

THE MEDICAL AND AUTOPSY
FINDINGS

4

CO 7520
CO 32347

The Bullet Wounds

Before the Warren Report

There was a series of news stories in which the number, location, and nature of the President's wounds were constantly revised. The doctors at Parkland Hospital reported an entrance wound in the throat at the Adam's apple and a massive wound in the head. The official theory to account for those wounds was that the President had been shot while the car was approaching the Texas School Book Depository. That was dropped in favor of a new theory, that he was shot on Elm Street while the car was moving away from the Depository at a moment when he had turned backwards to wave at the crowd. This was dropped in turn when films of the assassination showed that the President was facing forward at the crucial time.

On-site tests were conducted on December 5, 1963 by the Secret Service, for the acknowledged purpose of finding out how the President was shot in the front from behind. The tests were not successful.

About a month after the assassination, it became known that the Parkland Hospital doctors had been interviewed by the Secret Service and informed of the autopsy findings. A new version of the President's wounds was made public, which mentioned for the first time that the President had been shot in the back. It was said that the Parkland doctors now agreed that the entrance wound was in reality an exit wound.

Leaks of the autopsy findings appeared which contradicted each other as well as the official autopsy report ultimately published. An FBI leak on December 17, 1963 said that a bullet had entered at the right side of the President's neck, where it joins the shoulder. The next day another leak, from a "source fully acquainted with the results of the autopsy," described a small neat wound in the back which had penetrated two or three inches, and attributed the neck wound in the front to a metal fragment or a piece of bone from the head shot.

Some versions of the wounds said that a bullet had lodged in the President's body. A Parkland doctor said that a bullet had entered the throat, ranging downward, and did not exit. The December 18 autopsy leak said that a bullet had entered the President's back and had not exited. Reports on Governor Connally's wounds said that a bullet had lodged in his thigh.

There were conflicting reports also about the President's head wound. The Parkland doctors said that there was a severe wound in the back and side of the head, but they did not specify where the bullet had entered or where it had exited. An FBI leak said that a bullet had entered the side of the head and gone out the back.

An autopsy leak said the reverse—that a bullet had entered the back of the skull and gone out through the forehead.

As one version of the wounds succeeded another with dizzying speed and confusion, only one constant could be traced—that Oswald was the lone assassin and that he had fired the shots from the sixth floor of the Depository. When facts came into conflict with that thesis, the facts and not the thesis were changed. Critics of the case against Oswald concluded from the successive and contradictory versions of the President's wounds that the truth was being suppressed and perverted in order to persuade the public, at all costs, to believe a story inherently implausible and peppered with huge question marks.

The Official Findings

The Warren Report in September 1964 provided the final and official version of the wounds and appeared, at first glance, to back up its findings with fully detailed medical and autopsy evidence. According to the Report,

(1) President Kennedy was first struck by a bullet which entered at the back of his neck and exited through the lower front portion of his neck, causing a wound which would not necessarily have been lethal. The President was struck a second time by a bullet which entered the right-rear portion of his head, causing a massive and fatal wound.

(2) Governor Connally was struck by a bullet which entered on the right side of his back and traveled downward through the right side of his chest, exiting below his right nipple. This bullet then passed through his right wrist and entered his left thigh where it caused a superficial wound.

(Page 19)

Elsewhere the Warren Commission expressed the view that the bullet that struck the President first and exited through the front of his neck then struck the Governor and inflicted all of his wounds. The Commission acknowledged, however, that the Governor himself did not agree with that theory but was convinced that he was hit by a second bullet fired after the President sustained his first wounds.

The Autopsy Report

The autopsy report (CE 387) appears in Appendix IX of the Warren Report and the first comment which must be made about this crucial document is that it is undated. Commander J. J. Humes, chief autopsy surgeon, testified on March 16, 1964 that,

In privacy of my own home, early in the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this (handwritten draft of autopsy report--Editor) represents the revision. That draft I personally burned in the fireplace of my recreation room.

