wound as related to Dr. Humes was "a few millimeters in size 3 - 5 mm" (Humes notes; 17H29) Of the Parkland personnel who were either asked or reported

on the size of the wound, estimates ranged from 4 to 8 mm. (or 0.15 - 0.32 inches) in diameter. They were;

Dr. Carrico: 5-8 mm (3H361); 4-7mm (6H3)

Dr. Perry: 5 mm (3H368, 372, 374; 6H9)

Dr. Baxter: 4-5 mm (6H42)

Dr. Jones: $\frac{1}{4}$ " or 6.25mm (6H53, 54)

Shape/Appearance of Wound:

The overall shape and appearance of the throat entrance wound can best be summarized as round to oval in shape and remarkably clean in appearance. From their initial reports or testimony:

Dr. Carrico: "...fairly round..."(3H362) "...an even round wound..."(Ibid) "...rather round..." (6H3)

As well, the wound "...had no ragged edges..." (3H362) and in further testimony "...no jagged edges..." (6H3)

Dr. Perry: "...roughly circular wound..." (3H368, 374) and "...roughly spherical to oval in shape..." (6H9, 15)

As to appearance, "...edges were neither ragged nor were they punched out, but rather clean." (3H372, 388; 6H9)

"...not unlike a rather large puncture wound..." (6H15)

Dr. Baxter described the wound as "...a spherical wound." (6H42)

Nurse Henchcliffe, "...just a little round hole..." (6H141)

Dr. Baxter: indicated that the wound possessed "...relatively smooth edges..." and appeared to be "...relatively clean cut..." (6H54, 55)

Dr. Perry was to further reveal in 1971 that when he first noted the wound on the anterior neck of the president he wiped away the blood from the wound and noted a ring of bruising around the wound itself. He then proceeded to begin a lateral incision as a first step in the tracheotomy procedure which he then completed. The real key in this revelation in the indication of the ring of bruising around the throat entrance wound, in Dr. Perry's own words, "as they always are." While it is true that exit wounds can also show bruising, it is also true that they do not necessarily always do so. It is entrance wounds only that always show bruising, in Dr. Perry's words, "as they always are."

(Weisberg, Op. Cit. pp. 377-378)

See Fig. 2

It is interesting to note that three of the Parkland doctors indicated that they found no "powder burns" on the exterior of this wound. (Dr. Carrico 3H362; Dr. Jones, 6H54, and Dr. Gene C. Akin, 6H65) As the autopsy manual utilized in 1963 by the departments of the Army, Navy, and Air Force indicated, powder residue is usually present if the distance between "muzzle and target" is found to be "18inches" or less. (Autopsy Manual, Departments of the Army, the Navy, and the Air Force, TM 8-300, NAVMED P-5065, AFM 160-19, p. 60.)

The very fact that some of the Parkland medical personnel were at least concerned with the presence of powder residue would seem to dictate at least a tacit belief that the throat wound was (a) one of entrance, and (b) a gunshot wound made at close range. In fact Dr. Akin actually indicated that "...if the president had been shot with a low velocity missile, such as fire from a pistol, it was more likely to have been an entrance wound..." He further stated that low velocity missiles of a caliber smaller than the alleged murder weapon (i.e. 6.5mm) "...enter the body and don't leave it. They usually stay in it..." (6H65)

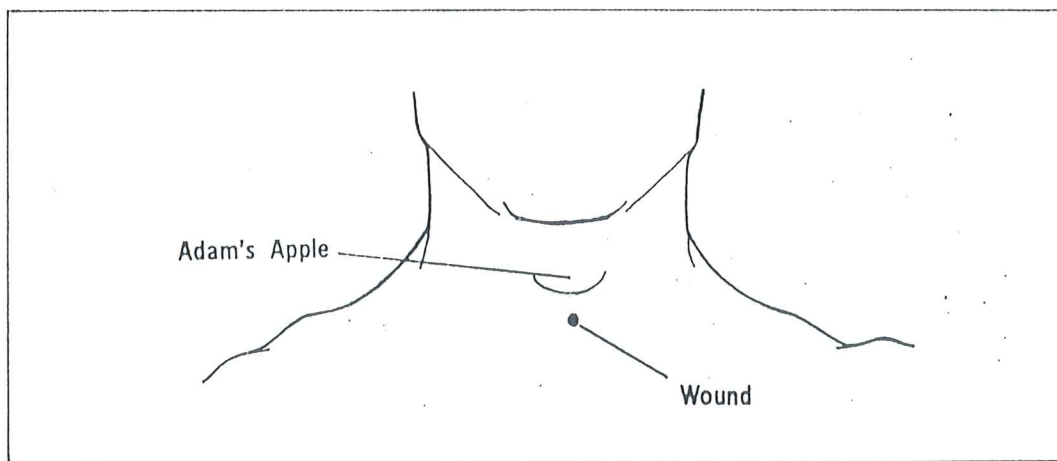


Fig. 2.

Position and appearance of President Kennedy's throat wound of entrance as seen by the first attending medical personnel at Parkland Hospital.

RESULTANT DAMAGE FROM THE THROAT WOUND:

In narrative form, the injuries to the president's throat as a result of the entrance wound to the throat can be summarized, as follow, based upon observations made by the only medical people to see this wound in its original state:

Blood was slowly oozing from the entry wound at the front of the throat. Because of this Dr. Perry thought there was a real possibility that there had been damage to the underlying veins, arteries, or to the windpipe itself. He made an incision of approximately 2 to 2½ inches lateraly directly across and through the wound, carrying the incision into the second tracheal ring of the windpipe. Upon observation through this incision Dr. Perry noted that the windpipe had shifted slightly to the left and present on the right side of same was a small tear, just below the voice box and at the same level as the wound on the outside of the neck. Dr. Perry then made a small cut into the windpipe just above the tear, at which point a tracheotomy tube was inserted. (Dr. Perry, 3H369, 370, 374, 376, 380; 6H10; 17H6; Dr. Carrico, 6H3, 17H4; Dr. McClelland, 6H3; 17H11; Dr. Baxter, 6H42)

In Dr. Perry's own words:

I made a transverse incision right through this wound and carried it down to the superficial fascia, to expose the strap muscles overlying the thyroid and trachea. There was an injury to the right lateral aspect of the trachea at the level of the external wound. The trachea was deviated slightly to the left and it was necessary to drive the strap muscles on the left side in order to gain access to the trachea. At this point, I recall, Dr. Jones, just on my left, was placing a catheter into a vein in the left arm, because he handed me a necessary instrument which I needed in the performance of the procedure. The wound in the trachea was then enlarged to admit a cuffed tracheotomy tube to support respiration. I noted that there was free air and blood in the superior right mediastinum.

Although I saw no injury to the lung or to the plural space, the presence of this free blood and air in this area could be indicative of a wound of the right hemothorax, and I asked that someone put a right chest tube in for seal drainage." (6H10)

It is apparent that a combiation of the above observations led the Parkland

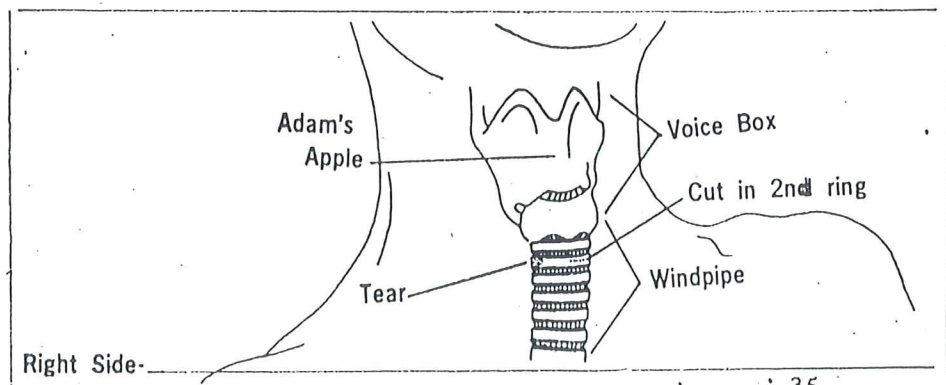
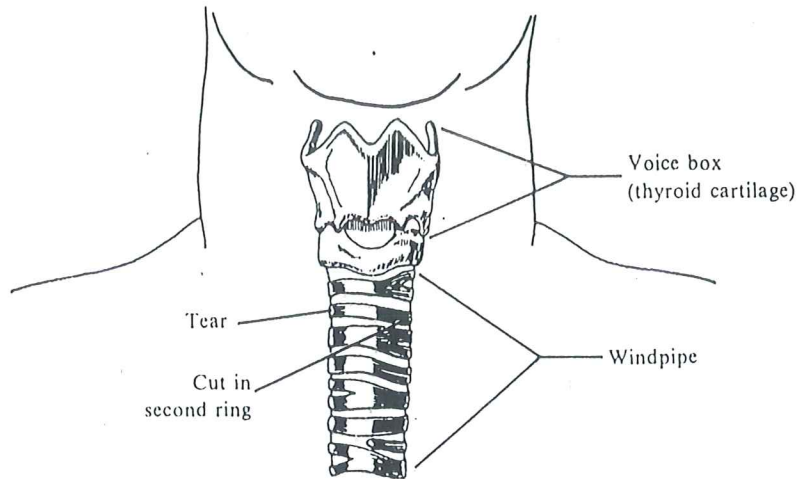


Figure 3.

Diagrammatic representations of the President's throat wounds as observed and reported by Parkland medical personnel.

Hospital personnel to believe that there was a real possibility that a wound to the president's right lung had occurred.

Dr. Carrico, the first Dallas doctor to see the president, had inserted a tube into Kennedy's windpipe . via his mouth, in an effort to aid his breathing and to help Dr. Carrico further assess the president's wound. An inflatable cuff present on this tube was utilized in an effort to "prevent leakage of air around the tube, thus insuring an adequate airway." (3H360) Had the small wound of entry on Kennedy's throat and the resultant tear in the tracheal ring of the underlying windpipe been the only damage inflicted by the missile, Dr. Carrico's procedure should have been adequate to alleviate the strain on the president's respiratory system. It was not. From Dr. Carrico's testimony; "After the endotracheal tube was inserted and connected, I listened briefly to his chest, respirations were better but still inadequate...Breath sounds were diminished, especially on the right." (3H360, 6H3)

In addition we have the following observations of other Parkland medical personnel: Dr. Peters indicated that he observed a "bubbling" sensation in the president's chest; Dr. Jones stated that with the completion of Dr. Perry's tracheotomy, there was a "gush of air"; Dr. Jenkins was specific stating that the wound exhibited "the obvious physical characteristics of a pneumothorax." (6H47, 54, 70)

For his part Dr. Perry testified to the fact that the "large amount of blood in this area" may have been prohibitive in his endeavours to detect injuries to underlying areas beyond the observed tracheal wound. However, "The air was indicated by the fact that there was some frothing of this blood present, bubbling which could have been due to the tracheal injury or an underlying injury to the lung." (3H371)

A New York Times article of November 27, 1963, quoted Dr. Clark as stating that "...one(bullet) struck him at about the necktie knot. It ranged downward in his chest and did not exit." In testimony before the Warren Commission Dr. Clark would deny this quote, the most obvious and easiest way out of the predicament he found himself in, especially since the "real" facts of the case were now known, and soon to be carved in stone by the Commission's report. However, Dr. Clark did not back away entirely from his original claims:

Clark: It was the assumption, based on the previously described deviation of the trachea and the presence of blood in the strap muscles of the neck, that a wound or missile wound might have entered the President's chest.

Specter: Well, what was there, Dr. Clark, in the deviation of the trachea and the presence of blood in the strap muscles of the neck which so indicated?

Clark: Assuming that a missile had entered the pleural space, if there had been bleeding into the pleural space, the trachea would have been deviated or had there been leakage of air into the pleural space, the trachea would have been deviated, as it is the main conduit of air to the two lungs. Collapse of a lung would have produced, or will produce deviation of the trachea. There being a wound in the throat, there being blood in the strap muscles and there being deviation of the trachea...Dr. Perry assumed that the findings in the neck were due to penetration of the missile into the chest. For this reason, he requested chest tubes to be placed. (6H28)

It is interesting to note that even in his denial of the NYT story he still indicated to counsel Specter that, initially, Dr. Perry "felt that the missile had entered the President's chest." ((6H32)

Dr. Jenkins: "The first day I had thought because of his pneumothorax, that... one bullet must have traversed his pleura, must have gotten into his lung cavity, his chest cavity, I mean, and from what you now say (speaking to Specter who has told DR. Jenkins what the true findings of the matter are based upon the autopsy materials) I know it did not go that way. I thought it did." (6H51) In 1978 Dr. Baxter, in testimony to the HSCA, indicated that although after the pump was started on the chest drainage tubes inserted in Kennedy it made observations as to whether or not the chest had been violated more difficult, there still "was a high risk that it had been." (7HSCA274)

The Los Angeles Times carried a story on November 24, 1963, in which Dr. Perry told reporter Jimmy Breslin that "There was a mediastinal wound in connection with the bullet hole in the chest." This article was reprinted in the December 14, 1963 issue of the Saturday Evening Post. However in this printing Dr. Perry's observations have been changed; the line in the article now reads, "There was a mediastinal wound in connection with the bullet hole in the throat." For the purposes of this study the authors have purposely concentrated on the observations of the medical personnel at Parkland, for reason that are obvious. However there were observations made at Bethesda Naval Hospital during the Kennedy autopsy which corroborate and substantiate the Parkland doctors concern to damage in Kennedy's chest. In his testimony at the Clay Shaw trial in New

Orleans in 1969 Colonel Pierre Finck, one of the official Kennedy autopsist's, noted that the autopsy surgeons had observed "a bruise in the pleural region, that is the region of the cavity of the chest...and the three of us...we saw that bruise..." (Shaw Trial testimony, February 24, 1969. p. 120) Dr. Humes was specific and detailed in his description of this bruise atop the president's right lung in his autopsy report: "A 5 cm diameter area of purplish red discoloration and increased firmness to palpation is situated in the apical portion of the right upper lobe." (Bethesda Autopsy report, p. 5. Humes handwritten autopsy notes, pp. 11-12.) Before the Warren Commission Humes indicated that "The area of discoloration...was wedge shaped in configuration, with its base toward the top of the chest and its apex down toward the substance of the lung." (2H363)

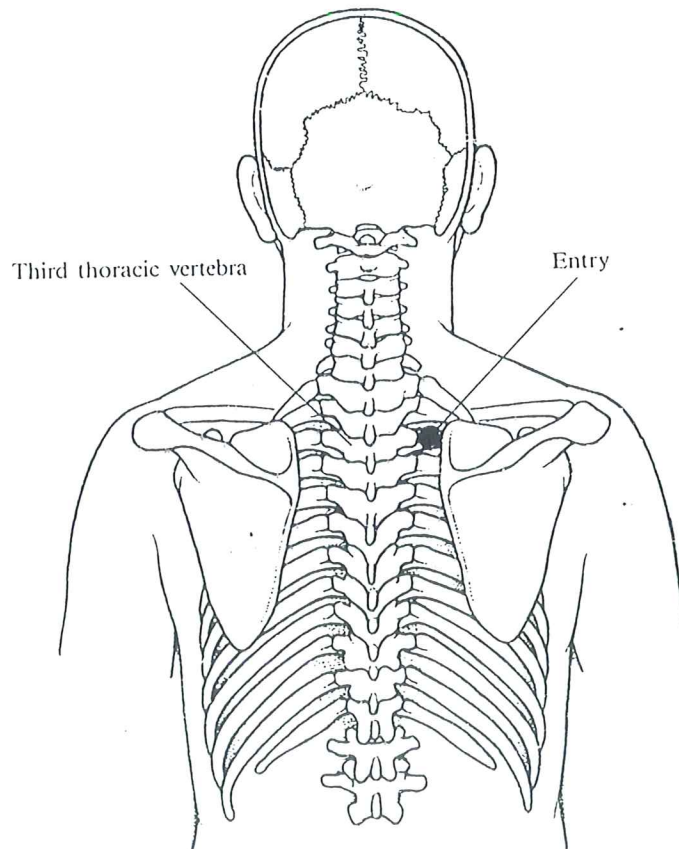
Because no real official examination of this point has ever been conducted, the causes for this bruising of the president's right lung must remain, some 30 years after the event, speculation. The following are offered as possible explanations:

- (1) A whole bullet, or bullet fragment(s) from the entry wound on the president's throat caused the bruising. As we shall explore in the next section of this writing, there is evidence that the bullet which entered the president's throat struck his spinal column with disastrous consequences. Deflection downward by metal fragments cannot, with any certainty, be totally ruled out.
- (2) The Parkland Hospital medical personnel bruised the president's lung as a consequence of their attempts to save his life: a reading of the existing literature, from all sources, as to the specific medical procedures pursued by the Parkland personnel would seem to rule this supposition invalid, though this cannot be stated as an empirical truth. It would appear that the most violent physical procedure undertaken by Parkland doctors was the closed-chest

cardiac massage initiated by Dr. Perry, and continued by Dr. Clark as an absolute last resort to save the President. It is arguable that this bruising could just as easily have occurred as a result of later probing in the president's chest cavity by person(s) unknown in an attempt to retrieve the throat entrance missile in question or fragments from the same.

