SIX SECONDS IN DALLAS

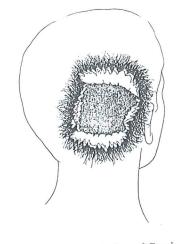
wound in the back and one on the right side of the head. However, the doctors said it was impossible to determine immediately whether the wounds had been caused by one bullet or two." The *Times* went on to quote Dr. Kemp Clark, the attending neurosurgeon in Dallas, as saying, "A missile had gone in and out of the back of his head causing external lacerations and loss of brain tissue."

Dr. Clark, the only neurosurgeon ever to see the President's head injury, declared that he felt it was a "tangential" wound and not an "exit" wound. Questioned by the Commission, Dr. Clark was asked about his participation in a press conference held November 22 in which he described the President's head wound as "tangential":

Specter: What, if anything, did you say in the course of that press conference?

Dr. Clark: I described the President's wound in his head in very much the same way as I have described it here. I was asked if this wound was an entrance wound, an exit wound, or what, and I said it could be an exit wound but I felt it was a tangential wound (6H21).

Dr. Clark was asked to describe the difference between "tangential" and other types of wound, and he did. But Specter never asked him to indicate why he thought the President's wound was tangential, nor, indeed, even to describe with precision the characteristics of that wound. Yet if we combine Dr. Clark's earlier cited statement that "a missile had gone in and out the back of his [the President's] head" with his judgment that the wound was "tangential," a pattern begins to emerge. What apparently is being described is a shot tangentially striking the right side of the President's head blowing out the right rear octant. Such a pattern would accord well with the



A pictorial representation of President Kennedy's head wound as described by Dr. Robert N. McClelland of Parkland Hospital. Dr. Ronald Coy Jones described "what appeared to be an exit wound in the posterior portion of the skull" (6H56). Dr. Malcolm Perry noted "a large avulsive [exploded] injury of the right occipitoparietal area" (6H11), while Dr. Charles Baxter recalled "a large gaping wound in the back of the skull . . . literally the right side of his head had been blown off" (6H40-41). Dr. Gene Akin observed how the "back of the right occipitalparietal portion of his head was shattered, with brain substance protruding" (6H65). Yet certainly our most detailed description of the Kennedy head wound appears in the testimony of Parkland Physician Dr. Robert N. McClelland:

> As I took the position at the head of the table . . . I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out (6H33).

This is the clearest description we have of the Kennedy head wound.¹¹ In reading it we can understand quite readily why neurosurgeon Clark called the wound "tangential." For Dr. McClelland is quite clearly describing an impact on the right side of the head that blasted backward, springing open the parietal and occipital bones [see diagram] and driving out