

To WEISBERG

23 Oct 70

Dear Harold (cc Hoch):

Weisberg asked me whether same type of bullet which caused dust-like fragments in JFK's head can have caused the front-neck wound.

I write this quickly in response to a part of your 16 Oct letter to Paul and me, the paragraph beginning "Bottom-- if only . . .", relative to fragments in the neck.

We do not know for sure whether JF was hit in the neck by a bullet of the same type as the one that hit in the front-right part of the head. I think, however, that that is the case-- at least the condition of the neck wound and the character of the fragments in the ~~neck~~ neck are not at all inconsistent with the same type of bullet having struck in both places.

Without describing basic of a belief here, let me tell what I think has occurred (I am not certain of this): small, light-weight, very swift, front-side bullet entered the front-neck and produced characteristic small, round entrance hole. The bullet brushed against the right side of the trachea and tore the trachea (the force of this breaking or the force subsequently produced by the impact caused the trachea slightly to the left). When the bullet struck the trachea it burst into very fine silicon caused rent surface in the area just behind the trachea (remember the description of two of the Marland does who said there was a "great amount" of contusion and hemotoma to the right of the trachea. There must have been great damage also behind the point which was visible on them-- i.e. saw only a tiny bit of the trachea). Fragments of the last bullet were cast into and came to rest in the area behind the trachea. (I cannot guess depth of penetration, since there are areas of the body of very different consistency in that area, soft and hard. I could guess that X-ray would show fragments that are (as the man says) "several" and "small"-- with perhaps a few discernibly larger fragments represented by parts of the bullet's jacket that may have been torn apart (the jacket would not fragment in the same way as lead, but that is not so visible in X-rays, since the bullet is a one-dimensional and a cone).

There is nothing in the medical description of the fragments ("several small fragments") or the Marland does' description of the internal damage ("great contusion and hemotoma to the right of-- and surely also behind-- the trachea") that contradicts what I assert above. <sup>that contradicts what I assert above.</sup> These fit perfectly with what I say above-- no conclusion is, however, but rather all that one would ~~xxx~~ expect if he believed JF had been hit in the front-neck by small, light, fast, frangible bullet. One could not anticipate anything else, for this is the normal outcome in such a wound. <sup>Roffman</sup>

I mentioned before to Harold and now re <sup>that</sup> the medical doc's (I forget which one) description of the fragments in correspondence to toward makes no sense, committed what firing conditions you suppose, and cannot possibly be true. That doc lied to toward, and his reason for lying is clear, too.

This description of the size of the fragments, and the exceedingly small area that they occupy, necessarily implies that if the bullet entered from the rear, the fragments were detached from the bullet when it brushed against the transverse process of one of the vertebrae (I forget which one). That situation is impossible, for a bullet cannot have brushed against the transverse process without causing it damage of some kind-- one would expect considerable damage to the t.b. The transverse process is a very weak and brittle and frangible bone; it cannot endure any great shock, either to itself directly or to the flesh that surrounds it, without breaking. We know that the

these range in weight between 50 and 60 grains.