- (3) The bruising on the president's lung occurred as a result of the external blow required to manufacture the back wound that was observed and duly recorded by Dr. Hume et al during the autopsy. The location of this wound as depicted on the autopsy face sheet, coupled with its rather steep angle of entry (some 45 to 60 degrees) would make this supposition as strong as any offered. (See Figure 4 below)

Fig. 4



President's "back" wound as observed and recorded at Bethesda autopsy.

AUTOPSY X-RAYS:

In 1968 then attorney general Ramsey Clark convened a panel of four medical personnel to examine and report on "various photographs, X-ray films, documents, and other evidence pertaining to the death of President Kennedy..." The panel met in Washington on February 26th and 27th, 1968 to carry out their edict. The report would eventually be used almost a year later, in January of 1969, to forstall and prohibit New Orleans District Attorney Jim Garrison's efforts to have the same materials produced in a court of law, the trial of Clay Shaw.

The Clark Panel indicated that they examined the three X-rays which purported to show the condition of the President's neck area. From their report, page 13:

Neck Region: Films #8, 9 and 10 allowed visualization of the lower neck. Subcutaneous emphysema is present just to the right of the cervical spine immediately above the apex of the right lung. Also several small metallic fragementts are present in this region. There is no evidence of fracture of either scapula or of the clavicles, or of the ribs or of any of the cervical or thoracic vertebrae.

As well, from page 15 of the same report, their narrative "discussion" as to what their examination had revealed:

...the X-ray films show no bony damage in the thorax or neck.

The Clark Panel revelations were to prove to be less than substantiative as regards to the autopsy physician(s) findings from the same materials. From Dr. Humes testimony before the Warren Commission:

We examined carefully the bony structures in this vicinity as well as the X-rays, to see if there was any evidence of fracture or of deposition of metalallic fragments in the depths of this wound, and we saw no such evidence, that is, no fracture of the bones of the shoulder girdle, or of the vertical column, and no metallic fragments were detectable by X-ray examination. (2H361)

So, while Humes is in agreement with the Clark Panel that no damage to bony structures was apparent in his examination of the X-rays, he disagrees with the panel when it comes to the matter of whether or not there were metallic

fragments present within the boundaries of this, the throat, wound. It would be three more years before anyone else would be allowed to view the autopsy materials of the late president. In 1971 "restrictions" placed on the Kennedy autopsy materials were finally lifted, albeit the actual process of gaining access to this material remains, to this day, extremely difficult. The first private citizen to gain access to this material was Dr. John K. Lattimer, physician at Columbia University's School of Medicine, but in reality a practicing urologist by training. The justification for Lattimer's success in being the first allowed access to this material is more than adequately explored in Harold Weisbergs Post Mortem.(p. 384ff) Suffice to say that it was admitted that because of his stance as an "apologist" for the Warren Report his "reactions" would receive more credible public notice and acceptance than someone more critical, such as Dr. Cyril Wecht, even though Wecht is undoubtedly light years in advance of Lattimer in knowledge of forensic matters.

Nonetheless Lattimer was allowed access to the Kennedy materials on three separate occasions in 1972, 1973, and 1975. The results of this unprecedented access was the publication of several medical journal and newspaper articles supportive of the Warren Commissions conclusions of Oswald as the sole assassin of President Kennedy. The fact that Lattimer never did explain how photographs and X-rays could show how Oswald, to the exclusion of anyone else, could fire a bullet(s) seems to have escaped most peoples attention.

The final result of all of Lattimers dealings with the Kennedy autopsy materials was the publication of a book in 1980 entitled Kennedy and Lincoln--Medical and Ballistic Comparisons of Their Assassinations. Within the covers of this manuscript lies information which is totally destructive of the Commissions conclusions, particularly as they relate to the single bullet theory, and diametrically opposed to conclusions reached by either the Clark Panel or the

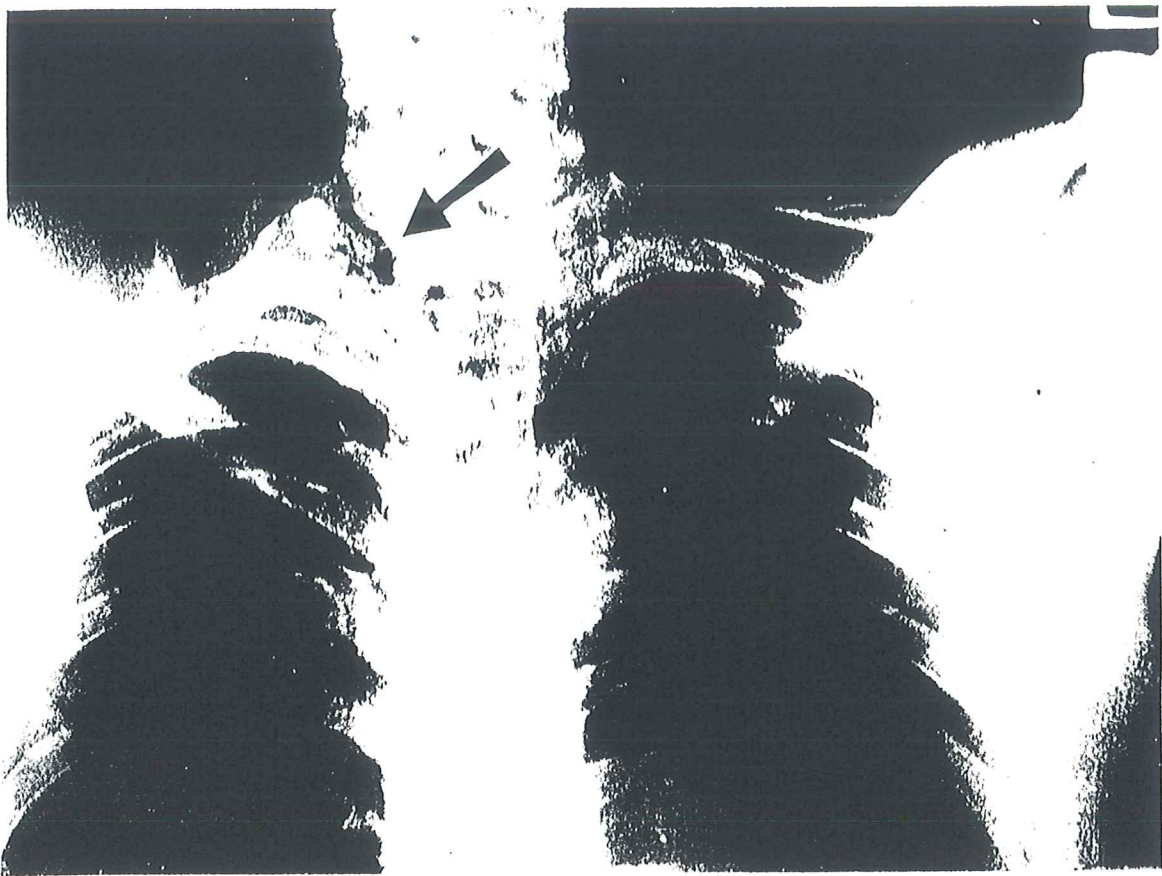


Figure 5.

Autopsy X-ray showing severe damage to the transverse process at President Kennedy's first thoracic vertebra.

autopsy surgeons, who were the only medical personnel who had access to these materials prior to Lattimer. They also give substantial support to damage inflicted by the wound of entry on Kennedy's throat. The most crucial of Lattimer's observations were that the bullet which pierced Kennedy's neck had actually cracked the transverse process of the President's first thoracic vertebra resulting in a potentially "fatal" concussive wound to the spinal column. Lattimer was further able to ascertain that the tiny splinters visible on the neck X-rays in the area of the first thoracic vertebra were in reality fragments of bone, not metal, as first reported by the Clark Panel in 1968. Lattimer's conclusion was that had Kennedy survived the resultant trauma from this wound, something which Dr. Lattimer quite frankly doubted, he would have done so only as a "vegetable quadriplegic." (Lattimer, op. cit. pp. 240 - 246) Further study of this X-ray indicates that the damage to this transverse process is severe, with dislocation prevalent in more than one direction.

The location of this wound as it appears on the one X-ray that has been made available to the public shows that it is too high to coincide with the ^{back}wound of "entry" apparent on Kennedy's body during the autopsy. It is far more indicative of a wound of entry from the front, travelling slightly from right to left, smashing into the first thoracic vertebra at the transverse process and then deflecting down into the body.

In conclusion, it is perhaps not surprising to learn that the one wound present on Kennedy's body during the Bethesda autopsy that military personnel present were adamant be not explored at all was the throat wound. To wit, the following lengthy exchange between Executive Assistant District Attorney Alvin Oser, and Bethesda autopsy participant, Colonel Pierre Finck, from the trial of Clay Shaw:

Oser: Was Dr. Humes running the show?

Dr. Finck : Well, I heard Dr. Humes stating that he said, "Who is in charge here?" and I heard an Army General, I don't remember his name

stating, "I am." You must understand that in those circumstances, there were law enforcement officers, military people with various ranks, and you have to coordinate the operation according to directions.

Oser: But you were one of the three qualified pathologists standing at that autopsy table, were you not, Doctor?

Dr. Finck: Yes, I was.

Oser: Was this Army General a qualified pathologist?

Dr. Finck: No.

Oser: was he a doctor?

Dr. Finck: No, not to my knowledge.

Oser: Can you give me his name, Colonel?

Dr. Finck: No, I can't. I don't remember.

Oser: Do you happen to have the photographs and X-rays taken of the President Kennedy's body at the time of the autopsy and shortly thereafter? Do you?

Dr. Finck: I do not have X-rays or photographs of President Kennedy with me.

Oser: How many other military personnel were present at the autopsy in the autopsy room?

Dr. Finck: That autopsy room was quite crowded. It is a small autopsy room, and when you are called in circumstances like that to look at the wound of the President of the United States who is dead, you don't look around too much to ask people for their names and take notes on who they are and how many there are. I did not do so. The room was crowded with military and civilian personnel and Federal agents, Secret Service agents, FBI agents, for part of the autopsy, but I cannot give you a precise breakdown as regards the attendance of the people in that autopsy room at Bethesda Naval Hospital.

Oser: Colonel, did you feel that you had to take orders from this Army General that was there directing the autopsy?

Dr. Finck: No, because there were others, there were Admirals.

Oser: There were Admirals?

Dr. Finck: Oh, yes, there were Admirals, and when you are a Lieutenant Colonel in the Army you just follow orders, and at the end of the autopsy we were specifically told--as I recall it, it was by Admiral Kenney, the Surgeon General of the Navy--this is subject to verifications---we were specifically told not to discuss the case.

Oser: Did you have an occasion to dissect the track of that particular bullet in the victim as it lay on the autopsy table?

Dr. Finck: I did not dissect the track in the neck.

Oser: Why?

Dr. Finck: This leads us into the disclosure of medical records.

Oser: Your Honor, I would like an answer from the Colonel and I would ask the Court to so direct.

The Court: This is correct, you should answer, doctor.

Dr. Finck: We didn't remove the organs of the neck.

Oser: Why not, Doctor?

Dr. Finck: For the reason that we were told to examine the head wounds and that the--

Oser: Are you saying that someone told you not to dissect the track?

The Court: Let him finish his answer.

Dr. Finck: I was told that the family wanted an examination of the head, as I recall, the head and the chest, but the prosecutors in this autopsy didn't remove the organs of the neck, to my recollection.

Oser: You have said they did not, I want to know why didn't you as an autopsy pathologist attempt to ascertain the track through the body which you had on the autopsy table in trying to ascertain the cause or causes of death? Why?

Dr. Finck: I had the cause of death.

Oser: Why did you not trace the track of the wound?

Dr. Finck: As I recall I didn't remove these organs from the neck.

Oser: I didn't hear you.

Dr. Finck: I examined the wounds but I didn't remove these organs from the neck.

Oser: You said you didn't do this; I am asking you why you didn't do this as a pathologist?

Dr. Finck: From what I recall I looked at the trachea, there was a tracheotomy wound the best I can remember, but I didn't dissect or remove these organs.

Oser: Your Honor, I would ask Your Honor to direct the witness to answer my question.

I will ask you the question one more time: Why did you not dissect the track of the bullet wound that you have described today and you saw at the time of the autopsy at the time you examined the body? Why? I ask you to answer that question.

Dr. Finck: As I recall I was told not to, but I don't remember by whom.

Oser: You were told not to but you don't remember by whom?

Dr. Finck: Right.

Oser: Could it have been one of the Admirals or one of the Generals in the room?

Dr. Finck: I don't recall.

Oser: Do you have any particular reason why you cannot recall at this time?

Dr. Finck: Because we were told to examine the head and the chest cavity, and that doesn't include the removal of the organs of the neck.

Oser: You are one of the three autopsy specialists and pathologists at the time, and you saw what you described as an entrance wound in the neck area of the President of the United States who had just been assassinated, and you were only interested in the other wound but not interested in the track through his neck, is that what you are telling me?

Dr. Finck: I was interested in the track and I had observed the conditions of bruising between the point of entry in the back of the neck and the point of exit at the front of the neck, which is entirely compatible with the bullet path.

Oser: But you were told not to go into the area of the neck, is that your testimony?