(2H 373)

In a "certificate" dated November 24, 1963, Dr. Humes states that he burned certain preliminary draft notes relating to the autopsy and officially transmitted all other papers related to the autopsy report to "higher authority" (CE 397). In a second certificate of the same date Dr. Humes states that all working papers related to the autopsy had remained in his personal custody at all times; that his notes and handwritten draft of the final report were handed over to Commanding Officer, U.S. Naval Medical School, at 1700 hours on 24 November 1963; and that no papers related to the case remained in his possession (CE 397).

The official autopsy report, which is undated but which these certificates suggest was completed and handed on to higher authority two days after the death of the President, begins with a description of the circumstances of the assassination. The description, it is explained, is based on "available information" and newspaper reports. It includes the statement that three shots were fired and that a rifle barrel was seen to disappear into a window on an upper floor of the Depository. It does not, however, name the assassin, as did the press and other sources on which the autopsy report relied for information on the number and source of the shots.

Obviously the conclusions reached by the Warren Commission with respect to the President's wounds lean heavily on the results of the postmortem examination and the autopsy report is therefore a document of cardinal importance. If we are to have confidence in the Commission's conclusions, we must feel certain of the authenticity and objectivity of the autopsy report. It is thus a matter for serious concern that there is no date to be found on the report and that the Commission has not acknowledged nor explained the omission.

The absence of a date on the autopsy report is a strange and dramatic fact when viewed against the leaks of its supposed contents in December 1963 --weeks after the report was completed and handed over, according to Dr. Humes. Those leaks announced findings which are completely inconsistent with the actual contents of the autopsy reports. Moreover, the on-site tests

carried out by the Secret Service in December 1963 were based on findings different from those in the autopsy report and which, it is now claimed, were recorded and known some weeks before these on-site tests.

It is arresting that suspicions about the autopsy report which arose long before the official document was published are confirmed at least to the extent that "certain preliminary draft notes" were burned by the autopsy surgeon. The surgeon has certified that he handed over his final report on the day he burned the notes, November 24th---but the certificates read as if they had been written after the passage of time, as if to account for the disposition of documents at an earlier date. But whether or not it is authentic, the evidence that the autopsy report was completed on November 24th fails to account for the leaks of different autopsy findings on December 17th and December 18th, or for the conduct of on-site tests on December 5th on the basis of findings other than those in the final document.

It is noteworthy also that the Warren Commission has not tried to explain away the contradictions between a series of earlier assertions and impressions, on the one hand, and the final autopsy findings, on the other, although a substantial segment of the Report is devoted to the "debunking" of comparable misinterpretations and conflicts between original and final assertions, on other aspects of the investigation. This does not appear to be an inadvertent omission.

The autopsy report is further compromised by internal evidence. The assumptions in the opening paragraphs about the number of shots fired and their source have no legitimate place in a scientific report of this nature. The autopsy findings should have served as a test of subjective testimony and other evidence. Instead, the postmortem examination was performed on the basis of unproven assumptions about the circumstances of the crime. Small wonder that the findings appear to authenticate those very assumptions.

In the light of the ambiguities which persist about the date of the autopsy report in its published form and in view of indications that the findings were governed by a predisposition to interpretations consistent with police theory, the autopsy report remains suspect. Those who dismiss as preposterous, if not sacrilegious, the very notion that an autopsy report has been adjusted to serve police or political imperatives should consult an article, "Mississippi Autopsy" by David M. Spain.* They will find incontrovertible proof of the falsification of autopsy findings in the case of James Chaney, who was murdered with Andrew Goodman and Michael Schwerner in the summer of 1964 in Philadelphia, Mississippi.

*Ramparts (special issue) "Mississippi Eyewitness" 1964.

