

Statements of Witnesses - Dr. Robert Nelson McClelland,  
Depositions: March 21, 1964 (6 H 30-36)  
March 25, 1964 (6 H 36-39)

Asst. Counsel Arlen Specter questioned the Associate Professor of Surgery, Southwestern Medical School of the University of Texas, in connection with his duties at Parkland Hospital at the time of the President's assassination.

After tracing Dr. McClelland's experience and training, Specter inquired about his knowledge of gunshot wounds and was told that Parkland "receives all the indigent patients of this county, many of whom are involved frequently in shooting altercations, so that we do see a large number of that type of patient almost daily." (p.31.)

He arrived after the President was being treated by other doctors and "then, as I took my post to help with the tracheotomy, I was standing at the end of the stretcher on which the President was lying, immediately at his head (my emphasis), for purposes of holding a tracheotom, ..." Dr. Perry had told him "that he had made the incision through a very small, perhaps less than one quarter inch in diameter wound in the neck." (p.32) When the doctors subsequently discussed this, Dr. Perry had said of the wound, "that it was a very small injury, with clear-cut, although somewhat irregular margins of less than a quarter inch in diameter, with minimal tissue damage surrounding it on the skin." Asked to describe his "observations with respect to the head wound (note singular)" Dr. McClelland replied, "As I took the position at the head of the table that I have already described, to help out with the tracheotomy, I was <sup>such</sup> in/a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted."

Next Specter asked if the President was alive and Dr. McClelland gives a lengthy explanation, the burden of which is he really couldn't say.

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Then Specter asks him to "describe the activity and part that you performed in the treatment which followed your arrival?" This is a very limiting question because Dr. McClelland had already said that all ~~the~~ he did was to help with the tracheotomy, and that is what he proceeds to explain. Included in his explanation is the statement that he and two other doctors made "a small opening into the trachea near the spot where the trachea had already been blasted or torn by the fragment of the bullet ..." Note he is not asked any question about his use of the word "fragment" rather than "bullet". He is then asked to describe what he observed of interior ~~xxxx~~ damage. He does. (p.33)

In further explanation of the doctors' procedures, he said, "The reason this was done was because it was felt that there was probably quite possibly a mediastinal injury ..." "Mediastinum" is defined as "the space containing the heart and all the viscera of the chest except the lungs." Asked to give the cause of death, he said, "... massive head injuries with loss of large amounts of cerebral and cerebellar tissues and massive blood loss." Immediately Specter asks, "Did you observe anything in the nature of a wound on his body other than that which you have already described for me?" The doctor replied negatively.

This has been an extremely tricky bit of jockeying around a patch of thin ice by Specter. Dr. McClelland filed a report with the hospital at 4:45 p.m. November 22, 1963. It appears in the report as part of Exhibit 392, pp.526-7. In it he said "...death was due to massive/<sup>head</sup>and brain injury from a gunshot wound of the left temple." Neither here nor anyplace else in the two interrogations was Dr. McClelland asked anything about the temple nor at any point did he use the word in his responses. On the previous pages of this interrogation, Specter has very carefully steered away from anything that would lead the doctor into any reference

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to the temple or a wound of the temple. His questions have been very carefully drawn and I have quoted some of them to show it. Even when talking about injuries to the President's head, he restricted it by inference to the massive injury which removed a major part of the President's skull. And at the very end here, note that he asked if the doctor saw "a wound on his body other than that (anterior neck) which you have already described for me?" Skillful as Specter's questioning is, it nonetheless remains dishonest. Dr. McClelland had specifically referred to a wound of the temple. In other cases, Specter asked the doctors about their language in their reports. When Specter does refer to this (p.35), he shows the doctor a copy of his report, describes it, and asks, "are all the facts set forth true and correct to the best of your knowledge, information and belief?" to which Dr. McClelland's reply was, "To the best of my knowledge, yes."

A clever accommodation. Specter has avoided any reference to a wound of the temple, and Dr. McClelland was not put in a position where he had to, and, in fact, he did not, withdraw any part of his report. Dr. McClelland's statement of the temple wound stands unchallenged and uncorrected.

Returning to the sequence of Specter's interrogation (which was on p.34), the rest of the page is devoted to questioning paralleling that of the other doctors about the President remaining on the stretcher at all times, whether or not the doctor could (and, of course, he could not) see any part of the President's back (p.34). Asked the initial impression of the doctors about the anterior neck wound, he said, "Immediately we had essentially no facts. ... The initial impression that we had was that perhaps the wound in the neck, the anterior part of the neck, was an entrance wound ..." He said that if this bullet had also

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caused the "massive injury in the head" it would have "required some straining of the imagination to imagine that this would happen, and it was much easier to explain the apparent trajectory by means of two bullets, which we later found out apparently had been fired ..." This is not too far from what the doctors had conveyed to just about everyone to begin with, and at the same time it represents no major retreat for Dr. McClelland. Adding the words, "initial impression" and "perhaps" gave Specter what he wanted.

This exchange then follows:

"Mr. Specter. Did you observe the condition of the President's head?"