Dr. Finck: From what I recall, yes, but I don't remember by whom.

The military personnel involved in controlling the president's autopsy just simply could not have this neck wound explored for to do so would unquestionably prove that this, the first shot, was fired from the front, at close range, with a handgun. It was one thing to smash and destroy the president's skull to a point where the mess left "satisfactorily defied verbal description."; it was another matter to make a total mess of the man's neck. Short of cutting

the president's head off at the neck, there was no way to hide the internal damage and the resultant ramifications of what this bullet track would show. Dr. Perry's press conference statement from Parkland Hospital had the potential, devastating to the cabal, of becoming the most damning evidence of a shot from the front. Make no mistake about this point: Dr. Perry's words were known to those in Washington on the evening of November 22, 1963. In fact, the only known existing copy of the audio transcript from Parkland is White House Transcript 1327-C, unearthed in the Lyndon Johnson Library, Austin, Texas, in 1976. Total dissection and examination of the President's throat wound would only corroborate statements and suspicions which had arisen at Parkland Hospital some eight hours earlier.

We shall belabour the point no further.

In closing, a few other points of relevancy as they apply to the throat wound of entry on President Kennedy. The margins or outer edges of the throat wound were never examined at Bethesda; in a supplemental report to the official autopsy filed by Dr. Humes on December 6, 1963, it is revealed that microscopic tissue sections were never taken from the margins of the neck wound at any point on the front of the president's neck; the only two areas at which microscopic tissue sections of "skin wounds" were taken was from the hole in Kennedy's back and the "occipital" area. Microscopic tissue sections were taken from the president's lungs with "sections through the grossly described area of contusion in the right upper lobe" displaying "disruption of alveolar walls and recent hemorrhage into alveoli." What caused this disruption and bleeding is never explained. It is also a known fact from Dr. Humes' testimony that "Once again Kodachrome photographs were made of this area in the interior of the President's chest." (2H363) Officially these photographs no longer exist; they have never shown up in any of the autopsy material inventories produced since the night of the assassination. There has been, to date, no explanation forthcoming for their disappearance.

The autopsy surgeons at Bethesda Naval Hospital were confronted with a situation relating to a neck wound(s) for which they could find no credible explanation. In reality, they were not allowed to pursue any explanations. Eventually an hypothesis would evolve linking the wound of Kennedy's "back" to an "exit" wound on his throat. This theoretical assumption would be expertly tortured by Commission counsel into the evolution of the single bullet theory. But perhaps the best indication of the trap into which the autopsy surgeons had been led was revealed by Dr. Perry in his testimony before the Warren Commission; in recounting his discussions by phone with Dr. Humes in the early hours of Saturday morning, November 23, 1963, Perry revealed that Commander Humes "...asked me at that time if we had made any wounds in the back." (6H17)

Finally, it was noted earlier in this appendix that Parkland Dr. Kemp Clark had expressed a belief that the bullet which had entered Kennedy's neck had deflected downward into the president's chest and had not exited. This revelation was supported, with one important addition, by fellow Parkland doctor Robert Shaw, in a November 27, 1963 interview published in the New York Herald Tribune. During the course of the interview Dr. Shaw told Tribune staff reporter Martin Steadman that the bullet which had entered the front of President Kennedy's throat had "coarsed downward into his lung" and subsequently, "was removed in the Bethesda Naval Hospital where the autopsy was performed." Twelve years after the death of the president, two government documents surfaced which lend support and credence to the statements issued by both doctors Clark and Shaw. (See Figure 6.)

One was a statement prepared and signed by FBI agents Francis X. O'Neill and James W. Sibert, dated November 22, 1963. The statement is succinct and to the point: "We hereby acknowledge receipt of a missile removed by Commander James J. Humes, MC, USN on this date."

The other document was a letter of receipt issued by the Protective Research Division of the Treasury Department, dated November 26, 1963. It is a listing of items received from president Kennedy's personal physician, Dr. George G. Burkley. Among the itemized inventory is "One receipt from FBI for a missile removed during the examination of the body."

To state the obvious, there is a vast difference between a (bullet) fragment and an entire missile. One would expect that the FBI agents in question were aware of the differences.

22 November 1963

From: Francis X. O'NEILL, Jr., Agent FBI
James W. SIBERT, Agent FBI

To: Captain J. H. STOVER, Jr., Commanding Officer, U. S. Naval Medical School, National Naval Medical Center, Bethesda, Maryland

We hereby acknowledge receipt of a missile removed by Commander James J. HUMPHS, MC, USN on this date.

Francis X. O'NEILL, JR.

James W. SIBERT

Classification No. 17



TREASURY DEPARTMENT
WASHINGTON 25, D. C.

CU-1-54030

agencies, both
it's body during
vember 22, 1963
in J. H. Stover.
Robert Bouck of
ry Department.

Protective Research Section
November 26, 1963

Receipt is acknowledged this date, Nov. 26, 1963, of the following items from Dr. George G. Burkley:

One piece of bronze colored material inadvertently broken in transit from casket in which body was brought from Dallas.

One letter—Certificate of Death of John F. Kennedy—State of Texas—dated Nov. 22, 1963.

One carbon copy of letter dated November 26 from Commanding Officer, U. S. Medical School, concerning law and regulations regarding confidential nature of the events.

One receipt dated Nov. 22, 1963, for bed sheet, surgical drapes, and shroud used to cover the body in transit.

One receipt dated Nov. 22, 1963, regarding a carton of photographic film, undeveloped except for X-rays, delivered to PRS for safe-keeping.

An original and six pink copies of Certificate of Death (Nav.Med.N)

One receipt from FBI for a missile removed during the examination of the body.

One letter from University of Texas South West Medical School including report from Dr. Clark and summary of their findings of treatment and examination of the President in the Dallas County Hospital. Said letter of transmittal states that three carbon copies have been retained in that area.

One copy of autopsy report and notes of the examining doctor which is described in letter of transmittal Nov. 25, 1963 by Dr. Gellaway.

Transmittal letter and 7 copies of the above item (autopsy report)

Authorization for post mortem examination signed by the Attorney General and dated Nov. 22, 1963.

Robert I. Bouck

Figure 6

SECOND SHOT: THE WOUNDING OF GOVERNOR CONNALLY

One of the absolute known facts of November 22, 1963, is that Texas governor John Connally was seriously wounded during the unfolding events as the presidential limousine proceeded down Elm Street. What is also an undisputed fact is that the governor sustained a wound of entry on his back at the extreme right edge of his torso near his armpit. The entering missile coursed through Connally's body at a relatively steep angle of some 25 degrees whereupon it "literally shattered" his five rib leaving some ten centimetres or roughly five inches of the rib "pulverized." The bullet then exited the front of the governors chest just below his right nipple, proceeding into his right wrist with sufficient velocity and force to shatter the radius bone at it's largest point. As a result of this collision fragmentation undoubtedly occurred at which point one of these resultant projectiles entered the governors left thigh where it remains to this day. (R88, 91, 104; 1HSCA 377, 339-341; 4H104-105, 6H101, 17H16; 7HSCA 143)

However, the reason's for the governor's wounding have remained to this point in time a troublesome sidelight to the murder of President Kennedy. It really has been a needless area of frustration for both critics and defenders of the "official" version(s) of the event, particularly when one examines what really transpired in the presidential limousine as outlined in the main body of this work.

Writings of the governors wounding have been trapped by the ludicrous cruelty of the necessary invention of the "Magic Bullet", CE 399 and the resultant "single bullet" theory. It is not the intent, nor is it necessary, for this appendix to comment on this, one of the great pieces of fiction of the 20th century. There are many scholarly examinations of this phenomenon for the reader to pursue at his own behest. Suffice to say that CE 399 and its theatre of the macabre cannot hold up to any rational scrutinization; it cannot, for the missile

in question had nothing to do with the actual wounding of either the president or the governor.*

Much of the confusion surrounding the governor's wounding stems from the utilization of the Zapruder film as the time-clock of the assassination. While both the FBI and the Secret Service were to initially maintain that the governor was hit by a shot that was totally separate from any which struck the president (the Secret Service actually charting the assassination as such on their original surveyor's chart) the Warren Commission could not have it occur that way. A combination of an examination of the Zapruder film coupled with physical test-firings of the alleged assassin's weapon had indicated early on in the Commission's investigation that the governor's (alleged) reaction to being hit by his shot was much too close to have occurred as a result of successive discharges from the alleged assassin's weapon. Ergo, the birth of the single-bullet theory. We will belabour this point no further in this writing; rather we will indicate what really transpired as shown in the amateur film record which has survived, albeit not totally intact, since the day of the shooting.

Conclusions:

Governor Connally and President Kennedy are not struck by the same bullet as has been argued by two official investigations of the shooting. The first shot, as outlined in the first part of this appendix, struck the president and the president alone. Governor Connally is not struck at Zapruder frame 190,

*Twenty five years after the shootings, in a much ballyhooed arrival, author James Reston Jr. sought to "prove" that Oswald's real target was probably Governor Connally, shot ostensibly because the governor had "stripped" Oswald of the only thing he ever really valued in life, his Marine Corps record. However, what has never been satisfactorily explained is how or why Kennedy got in the way, particularly since the alleged assassin seemed to show a greater degree of accuracy with his "accidental" victim than he did with his intended one. While Reston and his defenders in the press would later revise their feelings that "either" man could have been the target, you really can't have it both ways, can you? Shades of CE 399 and the single bullet fiasco.

as argued by the HSCA et al: Governor Connally is not struck as a result of a gunshot originating in the Zapruder time frame of Z210ff as argued by the Warren Commission; Governor Connaly is not struck at Zapruder frame 236 as indicated by the Governor himself and a score of critics since the writings of Josiah Thompson in 1967. Rather, the governor is wounded much later in the Zapruder film in a time sequence that spans Zapruder frames 285 through 297, with the actual point of impact being at Zapruder frames 289 - 290. And, the governor is hit only once.*

The Governor; The Zapruder Film; The Governor's Testimony:

From the time the presidential limousine appears from thin air onto the Zapruder film Governor Connally's motions are similar to Kennedy's; he, like the president, is scanning the crowds to his right and acknowledging same, something that the two men had been doing for the bulk of the motorcade.

The only noticeable change in the governor in the early frames of the Zapruder film is a rather rapid movement of his head from just slightly left of centre to his right, beginning at Z162 and continuing until Z167. At Z193 the governor can be clearly seen, his body angled roughly 45 degrees to his right and his head turned to a point where he is looking to his right on a line that almost parallels his right shoulder. The governor maintains this position, his head turned to his right, until the last top portion of his head disappears behind the freeway sign at Z206. It should be noted that at this point in time the president's head has turned to a point where he is facing forward.

When the governor emerges from behind the freeway sign at Z222 he is still looking to his right. However, it is the governor's gestures and movements in the following frames of the Zapruder film which betray the true position of

* To their credit, authors J. Gary Shaw and Larry Harris in their published work feel that Connally is struck at Z289, the point of origin of this shot being the southwest corner of the roof of the County Records Building on Houston street.

the gunman.

Between Zapruder frames 226 - 228 (some .1639 of a second) the governor moves the entire mass of his body from his position facing right to a point where his whole torso faces straight ahead. Between frames 227 - 230 he raises his white stetson hat up and down. At Z233 Connally begins a rapid turn to his right at which time he raises his left forearm and shoulder until such time that by Z240 - 245 the entire motion looks as though the governor is trying to protect himself. It is during this sequeance - Z233ff that the governors mouth flies open. This is really what this sequence represents, and it is significant. The collapsing of the govenor's right shoulder at Z236 - 238 is coupled with a turn to his right and it is a movement of attempted self-preservation. The governor has not been hit by a bullet; he is , however, in the words of the HSCA report showing signs of "reacting to some 'severe external stimulus,'" and that stimulus is visual not physical. The governor has, at first, heard the initial shot which has originated from the front left seat of the presidential limousine and in turning from his right to his left to verify his audible suspiscions, he has seen the weapon in Greers hand. There is probably a very good chance that the smell of gunpowder is already beginning to permeate the atuomobile.

Connally continues to turn to the right until the physical limitations imposed by the jump seat refuse to allow his body to turn any further, but he continues to rotate his head until he is looking directly at the president. (Zapruder sequence Z253 - Z280. Connally's unobstructed view of the president is particularly noticeable in the sequence Z 260 - 277 as the lamp post on Elm street flashes between Zapruder and the presidential limousine.) Beginning at Z281, in a motion which is barely perceptible on the film, Connally appears to start to turn back to his left, but it is an action which he is never allowed to complete. He is shot once, at extremely close range, at Z289 - 290 by Secret Service agent William Greer. It was perhaps best described by Dallas

motorcycle officer D. L. Jackson, riding to the right rear of the presidential limousine:

Mr. Connally was looking back toward me. And about that time then the second shot went off. That's the point when I knew somebody was shooting at them because that was the time he (Connally) got hit--because he jerked. I was looking directly at him...he was looking kind of back toward me and he just kind of flinched.

(Interview with D.L. Jackson, April 19, 1971. Officer Jackson was never called to testify before the Warren Commission nor was he ever interviewed by the FBI. As we shall examine later in this appendix, it is an unfortunate omission, if that is what it is; Officer Jackson perhaps is responsible for actions which are absolutely crucial to the understanding of the events which transpired in Dealy Plaza.)

Secret Service agent Clint Hill described to the Warren Commission his impressions of this, the second shot, fired during the shooting sequence in Dealy Plaza. In response to Commission counsel Arlen Specter's request that Hill "just proceed, in narrative form, to tell us" what transpired:

This is the first sound that I heard; yes, sir. I jumped from the car, realizing that something was wrong, ran to the Presidential limousine. Just about as I reached it, there was another sound, which was different than the first sound. I think I described it in my statement as though someone was shooting a revolver into a hard object---it seemed to have some type of echo. (2H138)

According to the governor's wife, Nellie, he "recoiled" to the right side of the presidential limousine away from her and towards the side doors of the car. (CD 188, pp. 6-7; 4H147) Mrs. Connally attempted to pull her husband down into her lap but the governor was able to pull himself up one last time; at Z323 he is sitting up looking directly into the front seat of the limousine. The governor's reaction to his shooting are suprisingly difficult to see on the Zapruder film. As shall be explored more fully in Appendix B there is evidence that the Zapruder film has been tampered with, especially between frames 280 - 300 in an attempt to eliminate as much of the Connally hit as was humanly possible without having the occupants of the car disappear completely. However there is photographic evidence which indicates exactly the governors response to his back wound; the film of Orville Nix.

Amateur film maker Orville Nix photographed the presidential motorcade from the south side of Elm Street, near Main, at a point almost opposite Abraham Zapruder. Nix was originally informed after waiting a considerable period of time that his 8mm colour film had been "lost" during the film processing. When it was finally returned Nix claimed that some of the frames were missing and others had been tampered with and ruined. The film sequence which would eventually be viewed by the FBI and others comprised a mere 150 frames, or some 8.1089 seconds. Nix, who died in 1972, was adamant to both researchers and the Dallas branch of the Secret Service that he had filmed the motorcade for at least 20 seconds prior to, including, and after the shooting occurred. UPI eventually purchased the film from Nix, and as Life magazine has done with their "original" copy of the Zapruder film, keep the original sequestered at their head office. (CD 87, p. 434; CD 385, p.70; interview of Nix by Mark Lane in his film, Rush To Judgement.)