It is not only critics of the Warren Report who have raised questions about the autopsy report. It has come under fire from members of the medical profession purely for its defects as a record in the field of forensic pathology, as may be seen in the pages of the Journal of the American Medical Association (February 15, 1965 page 602; April 5, 1965 page 63). One practitioner termed the autopsy report "a grossly incomplete record" and pointed out that it failed to mention gross findings with respect to "such obvious and easily identifiable organs as the liver, spleen, kidneys, pancreas, thyroid, and adrenals." Another practitioner challenged the right of unknown officials to "deny the right of the electorate to know whether the adrenals significantly altered the President's health or the nation's history."

Since a number of doctors raised questions about the postmortem examination of the President's adrenals, the editor of the JAMA on November 10, 1964 sent an inquiry to the Chief of the Bureau of Medicine and Surgery, U S Navy. The editor reported in the April 5, 1965 issue that,

The request was forwarded to the White House Physician, Rear Admiral George G Burkley, MC, USN, to whom complete protocol had been submitted by the Navy pathologists and from whose office the official report, lacking mention of the adrenals, had been released to the nation. The Journal waited three months for pertinent information regarding the adrenals; received none.

These are additional grounds for questioning the completeness, competence, and strictly scientific character of the autopsy report, with respect to findings which have no bearing on the assassination as such but which do present political implications. The editors of the quarterly, Current Medicine for Attorneys (Volume XII, No. 50) say,

The question is was President Kennedy "impaired for public life" when he ran for office--by reason of adrenal pathology. Certainly the absence of findings in the autopsy on this point suggest that he was.

Obviously an autopsy report which has been influenced by political considerations and about which responsible officials refuse to provide clarification requested by responsible sources^{1/} cannot be regarded as an authoritative document in the reconstruction of the crime.

^{1/} In a discussion of the Warren Report on a Philadelphia radio station on November 19, 1965 Charles Kramer, an attorney, indicated that he had contacted Commander Humes, chief autopsy surgeon, seeking clarifications with which he might rebut criticism of the autopsy findings. Commander Humes told Kramer that he was not permitted to discuss the autopsy.

The President's Wounds

Entrance Wound in the Back

According to the Warren Report an entrance wound was found by the autopsy surgeons near the base of the back of the neck, about 5.5 inches (14 cm) from the tip of the right shoulder joint and 5.5 inches below the tip of the right mastoid process. The corresponding holes in the coat and shirt were about 5.5 inches below the top of the collar. The wound was relatively small, sharply delineated and with clean edges. The holes in the clothing were about the same size as the corresponding wound. This information can be found more precisely in the Report, pages 87-92.

The Report explains in some detail why there was no public indication of the existence of this wound for a month after the assassination and why Dr. Carrico and his medical colleagues at Parkland Hospital overlooked the wound. The explanation given by Dr. Carrico in his testimony (3H 361) and in the Report is generally plausible and might be readily accepted were it not for traces of evasiveness in the questioning of other witnesses. Two nurses who had assisted the team of doctors in the emergency room remained there with the President's body after he was pronounced dead. Both nurses testified that they undressed the body, cleaned it, and wrapped it in sheets (6H 136-137, 141). The natural question for counsel to ask was whether either of the nurses had seen a wound in the President's back while performing these procedures. Counsel did not ask this question of either witness, which is cause for some uneasiness.

The discovery of the wound is described by Secret Service agent Roy Kellerman in his testimony of March 9, 1964.

While the President is in the morgue, he is lying flat. And with part of the skull removed, and the hole in the throat, nobody was aware until they lifted him up that there was a hole in his shoulder. That was the first concrete evidence that they knew that the man was hit in the back first.

(2H 103)

But there is an earlier indication that the President was wounded in the back, according to the Report (page 111), in notes written by Secret Service agent Glen A. Bennett. Bennett was riding in the follow-up car, directly behind the President's limousine, and he "saw that shot hit the President about four inches down from his right shoulder." The Warren Commission gives substantial weight to Bennett's observations, recorded in notes written by him "on the airplane en route back to Washington, prior to the autopsy, when it was not yet known that the President had been hit in the back." Bennett's

handwritten notes (CE 2112) and his subsequent formal report (CE 1024) are included in the Commission's Exhibits. Unfortunately, the Commission did not give substantial weight to other elements in Bennett's reports as it gave to the observation quoted in the Report, despite the relevance and importance of those elements. Not to be coy, we have in mind Bennett's statement that the wound was about four inches below the shoulder.