Dr. McClelland. Well, partially; not, of course, as I say, we did not lift his head up since it was so greatly damaged. We attempted to avoid moving him any more than it was absolutely necessary, but I could see, of course, all the extent of the wound."

Mr. Specter. You saw a large opening which you have already described?

Dr. McClelland. I saw the large opening which I have described.

Mr. Specter. Did you observe any other wound on the back of the head?

Dr. McClelland. No.

Mr. Specter. Did you observe a small gunshot wound below the large opening on the back of the head?

Dr. McClelland. No."

Again, Specter has been very careful to avoid reference to the temple wound mentioned in the doctor's initial report.

Under Specter's questioning thereafter, Dr. McClelland speculates that the anterior neck wound could have been "an exit type. It would be quite difficult to say - impossible." (p.35)

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The second deposition was taken, according to Specter, to get the doctor to comment on "a translation from the French, of the magazine, 'L'Express' issue of February 20, 1964, and ask you if you would read this item, with particular emphasis <sup>on a reference</sup> to a quotation or statement made by you to a reporter from the <sup>S</sup><sub>t</sub>. Louis Post/Dispatch."

McClelland read it, said he had talked to the reporter, Richard Dudman, to the best of his recollection the day following the assassination, and that Dudman was trying to define "the nature of the wound (anterior neck), and as near as I can recall, I indicated to him that the wound was a small undamaged - appearing punctuate area in the skin of the neck, ... which had the appearance of the usual entrance wound of a bullet, but that this certainly could not be - you couldn't make a statement to that effect with any complete degree of certainty, though we were, as I told <sup>him</sup> ~~you~~, experienced in seeing wounds of this nature, and usually felt that we could tell the difference between an entrance and an exit wound, and this was, I think, in essence what I told him about the nature of the wound." (p.36)

Note the delicacy of this performance. Much of it really depends upon the emphasis. For example, the word "complete" in front of the degree of certainty. This can mean 99 percent certainty or considerably less.

Specter is content to let it go at that, too. Specter asks, "Do you have a firm opinion at this time (my emphasis) as to whether it is an entrance wound or exit wound or whatever?" and the doctor says in response <sup>ns</sup> ~~ns~~, "Of course, my opinion now would be colored by everything that I've heard about it and seen since (remember the pretense that the contents of the autopsy report was being kept secret?), but I'll say this, if I were simply looking at the wound again and had seen the

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wound in its unchanged state, ~~and~~ ... I would probably initially think this were an entrance wound ..." He describes this as "a calculated guess". Asked if he told Dudman he hadn't seen the anterior neck wound, he didn't recall and said, "I was merely referring to our sort of collective opinion of it ..." In other words, all the doctors originally thought it was an entrance wound, and this was what the Commission, in its examination of other doctors, has gone to great lengths to try to establish as not having happened.

Asked "how many bullets do you think were involved in inflicting the wounds on President Kennedy", in his reply Dr. McClelland again said, "... before we had any other information from any other source ..." Again I want to refer to the pretense that the autopsy report was kept secret. There is no other "information". (P.37)

Specter also asked the doctor to make the same assumptions, or essentially the same assumptions, he had posed to the other doctors about the wound of entrance and the description in centimeters of where it was from <sup>what</sup> ~~where~~ part of the body, the presumed velocities, the presumed missile, and at a presumed distance from the President, again "without violating the pleura cavity" and asked if the anterior wound of the neck would "be consistent with the hole ..." to which McClelland replied "Yes, I think so." His reasoning was that such a missile "was traveling mainly ~~through~~ through soft tissue ..." He also said that "particularly if it were a fragment of the bullet as bullets do sometimes fragment, could have made a small hole like this in exiting. It certainly could have done that." After further explanation by the doctor, Specter asked, "Well, assuming this situation - that the bullet did not fragment, because the autopsy report shows no fragmentation, that is, it cannot show the absence of fragmentation, but we do know that there were no

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bullets left in the body at any point, so that no fragment is left in." Note that Specter says he is specifically referring to the autopsy report. Again, what happened to all that secrecy about the report, and the doctors not being informed of its contents? (p.38)

In more or less concluding the discussion, McClelland says, "we generally can make an educated guess about these things, but cannot be certain about them."

It is conspicuous that Specter did not offer the article from "L'Express" for the record. This is in sharp<sup>ly</sup> contradiction to the Commission's almost 100 percent consistent practice of doing just that, offering for the record the documents the witnesses are being asked to discuss or testify about. It is, of course, the entirely unvarying ~~extra~~ practice when the Commission is trying to establish a point in favor of the position enforced upon it in advance of its deliberations. Hence, the reader has no way of knowing what the article actually said.

Most of the second deposition is devoted to the continuing attempt~~ed~~ to offset the effect upon the public of the original statements emanating from the hospital, that the anterior neck wound was one of entrance.

Given an additional opportunity to get the doctor to discuss or withdraw his statement that there was a "gunshot wound of the left temple", Specter has been exceedingly careful to avoid it.