Though the surviving copies of the Nix film which have been allowed to circulate are relatively poor in quality, there are several features on the film which are prominent and important as they relate to the wounding of the governor and the murder of the president within the confines of the limousine itself.

As they relate to the wounding of the governor, the following observations are gleaned from an examination of the Nix film: the governor is virtually completely obscured by his wife Nellie whose back is to Nix as the limousine moves through the execution sequence. However, once the governor has been shot and the missile impacts, the governor comes in to view, his suited form appearing as a black shape which moves away and slightly up from his wifes position. This movement is swift and short-lived on the existing copies of the Nix film, but it is unmistakable. Immediately on the heels of this movement is the fatal wounding of the president, with two crucial points of observation during this brief sequence; the president is lifted up and back with the impact

of the fatal shot, and, there is no huge orange halo as depicted on the Zapruder film at frame 313. We shall return to this later in Appendix B. One final point of note on the Nix film; at the time of these occurrences on the Nix film --the wounding of the governor and the killing of the president--- the front portion of the limousine, between the ^eentre brace of the car in front of the jump seats and the windshield, the occupants of the front seats of the limousine are obscured by a black blob-shaped object. It is, during this sequence, impossible to see Greer, Kellerman, or anything else on the other side of the street because of this black shape. It would appear to have been added to the film in this area and at this time specifically for the purpose of concealing the front seat of the limousine. After agent Hill reaches the back foothold and the limousine starts to pull away out of Dealy Plaza you can once again see Greer and Kellerman ducking in the front seat of the car. Further testing on this sequence in the Nix film with modern enhancement film/video equipment should prove very enlightning.

The Governor's Wife: The Zapruder Film

One of the most difficult things to do is to view the film of Abraham Zapruder and take your eyes off John Kennedy. After all, the film is touted as showing the death of a president--and that it does, in all too graphic terms. However, one must resist the temptation to view the film in that context and that context alone; there are five other people in the limousine and all their movements as recorded by Zapruder's camera are crucial. (More on this in Appendix B) From the time of the limousine's first appearance at Z133 Nellie Connally is obscured by the top portion of the windshield/frame of the car. She remains obscured by this portion of the automobile until her emergence from behind the freeway sign at Z219 - 221 at which time she is now shielded from Zapruder's view by agent Roy Kellerman in the front right seat of the car. The only contemporaneous views of Mrs. Connally are taken from the other side of Elm Street prior to, during, and after the firing of the first shot. The first of these is a 35mm still photograph taken by Jim Towner just as the limousine is approximately 1/3 of the way through the turn from Houston Street onto Elm.

In this photograph Mrs. Connally, dressed in pink like her counterpart Jacqueline Kennedy, is seen observing the crowd to her left. The first lady is doing likewise while both husbands wave to the appreciative crowds on their right in front of the TSBD. Standing next to Mr. Towner was his daughter Tina, armed as she was with her 8mm motion picture camera. Unfortunately the camera was loaded with the improper film for the bright Texas sunlight and as such the resultant film is terribly underexposed. However the surviving frames show the governor's wife and the first lady continuing to play to the crowds to their left.

Phil Willis had taken a series of slides of the presidential motorcade beginning at the intersection of Houston and Main Street. (Willis slides #'s 1 - 3) After the completion of his third exposure, as the presidential car proceeded away from him toward the Elm-Houston intersection, Willis and his family ran to a spot on the south side of Elm Street opposite the TSBD. Willis and his wife can be seen in the Zapruder film beginning at frame Z133 actually standing in the street on Elm. At approximately Z140 Willis can be seen snapping slide # 4; this slide is slightly out of focus but it is the closest known photo of the presidential limousine taken just before the first shot is fired. (some 50 frames or some 2.7322 seconds before the first shot is fired.) In this slide Nellie Connally can be seen looking at the crowds on the left hand side of the street. By the time Willis took his fifth slide - approximately Z210 - Mrs. Connally has begun her turn to the right in response to the first shot, one which she has described as " a frightening noise, and it came from the right." (4H147) From her position on the left jump-seat, and the position of her head at the time sequence of the first shot, "right" for Nellie Connally is the right front of the presidential limousine. Her testimony is explicit-- the frightening noise originated from her right, not right-rear or rear, but from her right. The Zapruder film may contain images that actually indicate that Mrs. Connally has seen either the source of this the first shot, or the weapon itself. This shall be explored further in Appendix B.

The Testimony of Governor and Mrs. Connally:

From the moment he permanently regained consciousness to this day, Governor Connally has been precise and totally adamant of one fact: he was hit by a shot which was seperate from and after the one which struck President Kennedy. John Connally has never wavered from this position, and indeed will not, until the day he dies. This statement of absolute fact totally destroys, forever, the myth

that is the "single bullet theory" and in conjunction with that the notion that the assassination was the work of one lone malcontent. The apologists and defenders of the "official" version of events can argue, forever, for theories of delayed reaction and trauma-induced mistaken opinions. They are wrong. Governor Connally knows they are wrong, and the governor's closest ally since Nov. 22, 1963, Nellie Connally, knows also that they are wrong.

Statements From Parkland Hospital:

As has been outlined within the main body of this work, Governor Connally was kept in an environment of extremely tight security for a number of days following his wounding. (See chapter . . .) It is interesting to note that the first statement attributed to the governor was issued by his aide at a Parkland Hospital press conference on the afternoon of Nov. 22, 1963. At that time it was reported that the governor said, "I think they shot me in the back. They got the President too."

Testimony Before the Warren Commission:

Both the governor and Mrs. Connally testified before the Warren Commission, consecutively, on (4H129-149). Mrs. Connally's testimony occupies a scant three pages; Commission Counsel Arlen Specter disposed of her, it would appear, in about five minutes. The brevity of this encounter does not appear to fit the seriousness of the crime. Nevertheless she was still able to correctly describe the proper sequence of events as the vehicle proceeded down Elm Street:

Mrs. Connally: ...I heard a noise, and not being an expert rifleman, I was not aware that it was a rifle. It was just a frightening noise, and it came from the right. I turned over my right shoulder and looked back, and saw the President as he had both hands at his neck...and it seemed to me there was--he made no utterance, no cry. I saw no blood, no anything. It was just sort of nothing, the expression on his face, and he just sort of slumped down...As the first shot was hit, and I turned to look at the same time, I recall John saying, 'Oh, no, no, no.' Then there was a second shot, and it hit John, and as he recoiled to the right, just crumpled like a wounded animal to the right, he said, 'My God, they are going to kill us all.' I never again--

Mr. Dulles: To the right was in your arms, more or less?

Mrs. Connally: No, he turned away from me...My concern was for him, and I remember that he turned to the right and then just slumped down into the seat, so that I reached over to pull him toward me. I was trying to get him down and me down. The jump seats were not very roomy,...there were reports ...that he fell over into my lap, which he did not. I just pulled him over into my arms...(4H147)

In 1988 from an article by James Reston Jr:

'The only thing I could think to do was to pull him out of the line of fire,' she was to say. 'Maybe then they wouldn't hurt him anymore. We must have been a horrible sight flying down that freeway with those dying men in our arms and going no telling where.' (Time, Nov. 28, 1988. p. 31.)

One cannot read this testimony, or the governor's which will follow, without keeping in mind the images of the Zapruder film: The governor's exclamation of "Oh, no, no, no," is what we see when he first opens his mouth beginning in the Zapruder sequence Z232ff; his further, well founded fear that "My God, they are going to kill us all," is what we see when his mouth opens for a

second time beginning at Z294ff. And the sequence is precisely as both the governor and his wife were to recall, from that day forward; one utterance after the first shot, which entered the front of the presidents throat; the second cry after the governor has been hit at close range with the second shot from the front of the presidential limousine.

Governor Connally has been precise, at all times since Nov. 22, 1963, as to the sequence of events. Though it is apparent in a reading of his testimony before the Warren Commission that, at times, the governor does all that he can short of forever destroying his own credibility to agree with aspects of the "single bullet theory," he cannot bring himself to the ultimate lie of stating that both he and Kennedy were hit by the same, and first, shot fired. In reality, of all the known witnesses to the assassination, and there were many, no one saw the assassination unfold in the manner that the Warren Commission would contend, particularly as it relates to the singular simultaneous wounding of Kennedy and Connally.

In examining the following testimony, the reader is once again encouraged to remember the series of movements made by the governor in the Zapruder film; furthermore, one must keep in mind the real source of the shots, the front of the presidential limousine. The governor has just spent a great deal of time and testimony explaining to counselor Specter his understanding of the sequence of the shooting and his frustration is beginning to show:

Governor Connally:...But again, I will repeat very briefly when what I believe to be the shot first occurred, I turned to my right, which was away from both of them, of course, and looked out and could see neither, and then as I was turning to look into the back seat where I would have seen both of them, I was hit, so I never completed the turn at all, and I never saw either one of them after the firing started, and, of course, as I have testified, then Mrs. Connally pulled me over into her lap and I was facing forward with my head slightly turned up to where I could see the driver and Roy Kellerman on his right, but I could not see into the back seat...
(4H133)

This testimony bears close scrutiny. What exactly does Governor Connally mean

when he states that in turning to his right after the first shot is fired that his movement takes him "away from both of them"? He cannot mean the president (and intendent with that, his wife) for a move to his right takes the governor precisely toward the president in the right rear of the limousine. Does the answer lie in the governors following statement when he indicates that in turning to his left he is certain, and perhaps a little fearful, that he "would have seen both of them"? As we know, the governor never makes it back to his left. But there is no mistaking, regardless of his later disclaimer, that the governor saw into the back seat of the limousine. The Zapruder film clearly indicates, beginning with frame Z257^{that} Governor Connally can see the president, and that from frame Z264 through Z288 the governor is staring directly at the president. In fact, the only thing that interrupts this process of observation on the governors part is the impact on his back of the second shot. In a time span of two frames - Z289 - 290 - the governor's entire body snaps from facing the president in the back of the limousine to facing the left side of the car; in 0.10928 of a second the governors entire torso is spun to his left, away from the Kennedy's as he "recoils" to the side of the car. The governor is not driven to the floor of the limousine. It is perhaps not surprising that the last movement the governor makes is an attempt to pull himself up, one last time, in an effort to see into the front of the presidential limousine. One must ask, why?

It is probably virtually impossible to ascertain how many times the governor and his wife have publicly recounted the horror of that November afternoon. In every medium available in the years since his shooting, the governor, and his wife, have been consistent in their appraisal of the situation. And well they must, for it is the truth as they know it; the President is hit first and totally independent of and from the shot which will later strike the governor. On September 6, 1978, Governor and Mrs. Connally were the first witnesses to testify before the HSCA. In testimony which spanned almost three

hours in duration, the Connally's were unflinching in their reiteration of the sequence of the shooting; Governor Connally: "I must say to you, as I said to the Warren Commission, I do not believe, nor will I ever believe, that I was hit by the first bullet. I don't believe that. I heard the shot, I heard the first shot. I reacted to the first shot and I was not hit with that bullet. Now, there's a great deal of speculation that the President and I were hit with the same bullet,- that might well be - but it surely wasn't the first bullet and Nellie doesn't think it's the second bullet. I don't know. I didn't hear the second bullet. I felt the second bullet." (IHSCA 43-44; 10-60)

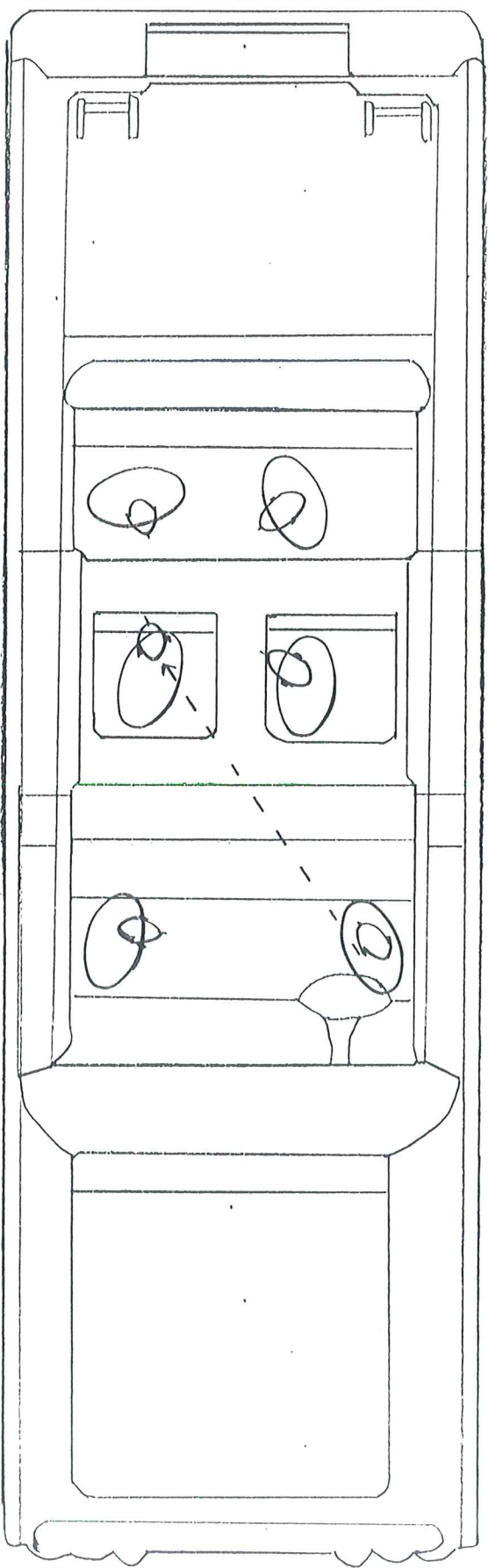
Nellie Connally was exacting in her assessment of the wounding: "I know it was the second shot that hit the governor." (IHSCA 44)

It is only fitting that the final word be left to the governor himself: "They talk about the 'one-bullet or two-bullet theory,' but as far as I'm concerned, there is no 'theory.' There is my absolute knowledge...that one bullet caused the President's first wound, and an entirely separate shot struck me....

It's a certainty. I'll never change my mind." (Life, November, 1966: "A Matter of Reasonable Doubt.") Governor Connally's knowledge is "absolute." It can be no other way.

Figure 7.

ZAPRUDDER FRAME 289-290



Path of bullet from source, William Greer, to target, John Connally.