Dr. Humes, the autopsy surgeon, testified however that this wound was "near the base of the back of President Kennedy's neck." He provided schematic drawings, prepared under his supervision by a medical artist, which show the wound in the lower neck (CEs 385, 386 and 388). In his handwritten draft of the autopsy report, on the other hand, Dr. Humes has a drawing which shows the wound considerably below the neckline, although notes in the margin give measurements consistent with the wound as shown in the schematic drawings.

Those measurements are contradicted not only by the crude drawing in the handwritten draft of the autopsy report but by several witnesses other than Glen Bennett. Roy Kellerman testified that the wound was in the "right shoulder...in that large muscle between the shoulder and the neck, just below it" (2H 81). Secret Service agent William Greer said that the wound was in "the soft part of the shoulder," the upper right shoulder (2H 127). Secret Service agent Clinton Hill, who was summoned to the morgue expressly to view the President's body, said that he saw

an opening in the back, about six inches below the neckline to the right-hand side of the spinal column.

(2H 143)

Photographs taken during the on-site tests of May 24, 1964 (CE 886, Position A frame) show the wound on the stand-in for the President in a position which corresponds with Hill's description--about six inches below the neckline.

Apart from the testimony of Bennett, Kellerman, Greer, and Hill, the holes in the President's coat and shirt suggest that the bullet wound in the back is considerably below the neckline. The holes are about 5.5 inches below the top of the collar, while the wound is said by the autopsy report to be about 5.5 inches below the tip of the mastoid process. The discrepancy is a substantial one. Dr. Humes, however, testified that the holes and the wound "conform quite well." He conceded that they gave the appearance "when viewed separately...as being perhaps somewhat lower" and proceeded

to belabor a hypothesis that the discrepancy resulted from the fact that "the President was extremely well-developed, an extremely well-developed muscular young man with a very well-developed set of muscles...I believe this would have a tendency to push the portions of the coat which show the defects somewhat higher on the back of the President than on a man of less muscular development." (2H 365)

This is a singularly unconvincing explanation and one which probably would arouse the wrath of the Presidential tailor. Well-muscled or less well-muscled, the man's coat fit him beautifully, as photographs show. Governor Connally is also a huge well-developed well-muscled man, but his wounds and clothing holes correspond almost exactly, and surely his tailor was not so much superior to the President's!

The Warren Commission may accept Humes' lame explanation; but that does not dispose of reports by eyewitnesses that the wound was four inches or six inches below the neck. Nor is it understandable that the Commission has seen fit to omit any mention of the discrepancy in the Report, with or without the rather preposterous explanation given by Humes. This is hardly a minor point.

It is all the more extraordinary to find from the testimony that means were available to the Commission to resolve any uncertainty about the exact location of this wound. According to Dr. Humes, 15 to 20 photographs of the body were taken before and during the autopsy examination. However, those photographs were not developed. They were turned over to the Secret Service in their cassettes unexposed and he never saw them again. When he learned that he was to appear before the Commission, he had decided to have drawings made on the basis of his records and recollections, to make his testimony more understandable. But those drawings were made on March 7 and 8, more than three months after the autopsy, and the artist

had no photographs from which to work and had to work under our description, verbal description, of what we had observed...

(2H 349-350)

The Commission was fully aware that those drawings could not serve in place of photographs nor establish with exactness the nature and location of wounds depicted by the medical artist under the circumstances described. The Commission had only to requisition those photographs, which had been handed over by agent Kellerman to the Special Agent-in-Charge, Mr. Bouck, of the Secret Service. (CE 1024) This was not done, and we can only wonder why not, in view of the pivotal importance of establishing the exact location of the wound.