THIRD SHOT: THE DEATH OF JOHN KENNEDY

There is little or no dispute over the instant at which John Kennedy met his final demise. It is the one point on the Zapruder film which no viewer can miss - Z313. In an orange-red halo which borders, at times, on a cartoon-like appearance, the president's brains are blasted from his skull in a sheet of mist which envelops those to the rear of the limousine. Further tissue would rain like "buckshot" on the occupants of the car forever solidifying on the psyche of those closest to the event the true nature of the horror of what had just transpired. As outside observers so far removed from the actuality of the event itself we cannot even begin to comprehend the impact that this destruction of life had on the innocent occupants of the presidential limousine. The resultant success of the psychological imprint left behind in the wake of the total obliteration of the president's life force must have far, far, exceeded the expectations of the power cabal involved. It was quite simply something they could not have planned for, and, indeed, any reading of the record left in its aftermath only begins to indicate to the interested the extent of the reach of the tentacles of fear and revulsion which had as its genesis the back seat of the presidential limousine. Any true understanding of the reality of the assassination must start from this point. The very nature of the act itself, the way in which the final blow is delivered, goes a long way in explaining the "success" of the event. In its original inception the execution of John Kennedy would have never been solved; indeed, it probably would have never even been questioned. The President quite simply would have been shot once, in the head, as he approached the TSBD; end of story. The "evidence" of Oswalds act was waiting to be found; his guilt was assured, and in all probability his fate was sealed. He was not meant to leave the TSBD alive. But the unforeseen success of the motorcade itself played against the forces involved, especially this deep into the prearranged route. There were

to be few observers left, save those members of the DPD ordered to obey and not question their assigned tasks. But, in the final analysis, "adjustments" were made and the deed was done. And much of the preplanned revelations still fit; Malcom Kilduff, White House Press Secretary, was to give the world its initial cause of death, and who was to dispute its truth for its source was authoritative - White House physician, Admiral George Burkley:

Question: How many times was the President shot?

Kilduff: The President was shot once, in the head...Dr. Burkley told me it was a simple matter...of a bullet right through the head... (my emphasis)

Shades of Houston Street...one shot, in the head, end of story. The throat wound can be ignored at the Parkland press conference, for it was never to have occurred. Was Dr. Burkley blind? Did he not see or hear of the throat wound? The attending Parkland medical personnel did, as Dr. Perry was to later reveal from Kilduff's very podium. But the assassination was to be "simple"--- one shot, one death, no solution necessary. Indeed, it was this concept of no solution which was to be the cornerstone of the Warren Commission's work, whether consciously thought out - as its original outline would imply - or tacitly accepted through the "investigative" work pursued, on the Commission's behalf, by the Secret Service, the FBI, the CIA, et al.

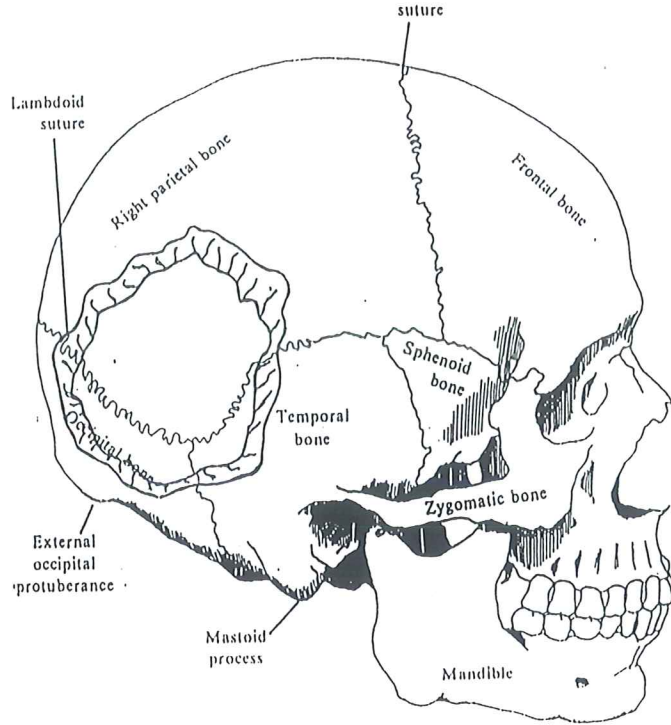
The President's Head Wound and The Parkland Medical Personnel:

All indications from the Parkland medical personnel point to a wound of the president's head that was severe and unquestionably fatal. In summary, the location of the wound was, by and large, on the right side of the President's skull - more specifically, the occipitoparietal area. (See figure 8)

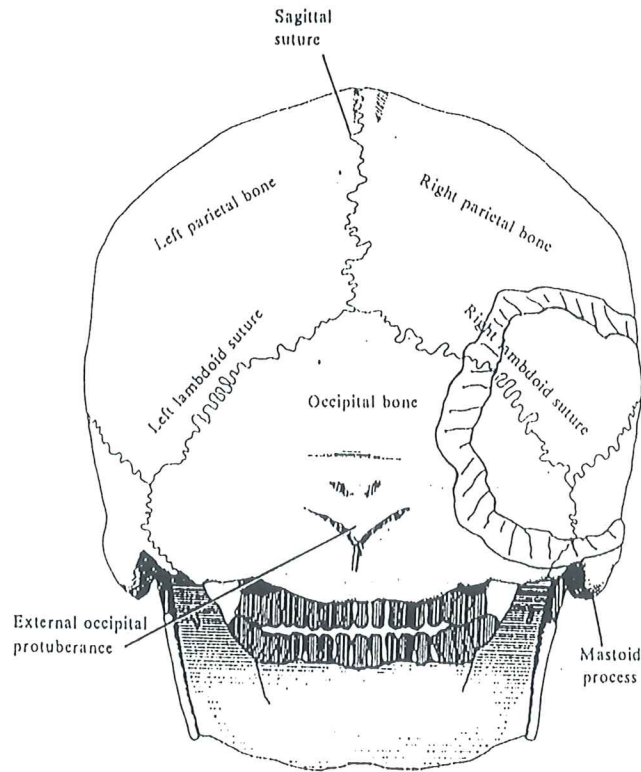
The specific stated observations were:

Dr. Carrico: "...posterior skull, the occipital region..." (3H361)
"...right occipitoparietal..." (6H6)

Dr. Perry: "...right posterior cranium..." (17H6)



Right side view



Posterior - anterior view

Figure 8.

Authors sketch, representing President's head wound as described by Parkland medical personnel, November 22, 1963.

"...right parietal occipital area..." (3H372)
"...right posterior parietal area..." (6H9)
"...right occipitoparietal area..." (3H368)

Dr. Clark: "...right occipital region..." (17H3)
"...right occiput extending to the parietal region." (17H10)
"...right posterior part..." (6H20)
"...right occipital region..." (6H29)

Dr. McClelland: "...right posterior portion..." (6H33) as well, "the right, rear half of the parietal bone and some of the right side of the occipital bone seemed to be fractured." (ibid)

Dr. Akin: "...right occipital parietal..." (6H65, 67)

Dr. Jones: "...right posterior side..." (6H53)

Dr. Peters: "...right occipitalparietal area..." (6H71)

Dr. Crenshaw: "...right, parietal-occipital." (HT2:110)

In addition, the following physicians stated that the temporal bone was also involved in the area of damage:

Dr. Baxter: "...right temporal and occipital bones were missing." (17H8)
"...temporal parietal bones were missing..." (6H41)

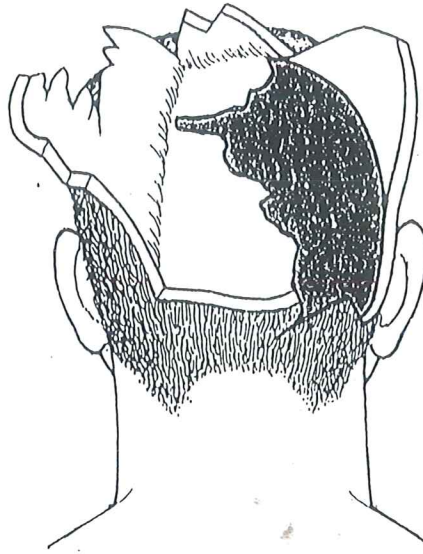
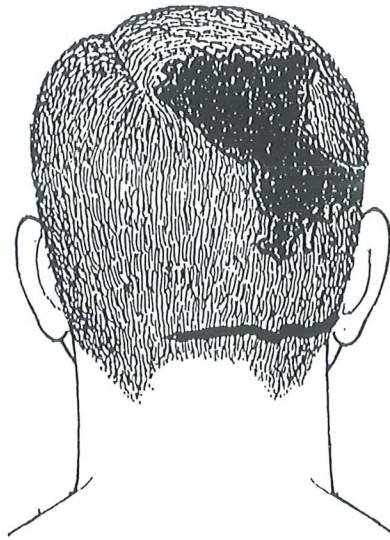
Dr. Salyer: "...right temporal area..." (6H81)

Dr. Jenkins: "...temporal and occipital..." (17H15)

Dr. Carrico, the first physician to see the president, estimated that between 4 - 7 cms. (1.574 - 2.756 inches) of scalp and skull were torn away, in approximately a circular shape. (6Hpp. 3, 6) This is an important differentiation, one first really explored by Harrison Livingstone in High Treason 2; critics of the official version of events have usually described the head wound as "massive", based initially on verbal reports and testimony, and later on some of the autopsy photographs which have surfaced. While it is true that the photographic evidence, X-rays, and later testimony were to indicate severe damage to the skull, it is specifically to the skull that the damage currently applies. The "current" condition of the skull cannot and does not indicate the initial appearance of the scalp wound to the rear of the president's head, and it is specifically the scalp wound which the majority of the Parkland medical personnel had occasion to observe. It was the exterior and most obvious of the

The scalp defect

Skull defect

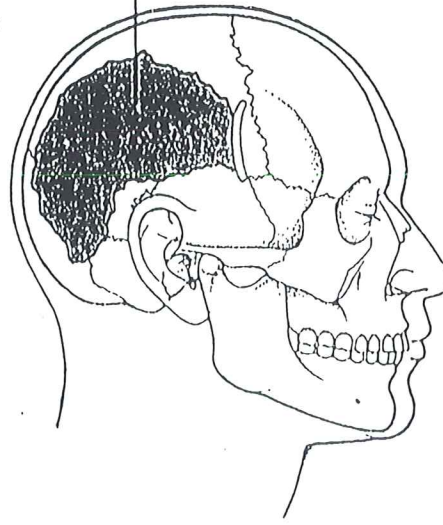
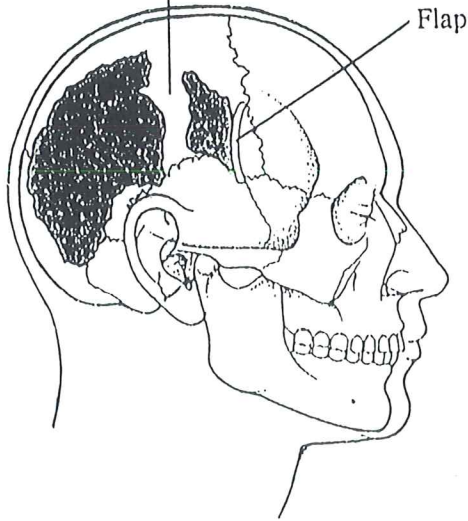


From author's sketch

The can opener effect

Portion that later fell in

Large defect after the centerpiece over the ear fell in



From author's sketch

Side view of skull

Figures 9 - 10. (Courtesy Harrison Livingstone, High Treason)

A comparative analysis of the President's scalp and skull damage as viewed by Bethesda autopsy personnel the evening of November 22, 1963.

President's head wound. The Parkland personnel did not have the "luxury" of examining, in detail, the underlying, extensive damage to the skull. They only had possession of the body for about 20 minutes; medical personnel, and potentially others, had the president's body for hours later in the evening. (See figures 9 & 10 for further exploration of this point)

Parkland personnel indicated that the head wound exhibited skull fragmentation and torn brain tissue with perhaps as much as one-third of the brain tissue missing, particularly from the right hemisphere of the brain. (Dr. Jones 6H53; Dr. Curtis, 6H60; Dr. Akin, 6H66.) Doctor's Carrico, Clark, and McClelland all indicated that the torn and shredded brain tissue was both cerebral and cerebellar in nature. (Dr. Carrico, 6H6; Dr. Clark, 6H20; Dr. McClelland, 6H33.) Furthermore, it was Dr. McClelland's observation that the torn venous channels were probably responsible for much of the heavy bleeding generated from the president's fatal wound.

In testimony before the Warren Commission Dr. Akin indicated that the initial appearance of the wound led him to assume, quite accurately, that the wound was tangential. (6H67) Dr. Clark, for his part, was specific; he stated that the wound was tangential. In his explanation to commission counsel he observed that a bullet striking the skull at an angle would pass through more bone than if the head had been hit squarely. In Dr. Clark's opinion a tangential path would cause the bullet to expend more energy thereby striking a greater severe blow to the brain. As a result pieces of bone would be blown into the brain and the bullet might potentially be "...deflected so that it would go through or penetrate parts of the brain, not in the usual direct line it was proceeding." (6H21)

Dr. McClelland, the one Parkland physician who probably did the most extensive examination of the head wound during the frantic efforts to save the president's life, indicated that it was his opinion that the wound in the president's skull displayed features normally associated "...from a very

high velocity missile...with a heavy caliber bullet, such as a .45 pistol fired at close range..." This was particularly applicable to the bone of the skull "...where there was a sudden change in density from the brain to the skull cavity, as it entered. As it left the body, it would still have a great deal of force behind it and would blow up a large segment of tissue as it exited." (6H38)

This aspect of the fatal wound, the fact that the entering missile did so at a tangent, is crucial and indicative of the true position of the president's head at impact, a point which we shall examine further in this appendix.

Furthermore, the reader should be made aware that the Parkland medical personnel who have had occasion to offer their opinions and testimony since the event have basically not changed their descriptions of the nature and extent of the head wound. Those who have had the opportunity to view and comment on the existing autopsy materials available, particularly some of the photographs of the head, have indicated that the damage visible to the underlying skull structure is basically as they observed it or extrapolated it would appear, on November 22, 1963. What does bother them is the inability of the existing photographic record to show the true nature of the damage to the overlying scalp as initially viewed at Parkland Hospital.

Point of Entry:

The first indication of a point of entry for the fatal head wound came from page 4 of the Bethesda autopsy report at which time it was indicated that a small hole, measuring some "15 x 6mm" was found "situated in the posterior scalp approximately 2.5 cm laterally to the right and slightly above the external occipital protuberance." (In his handwritten notes Dr. Humes initially described this wound as one of "puncture" but changed it to read "lacerated.") None of the Parkland medical personnel saw this wound. Leading questions were asked by Commission Counsel Arlen Specter of all the Parkland medical people

including Dr's Carrico, Perry, Peters, McClelland, Clark, Jenkins, Baxter, Giesecke, and curiously limousine driver William Greer, as to whether or not they had seen an additional hole or wound in the back of the president's head besides the large wound(which they all felt was a wound of exit). Each individual so asked replied, "No." The closest that anyone came to supporting Specter's quest for substantiation of the autopsy report observation was Dr. Kemp Clark who volunteered the opinion that this wound may have gone unobserved because "...it could have easily been hidden in the blood and hair." (6H25) Curiously enough this is almost the exact wording utilized by the Warren Commission in its report in dismissing the Parkland personnel's failure to see the wound as reported in the autopsy. While it is true that one of the current autopsy photographs purports to show the wound in question, it is (a) situated much higher than described by the Bethesda autopsy personnel, and (b) is not present or accounted for in all of the photographs which currently claim to represent the condition of the presidents head just prior to or during the autopsy.

The only Parkland doctor to actually record any wound of entrance relating to the head wound was Dr. McClelland. In his two-page handwritten report filed at 4:45p.m. on November 22, 1963, Dr. McClelland stated:

The cause of death was due to massive head and brain injury from a gunshot wound of the left temple. (R527)

Dr. McClellands report received partial substantiation from Dr. Jenkins when in testimony to counsel Specter Jenkins volunteered "...I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process." (6H48) Jenkins would return to this point later in his testimony at which time it appears that at some point some of the Parkland personnel may have been discussing the possibility of a left-temple entry, right-rear exit pattern among themselves. (see 6H51) There always exists the possibility that

McClelland, Jenkins and others have reversed and mixed up left and right, for as we shall soon see, there is a good argument for a wound of entry in the right temple area of the president's head.

Position of Kennedy's Head/Skull at Time of Impact:

Paramount to any understanding of the actual point of entry on the president's head/skull of the fatal shot is an accurate assessment of the president's precise position - head and torso - at the time of impact. The two "official" versions of the president's relative position at this point in time vary greatly, with the HSCA's version coming much closer to reality than the original concept advanced by the Warren Commission.

CE 388 was the Warren Commission's version of the positioning of the president's head and upper torso at the moment of impact. It is a Navy medical drawing prepared on the Commission's behalf in lieu of their reticence to view and/or publish/present actual autopsy materials.* Pictures speak volumes, and even a cursory perusal of a comparison of Z312 - approx. .054644 of a second before impact - and the commission's sketch gives one a true representation of the gross misrepresentation CE388 presents. In CE388 the president's head is bent over in such a manner that his chin approaches his chest - a necessary flight of fancy on the commission's part if their representation of the head wound is to approach "credibility." (See Figure 11) In addition, the president's shoulder's in CE388 are square to the viewer with his upper torso facing directly forward. Again, this is a perversion of the truth as Z312 so accurately shows.

The HSCA had artist Ida Dox prepare "tracings" based upon the autopsy photographs to aid in their explanation of events. (1HSCA p. 147) Dox also prepared "Figure 29 - Scale drawing of the frontal and right side of a human skull, which

* There is evidence that suggests that some autopsy materials, particularly photographs and X-rays were shown to select members of the WC and their staff in late 1963 or early 1964 -- just enough to help "convince" the right people that there was "evidence" of shots from behind. See, in particular, Executive Session Transcripts of Jan. 21 and 27, 1964.

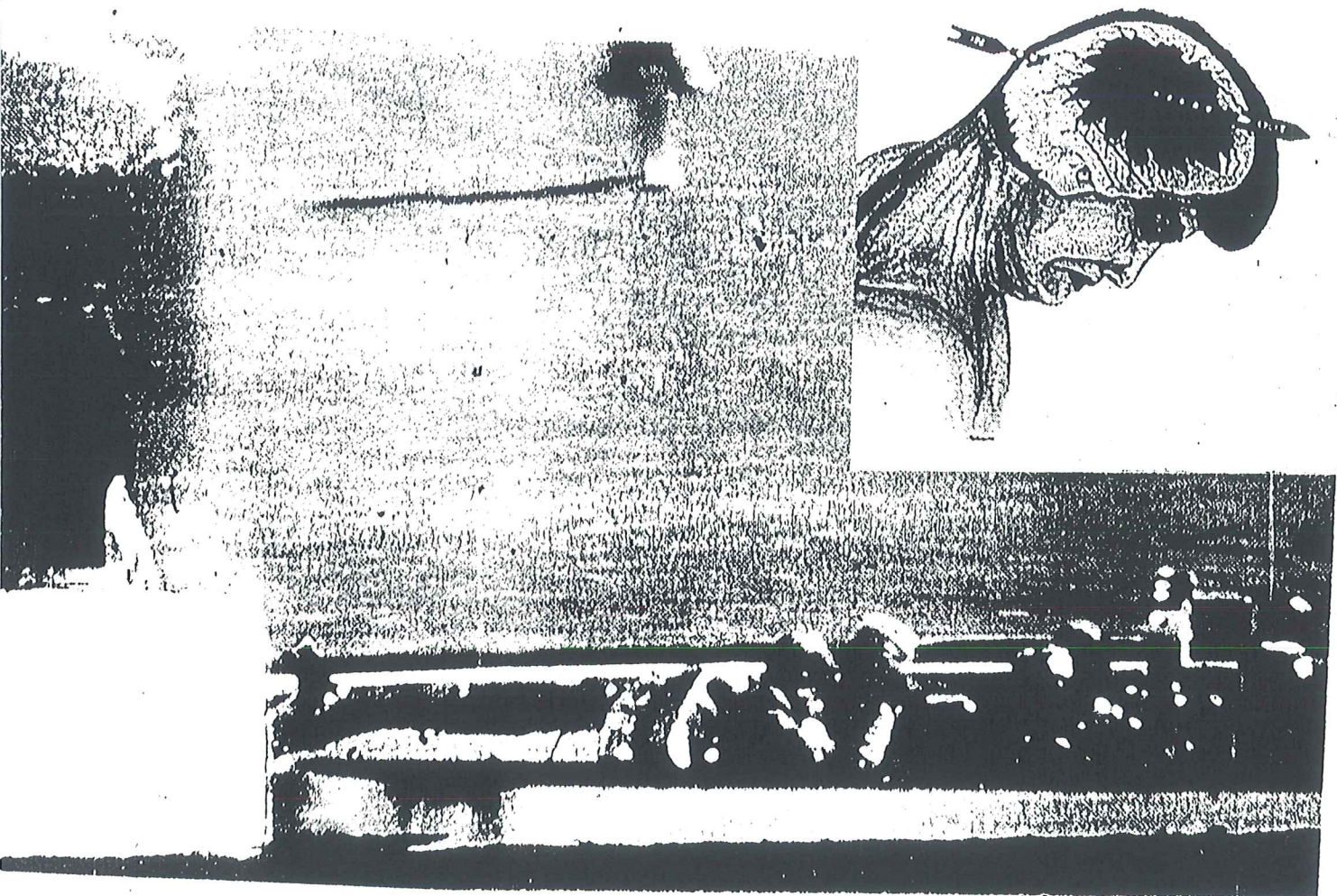
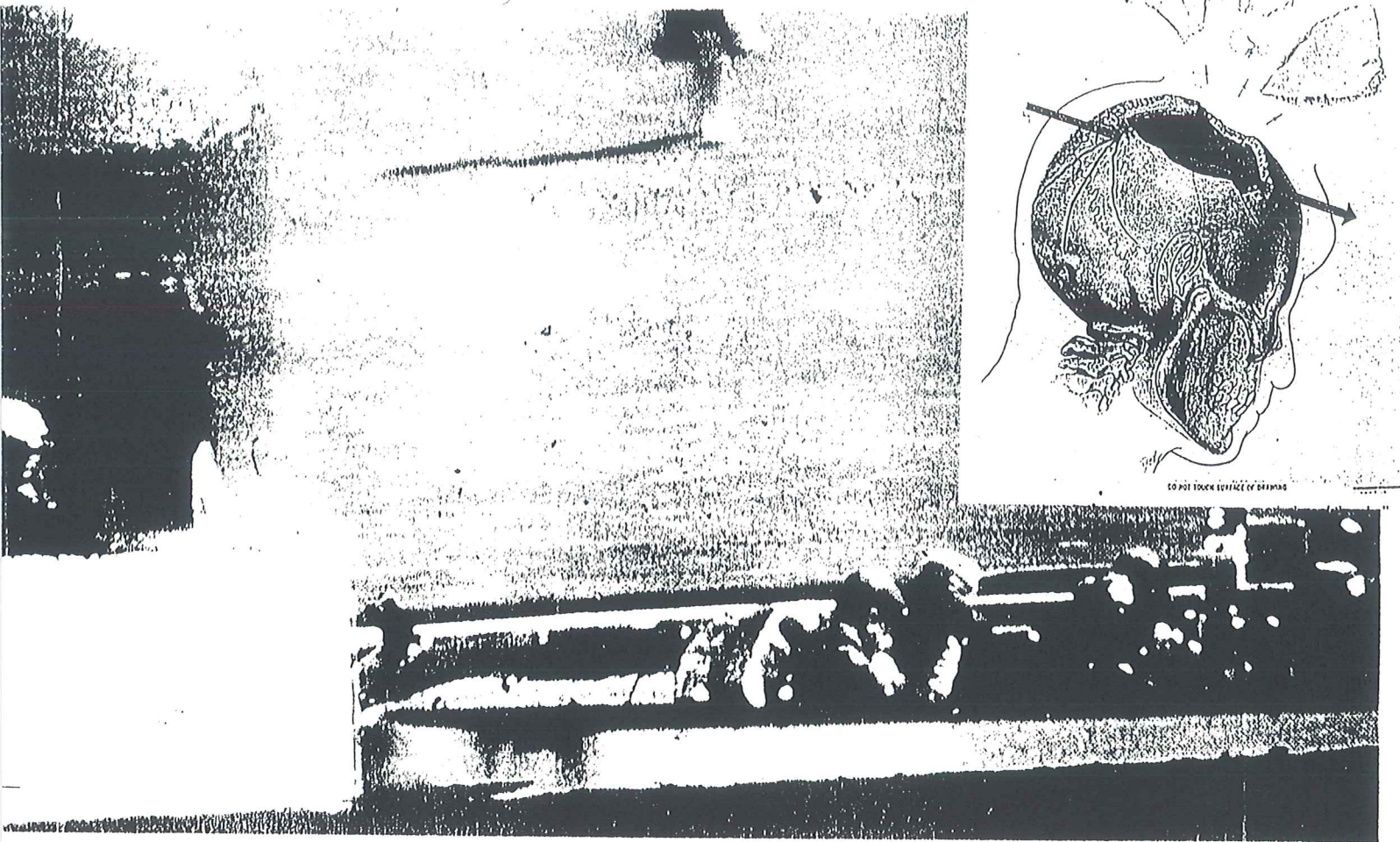


Figure 11.

Warren Commission Exhibit 388; their diagrammatic representation of President Kennedy's position, particularly the head, versus Kennedy's actual position as shown in Z312.



Z-312—Kennedy's position just as bullet was about to impact his skull. Note forward and slight left of head. (© 1967 by LMH Co. All rights reserved. © 1992 by LMH Co. All rights reserved.)

Figure 12.

HSCA Figure 29; drawing prepared by medical artist/illustrator Ida Cox, based upon her interpretation of autopsy photo's showing a much more realistic appraisal of Kennedy's head/skull at the moment of impact of the fatal shot.

depicts the displaced bone fragments and the extensive fragmentation of the skull" at the time of impact. The positioning of "Kennedy's" head in this medical illustrator's drawing comes closer to approximating the true position of the president at the time of impact. (See Figure 12) The one major problem with the HSCA rendering of the skull shot is that they, like all others trapped by the disinformation of the fatal shot origination from behind, have the points of entry and exit reversed; the fatal shot entered the front of the president's skull, tangentially, and blasted out a portion of the right side of his head, extending horizontally into the right, rear occipital area. Fragmentation of this missile, in turn, caused shredding of the scalp next to the outer table of the skull at the rear of the presidents head in roughly a circular shape as initially and accurately described by the Parkland medical personnel.

Synthesis: An Alternate Hypothesis of the Fatal Shot

To their credit, the HSCA made a conscious effort to more accurately assess the actual position of President Kennedy's head and torso at the time of impact of the fatal shot. In so doing they reached conclusions regarding a possible line of fire through the president's skull which, when analysed in relation to the known position of the gunman in the front of the presidential limousine, present a new hypothesis.

Utililizing a complex series of test results, explained in detail in the trajectory analysis section of the Appendix to the Hearings Before the Select Committee on Assassiantions of the U.S. House of Representatives, Vol 7. pp. 34 - 58, the committee concluded that at the time of impact of the fatal shot "...Kennedy was turned partially away from Zapruder--approximately 25° past the 90°, or profile, direction. His head was tilted away from Zapruder by about 15°, and he appeared to be nodding forward by about 11° (clockwise, as viewed by Zapruder)." (Ibid, para. 131)Based upon wound positions located by their Forensic Pathology Panel, the committee further concluded that the

fatal bullet "...was travelling 18.6° to the right relative to his (Kennedy's) midplane and 5.0° downward relative to his facial axis." (Ibid. para. 127) Tracing this trajectory backwards the HSCA concluded that the paths origin "intercepted the plane of the Texas School Book Depository approximately 11 feet west of the southeast corner of the building at a point 15 feet above the sixth floor windowsills." (my emphasis - Ibid. para. 123; para. 138, 139.) Indeed, HSCA Fig.s' II -11 and II - 12 show the point of origin precisely at this location--a point above the roof of the TSBD! (See Figure 13) Nonetheless, in an effort to make sure that the "snipers nest" fell within the parameters of the "solution" of the crime, the HSCA saved face by constructing a circle with a radius of some 23 feet around the "intersect point" representing "the minimum reasonable margin of error for this trajectory analysis." (Ibid. para. 140.) While admitting that the margin of error could have been even greater the HSCA concluded that only two factors could, in their estimation, be responsible as "significant sources of error "; (1) "major uncertainties" relating to the fatal head wound positions, and, (2) "the orientation of Kennedy's head relative to Zapruder." (Ibid) The committee then went on to explain, in great detail in the following paragraph, the "critical importance" of comparative calibration based upon Z312, anatomical features of Kennedy's head at the moment of impact, and repeated measurements "using as many independent image cues as could be found." (Ibid. para. 141) In the final analysis what the HSCA were really able to state was that they accomplished an accurate assessment of Kennedy's head "relative to Zapruder." Of this their tests leave no doubt. However, what the HSCA was unable to resolve was the possibility of error resulting from the "major uncertainties" posed by the prospect of incorrectly positioning and interpreting wounds of "entrance" and "exit" on the president's skull. Reliance in this regard fell to interpretation based upon X-rays assumed to be accurate assessments as viewed the evening of Nov. 22, 1963, at Bethesda. The photographs alone cannot be trusted. As mentioned

LINE OF SIGHT FROM ZAPRUDER CAMERA TO JFK/SLOPE
OF BULLET CAUSING HEAD WOUND

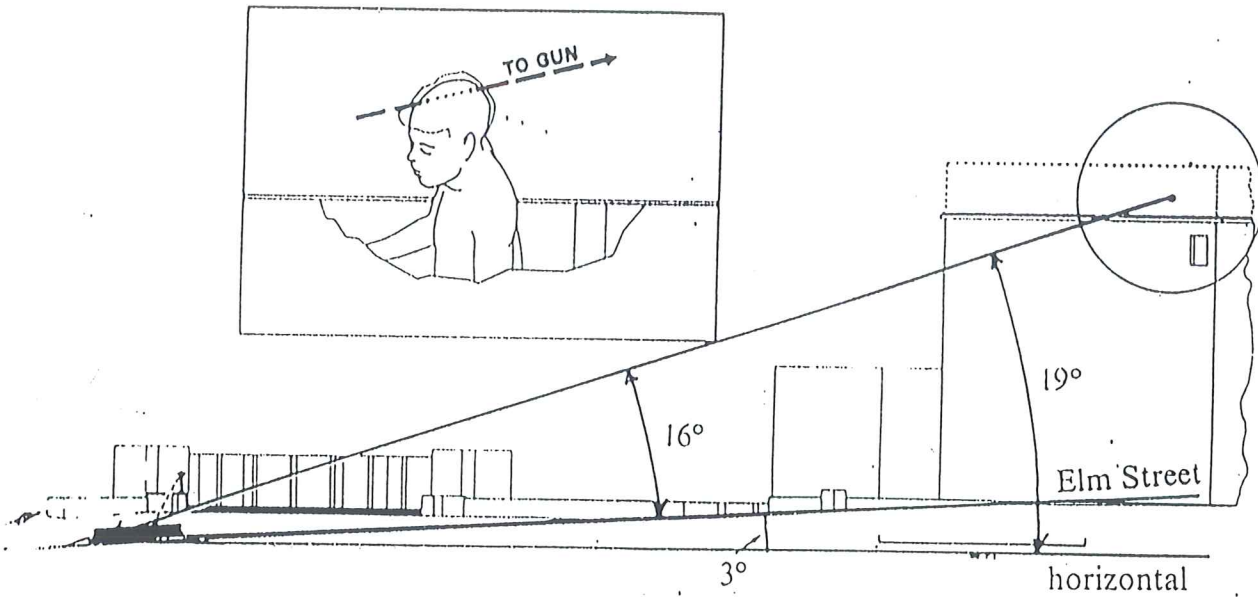


Figure 13

HSCA Trajectory Analysis actually places origin of fatal head shot on the roof of the TSBD. Only a circle radius 23' representing the "minimum" reasonable margin of error allows the "snipers nest" to fall within the parameters of their analysis.

previously the alleged wound of entrance in the scalp on the back of the president's head is not visible in all of the published autopsy photographs, as one would expect it to be. Indeed, regardless of a later, tortured recantation, Dr. Humes personally challenged members of the HSCA specifically on this point. In discussing the wound of entry in the cowlick area, "I defy you to find it in the black and white photograph." (7HSCA 261)

Dr. Humes' concern over the photographic evidence is well founded. As has been indicated, there is every reason to believe that a lot of the current X-ray and photographic materials available for study purporting to represent the president's condition at the time of the autopsy just simply cannot be trusted. Evidence and concerns over possible forgeries of this evidence have been voiced by parties from both Parkland and Bethesda, and indeed these are people who should know as many of them were responsible for the original creation of these pieces of evidentiary materials. It was apparent as early as 1966 - 1968 that tampering with, in particular, photographs and X-rays relating to the Kennedy autopsy had occurred. Observations of "new" metallic fragments noted by the Clark Panel in 1968 simply cannot be reconciled with the original autopsy observations as written by Humes, Boswell et al. Indeed, every inventory ever compiled by researchers or official government bodies have failed to come up with identical numbers or descriptive contents for these photographs and X-rays.* What is not beyond question is the deliberate destruction of numerous materials, photographic and otherwise, by the Secret Service, both during the actual autopsy period and within a few weeks of the assassination. One must not lose sight of the fact that it was the Secret Service who directly possessed and controlled all of the relevant autopsy materials from that night forward.

* For further exploration of this point the reader is encouraged to assess the works of Newcomb/Adams, Murder From Within; Harold Weisberg, Post Mortem; Harrison Livingstone, High Treason 2; and David Lifton, Best Evidence.

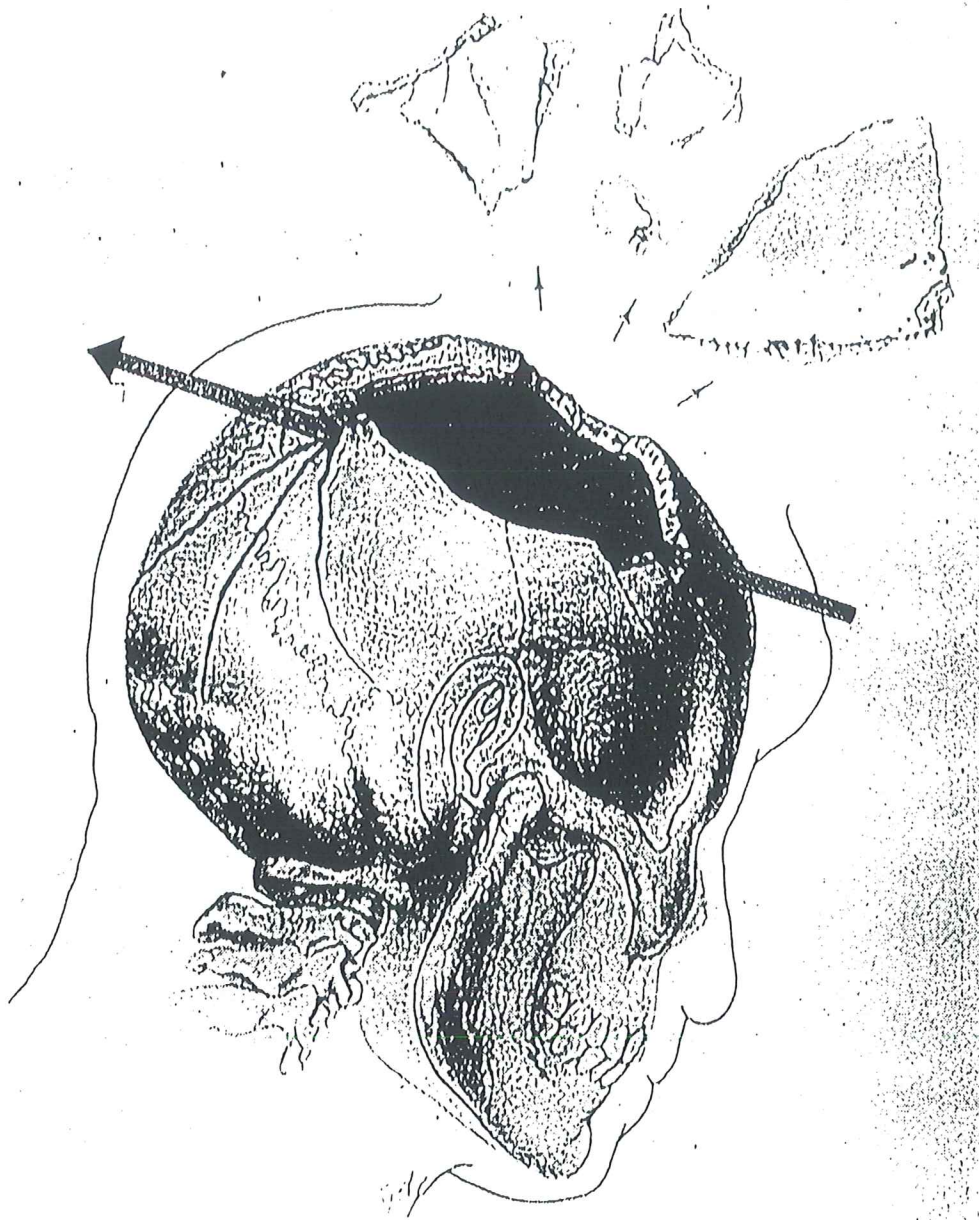


Fig. 14

DO NOT TOUCH SURFACE OF DRAWING

Reversal of HSCA directional arrow on their "figure 29" gives one a truer representation of the line of fire of the fatal shot. Fragmentation did not occur in this area but rather in the right, rear of the president's head as described by Parkland medical personnel. (See fig.'s 15 - 17)

Any attempt to diagram, accurately, the actual damage inflicted on the president's head at the moment of impact is probably futile. This is due in large part to the fact that skull fragmentation as currently depicted on autopsy photographs and X-rays has not been produced solely as a result of the impact of a high velocity missile fired at close range. Rather, this was probably caused in the wake of the quick "smash and grab" tactics utilized to gain quick access to remaining large bullet fragments left within the confines of the skull cavity. There has been speculation by both Parkland and Bethesda personnel that something as crude, but effective, as a ball-peened hammer was used to create some of the damage we see on the X-rays. The wanton destruction of the entire right front of "Kennedy's" skull, including the orbit of the right eye, just cannot be reconciled with the available photographs picturing an intact face of the late president....provided, of course, that the X-rays now existing really are of the president's head. If they indeed are, as testified to by experts who examined Kennedy's dental records on behalf of the HSCA, then the implications of tampering have far greater substantiation than ever before. What one can do, however, is accurately depict the probable point of entry of the fatal shot on the right temple area of Kennedy's head. Indeed, if one takes HSCA figure 29 and reverses the directional arrow a truer picture of impact and potential bullet path are seen. (See figure 14) Fragmentation of the skull did not occur in the area as depicted by the HSCA, but rather was more in line with that as portrayed in figures 8-10.

One of the unfortunate omissions of all official investigative proceedings has been the lack of an attempt to portray an overview of the president's head/skull at the time of impact. Figures 15, 16, 17, represent just such an assessment based directly upon the conclusions of the HSCA's trajectory analysis.

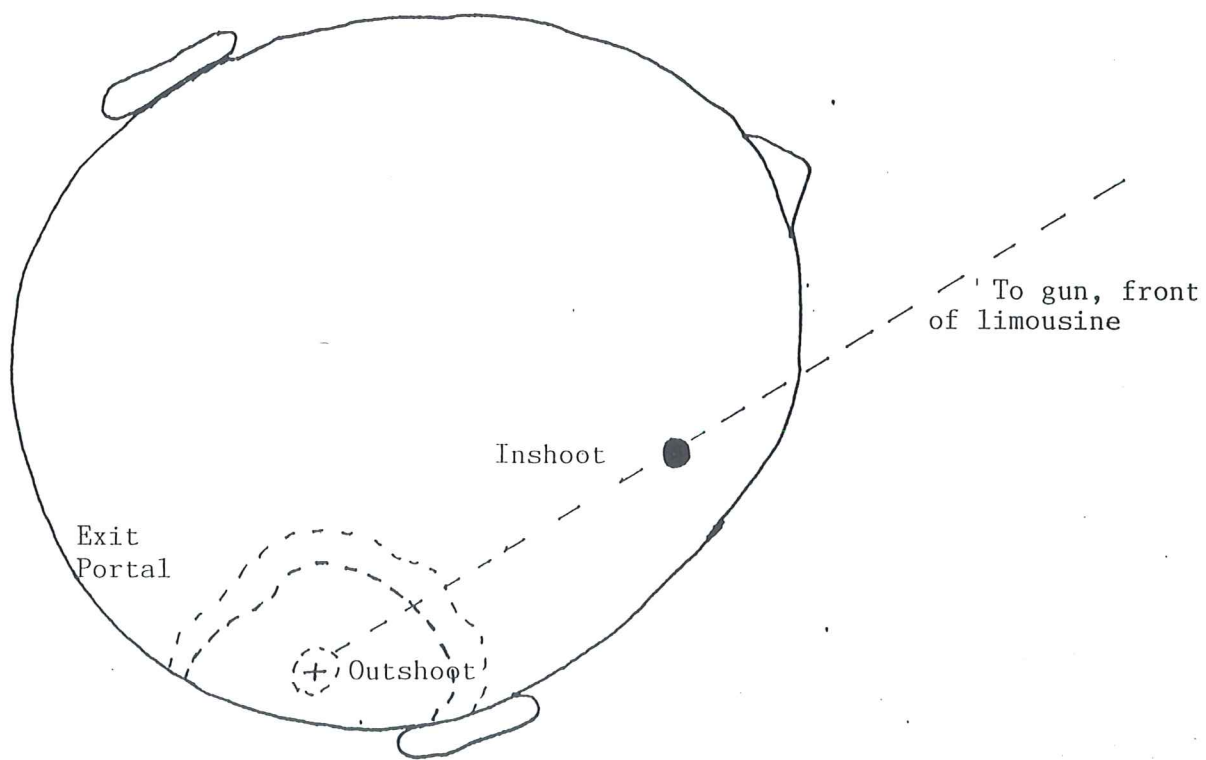


Figure 15.

Overhead view of Kennedy's head/skull rotated 25° to left as analysed by the HSCA. Line of fire to William Greer's handgun, front left of the presidential limousine, leaves the skull within the parameters of the exit wound on the right, rear of the president's head as described by Parkland medical personnel.

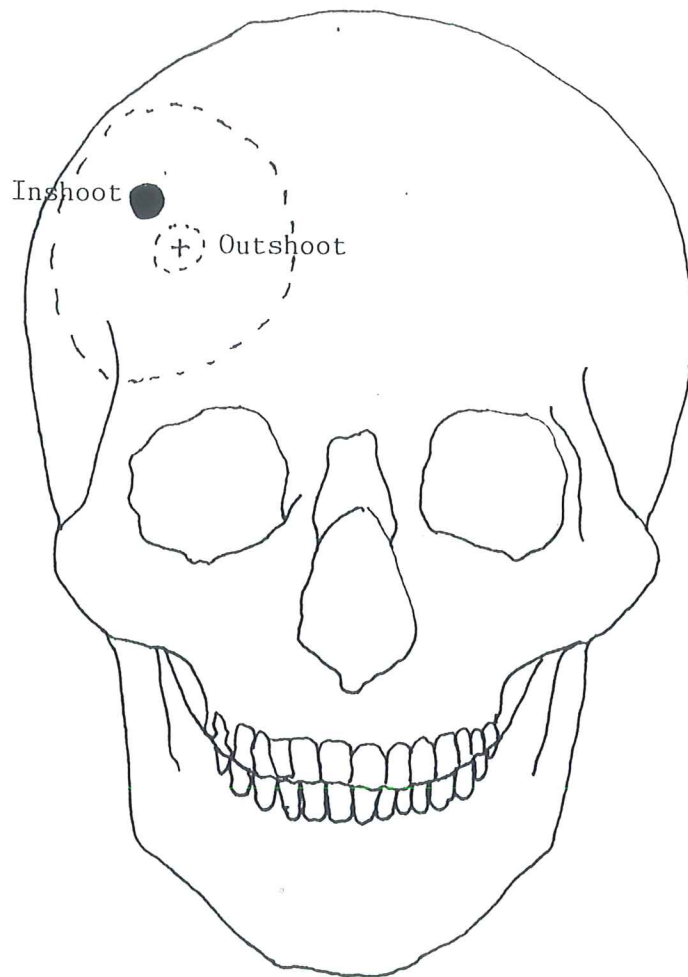


Figure 16.

Front view of Kennedy's skull. Using HSCA's 25° rotation to the left and downward tilt of some 11° the estimated outshoot falls well within the exit portal as described by Parkland medical personnel.

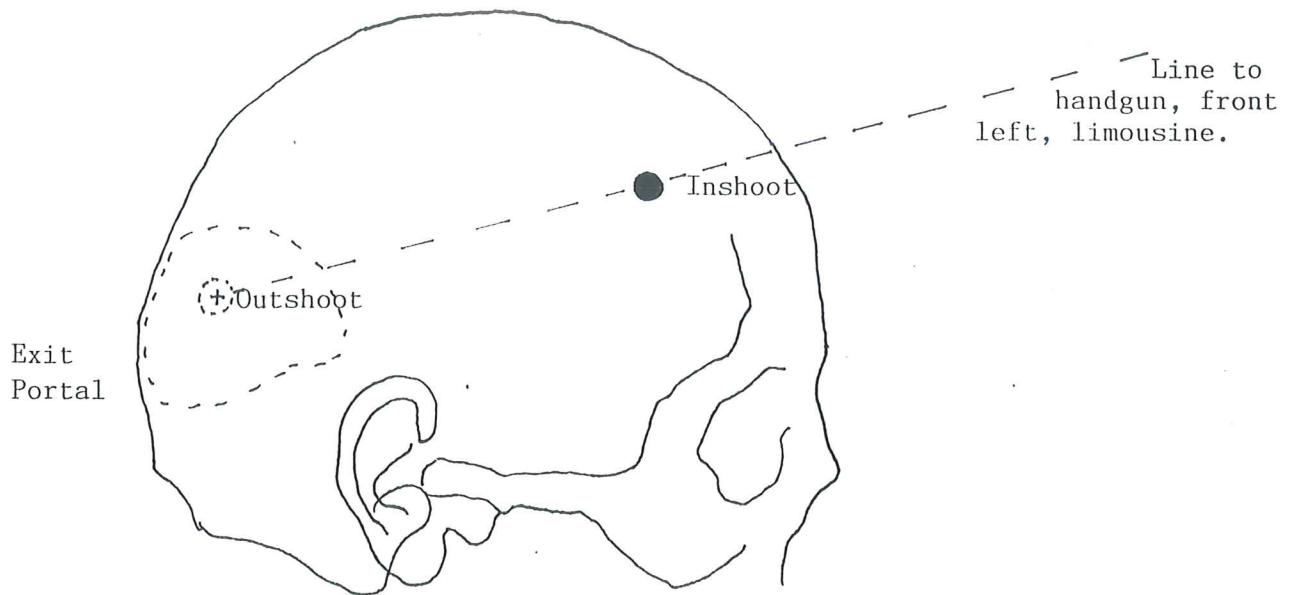


Figure 17.

Upright side view of Kennedy's skull. Taking in account the downward tilt - left rotation of the president's head at impact, the actual path of the fatal missile was probably front - to - back at approximately 4° downward. There is a very real possibility that the tangential nature of this impact caused the bullet to ricochet off of the right parietal bone near its intersection with the right temporal area; resultant fragmentation exploded rearward into the occipital area along the line of the right lambdoid suture producing a right, rear exit wound with resultant laceration of the overlying scalp. (See figure 8, this appendix)

The original cause of death, as reported by Malcolm Kilduff, was specific: from the 1:30 p.m. CST Parkland Hospital press conference;

Question: Can you say where the bullet entered his head, Mac?

Kilduff: It is my understanding that it entered in the temple, the right temple.

As he spoke these words Kilduff raised his right hand and pointed with his index finger to the point of entry. (See figure 18)

Eyewitnesses in Dealy plaza substantiated an entry wound in the right, temporal area of the presidents head. William Newman, his wife, and two small children stood precariously close to the presidential limousine at the time of the fatal shot. In a televised interview on Dallas affiliate WFAA within an hour of the assassination Newman stated that "...as the car got directly in front of us..." a shot which the Newmans felt could have come from behind them, "hit the President in the side of the temple." In a November 1966 interview with researcher Josiah Thompson, Newman reiterated his belief that the President was shot "in the side of the head" picking as an impact point the area of the President's right ear. Marilyn Sitzman, standing behind and bracing her employer, Abraham Zapruder, likewise indicated that the fatal shot struck Kennedy "above the ear and to the front...between the eye and the ear." (Josiah Thompson, Six Seconds in Dallas, p. 103.) Secret Service agent Sam Kinney, driver of the presidential follow-up limousine, stated that he saw one shot strike "...the right side of the head." (18H731) Agent George Hickey, sitting in the left-rear of the same vehicle heard two shots and reported that "it seemed as if the right side of his head was hit." (18H765) Dallas motorcycle officer Bobby Hargis told reporters that the fatal shot struck the president "on the right side of the head." (The Houston Post, Nov. 23, 1963.) Fellow officer James Chaney told local TV reporters that the fatal shot had struck the President "in the face." (WFAA TV, Pkt. 24; KLIF, 11/22/63) But perhaps the most accurate assessment of all came from Texas Highway Patrolman, Herschel Jacks. Jacks was assigned the task of driving vice president Lyndon Johnson's

vehicle during the Dallas motorcade. In his report of events of that day Jacks describes the following scene in the back of the presidential limo-
sine as he approached the car and looked in:

"...one of the Secret Service agents said he had been hit, put your coat over him. One of the agents removed his suit coat and spread it over the President's body from his chest up. Before the President's body was covered, it appeared that the bullet had struck him above the right ear or near the temple." (18H801)

At 1:47 p.m., CST, UPI reported that "President Kennedy was shot in the right temple. 'It was a simple matter of a bullet right through the head,' said Dr. George Burkley, White House Medical officer." Within moments then news anchor-
man Chet Huntley of NBC reported, "President Kennedy, we are now informed, was shot in the right temple. 'It was a simple matter of a bullet right through the head,' said Dr. George Burkley, the White House medical officer." At 2:36 p.m., CST, NBC news reported that Parkland doctors Clark and Perry had indicated that the President was struck by a bullet "...in front as he faced the assailant." (NBC Log, Nov. 22, 1963, p. 8. 2:36 pm, CST) At 2:43 p.m., CST, local radio station WOR reported from the Parkland press conference; "Dr. Perry said the entrance wound - which is the medical description - the entrance wound was in the front of the head." And finally, we have the hand written notes of reporter Seth Kantor (20H353) in which he has recorded, as cause of death, the fact that a missile "intered(sic) right temple," something he must have written in his attendance at the Parkland press conference.

While it is true that the above verbal descriptions of a wound of entry in the right temporal area of the President's head are not proof of same, it is impossible not to attach some significance and credence to the weight of these independent corroborations -- particularly when couple^d with the medical descriptions from Parkland and Bethesda of this same wound on the right of the President's head.

The Dallas Conference:

On April 6, 1991, author/researcher Harriston Livingstone was able to get together, for the first time, medical personnel from both Parkland and Bethesda, in order that an in-depth discussion could take place in an effort to better understand and ascertain the true nature of a number of discrepancies which had arisen pertinent to the medical evidence since that fateful day of November 22, 1963. James Curtis Jenkins had been, on that fateful night, Dr. Thorton Boswell's assistant throughout the autopsy. During examination of the head Jenkins revealed that several Bethesda "witnesses" noticed what they termed a "graying" area on the right side of the president's skull above the right ear. According to Jenkins' account it was Dr. Finck who remarked, "Could this possibly be from a bullet?" The area in question was examined as such, but to Jenkins' dismay, when the autopsy report was made public no mention was made of this concern. Jenkins claims this omission left him literally "stunned." In his own words, "There was a discussion at the autopsy on graying area on the bone, anterior to the bone on this flap...There was some gray metallic material approximately the size of the end of my finger." While making this statement Jenkins pointed to his head directly in front of his right ear.

Question: "Could it have been the scarring from a bullet?"

Jenkins: "That was my impression, and that was the discussion between Dr. Finck and Dr. Humes. It looked like lead scarring onto the bone...I would have been one hundred percent sure the fatal shot came from the side, from this angle. I was very surprised, shocked at the conclusions that came out." Earlier, on October 8, 1990, Jenkins had indicated in an interview that, in response to a question as to whether or not there had been a wound of entry on the left temple of the President, Jenkins stated that, to the best of his ability to recall that neither he nor anyone else at the autopsy had seen such a mark. However, "I might have gone along with right temple." (his emphasis)

Question: "There might have been an entry wound there?"

Jenkins: "Yes. And the opening and the way the bone was damaged behind the head would have definitely been a type of exit wound. The reason I have said this is I saw this before in other wounds and it was very striking." (HT2, pp. 229; 289-291)

In the early morning hours of November 23, 1963, Tom Robinson, personal assistant, Gawler's Funeral Home, was given the unenviable task of reassembling the President's head in the event any member of the Kennedy family would want the coffin opened to look at John Kennedy one last time. In the words of Joe Hagan, Chief assistant to Joe Gawler, "Tommy Robinson was right there, hands on, during the whole thing and put his head back together, so he would be the guy who would know better than anyone else other than the pathologists themselves. He was there." (HT2, p.581) According to William Manchester, in Hagan's words, "He (i.e. Robinson) was really under the gun. There were about thirty five people, led by General Wehle, breathing down our necks. We were worried about skull leakage, which could be disastrous. We did not know if the body would be viewed or not." It is apparent from Manchester's account that both Admiral Burkley and personal physician Godfrey McHugh were overtly concerned that they could get no "guarantee" that the coffin would remain closed. "McHugh told Hagan it was better to take the time and be on the safe side." For his part Burkley was "determined" that "the face be just right in case people opened the coffin" either then or in the future. (DOAP, p. 433)

On August 17, 1991, Tom Robinson spoke with independent researchers for the very first time: Regarding Kennedy's head wound;

A lot of scalp in the back was gone. We used a piece of rubber there, in the back.

Question: Did you cover the missing area of scalp with a hairpiece?'

Robinson: No. We didn't have to. No one could see the hole on the pillow. No, no hairpiece was used. We didn't have to, because part of the back of the head where scalp was missing was placed on the pillow, and no one could see it. There was a hole in the pillow to take care of leakage, and that covered up the missing area.

The body had been cleaned up before we got it. The face was perfect

and undamaged except for a small laceration about a half inch into the forehead, which I covered up.

In response to a query as to whether or not any frontal bone, underlying facial skull damage, destruction to the top of the head, face, forehead, etc:

It may have been fractured, and I couldn't see that, but it was perfectly intact. I don't think any of it had been removed or replaced before we got it. The face was perfect. It would have fallen in without the frontal bone

There was one very small hole in the temple area, in the hairline. I used wax in it, and that is all that I had to do. I just put a little wax in int.

Question: What side was it on?

Robinson: I can't remember for sure, but I think it was on the right side.

In an additional interview of October 6, 1991, Robinson revealed that the skull was perforated in two or three more places "near the eyes" in his opinion as a result of "shrapnel." Robinson also filled these openings with wax. The only opening of real significance that Robinson saw was a large defect in the very back of the president's head. The scalp in this area was shredded and "some of it was missing." Furthermore, "There was not enough scalp to pull together over that large wound in the back. The big hole was only in the back. We filled the skull with plaster and put back the bones, but we did not have all of the bones and could not completely cover over the hole in the back. I do not remember any bone missing on the top of the head."

(HT 2, pp. 579-581)

It is not the intent of this appendix to get embroiled in a lengthy debate over the nature and content of the conflict regarding the fatal head wound. That particular issue has been more than adequately covered by many others, references to which can be found both in the footnotes and bibliography of the main text of this work. But one must keep coming back to the handwritten words of Dr. Humes; "The complexity of these fractures and the fragments thus produced tax satisfactory verbal description..." And that was specifically

the intent of those who purposely generated the mess on and in the president's head. They could not risk the danger of traceable metallic residue found anywhere within the confines of the dead president's body. How else can one explain the fact that no metal, of any kind, was found within the confines of the president's body that could be traced directly to the alleged murder weapon, to the exclusion of all others. The only piece that Dr. Humes alleged to "his knowledge" to have been removed from the president was one found precisely in the area where the fatal shot of entry occurred, "inside above the eye, the right eye." (2H94) And they looked. In fact, by all accounts, this became one of the real areas of tension which arose during the course of the autopsy...the fact that no bullet fragments could be found. It degenerated to the point where Dr. Ebersole was forced to come to the defense of his employees manning the X-ray facilities; civilian and military personnel present at the autopsy were slinging accusations of incompetence on the technicians precisely because no metal/fragments could be observed or found on/in the body. Obviously only a chosen few were aware of the true nature of the ongoing crime being perpetrated.

Those responsible for the mechanics of the murder of President Kennedy were, by and large, in control within the context of the slaying. They controlled and maintained possession of the crime scene, the presidential limousine; it was imperative that they do so. As "protectors" of their dead leader, they controlled and maintained possession of the end result of the crime, the body of the president; this is really why it had to be removed from Dallas. It had absolutely nothing whatsoever to do with the competence of Dr. Rose versus Dr. Humes et al. All medical personnel were competent. They just could not afford to let the Dallas autopsist(s) inspect and track the course of the wounds visible on the president's body. To do so would surely reveal the true path of the missiles involved...and the true source of those same projectiles. When it came to removal of the body, it was imperative that they do so.

And it was imperative that they stay with the body throughout the autopsy; they must be there at the end to secure, once and for all, the final pieces of the crime which could potentially reveal all. How else can one explain the presence of William Greer at Bethesda? In the words of Dr. Humes: "Actually, from all the X-rays that were taken, and we viewed them together; when I say 'we,' I am saying the medical people who were in the morgue at the time, the two Bureau agents, myself, and also Mr. Greer, who was in there with me, naturally, they were looking for pieces of fragmentation of this bullet. There was none." (2H94; my emphasis) Mr. Greer sole function, as he himself reiterated to the FBI, was "Senior agent assigned to driving the President's vehicle in motorcades." Why did the FBI find it necessary to supply a physical description of William Greer upon interviewing him? He was the only agent from the White House detail of that date, November 22, afforded such treatment. Why was the "chaffeur" allowed this unprecedented access to the president's dead remains, when others involved medically were, at times, ordered from the very areas where Greer was allowed to stay? Agent Kellerman's presence is perhaps a little more understandable; he was after all Assistant Special Agent in charge of the entire White House detail, and as such was the senior Secret Service Agent assigned specifically to President Kennedy for the Texas trip. Indeed, all the photographic/X-ray materials relevant to the Kennedy autopsy were turned over directly to Kellerman at the conclusion of the autopsy on the evening of November 22, 1963.

Dr. Humes and his medical entourage were terribly trapped by the savagery of the unfolding events of November 22, 1963. Their conundrum was further complicated by the very nature of the employer they had chosen with whom to pursue their profession---the military. At the conclusion of their medical tasks all personnel so involved were sworn to secrecy; all medical personnel involved were forced to sign a document sealing, potentially forever, the real

truth of that evening. Individuals involved have described the autopsy debriefing as a "horrifying experience," constantly reinforced by future periodical visitations by military personnel who gave persuasive reminders buttressed by the boogeyman of "national security."

Dr. Humes tried to tell the truth, and in many ways as it related to the condition of the Presidents body as he and his assistants viewed it, he did tell the truth. And he also lied. The very nature of the act prevented him from being unable to eventually avoid this. In reality, until one or all of those involved can clear their very souls and reveal the truth, as a collective entity,...until that point in time,...they have all lied. Perhaps an inkling of the truth was cryptically revealed by Humes himself before the full Warren Commission staff in 1964. In response to questioning of the very nature of the fatal head wound: "Scientifically, sir, it is impossible for it to have been fired from other than behind. Or to have exited from other than behind."(2H360; my emphasis)

Dr. Charles Wilber, a highly respected forensic scientist, wrote the following in his critically praised 1978 work Medicolegal Investigation of the President John F. Kennedy Murder:

A lie begets further lies, awareness of the devastating results of lying as official policy...No lie can be justified in terms of the end result. For, in the long run, an official lie begins a chain of further lies, so that when the truth finally surfaces, there is revealed a stinking morass of interlocking lies that cause long-term, if not permanent, damage to the government. (p. 258)

In the end, there is really only one conclusion to be drawn regarding the final devastating shot to the President's head:

Interpretation of the fatal head wound by several attending surgeons suggested a high velocity handgun bullet fired at close range. (Wilber, op. cit. p. 26)