The nature of the wound, as well as its location, are pivotal to the theory of the crime. The autopsy report (CE 387) states that the wound is "presumably of entry." Dr. Humes testified that he reached the conclusion that it was a point of entry because the characteristics of the wound were similar to those of the entrance wound in the head, which incontrovertibly was a wound of entrance (2H 364). Dr. Finck, another of the autopsy surgeons, also testified that in his opinion this was a wound of entrance, because "this wound was relatively small with clean edges. It was not a jagged wound, and that is what we see in wound of entrance at a long range" (2H 380).

It is true that the wound in the back is similar to the entrance wound in the head, according to the descriptions of the autopsy surgeons. But it is similar also to the wound in the front of the neck as described by the doctors at Parkland Hospital, who did not see the entrance wound in the head or the wound in the back. Those doctors repeatedly indicated by word of mouth and in writing that the neck wound was an entry wound (as will be discussed below), until they were compelled to reverse their original opinion and agree that it was an exit wound, in the face of the autopsy and police findings as communicated to them.

How did this transformation come about? It began with the conclusion reached by Dr. Humes that the wound in the back was a point of entry. Contrary to press leaks from "an authoritative source" in December 1963 that a bullet had entered the President's back and had not exited, Dr. Humes testified that he had searched for but not found a missile in the body. The search for the bullet during the autopsy was described by Roy Kellerman.

"We couldn't determine what happened to it. They couldn't find it in the morgue; they couldn't find any leeway as to whatever happened to the shell when it hit the President's shoulder; where did it go. So our contention was that while he was on the stretcher in Dallas, and the neurosurgeon was working over him no doubt with pressure on the heart, this thing worked itself out...Colonel Finck--during the examination of the President, from the hole that was in his shoulder, and with a probe, and we were standing right alongside of him, he is probing inside the shoulder with his instrument and I said, "Colonel, where did it go?" He said, "There are no lanes for an outlet of this entry in this man's shoulder."

(2H 93)

Dr. Humes, testifying on the same point, said,

Attempts to probe in the vicinity of this wound were unsuccessful without fear of making a false passage ...We were unable...to take probes and have them satisfactorily fall through any definite path at this point.

(2H 361)

At the stage of performing these probes for the path of the bullet, Dr. Humes and his colleagues presumably had formed the opinion, on the basis of the appearance of the wound, that it was a point of entry of a bullet which had penetrated the President's body. It was only afterwards, however, that Dr. Malcolm Perry received a telephone call from Dr. Humes, about which Dr. Perry said,

he asked me at that time if we had made any wounds in the back. I told him that I had not examined the back nor had I knowledge of any wounds of the back. (6H 16-17)

Dr. Humes also testified about his telephone conversations with Dr. Perry, during which he obtained information about the wound observed by the doctors at Parkland Hospital at the Adam's apple and its appearance before it was obliterated by the tracheotomy incision. After describing in detail his examination of the body in the area of the neck and chest, Dr. Humes replied to questions put by counsel Arlen Specter.

Specter Now, Dr. Humes, at one point in your examination of the President, did you make an effort to probe the point of entry with your finger?

Humes Yes, sir; I did.

Specter And at or about that time when you were trying to ascertain, as you previously testified, whether there was any missile in the body of the President, did someone from the Secret Service call your attention to the fact that a bullet had been found on a stretcher at Parkland Hospital?

Humes Yes, sir; they did.

Specter And in that posture of your examination, having just learned of the presence of a bullet on a stretcher, did that call to your mind any tentative explanatory theory of the point of entry or exit of the bullet?.....

Humes Yes, sir. We were able to ascertain with absolute certainty that the bullet had passed by the apical portion of the right lung producing the injury which we mentioned. I did not at that point have the information from Dr. Perry about the wound in the anterior neck, and while that was a possible explanation for the point of exit, we also had to consider the possibility that the missile in some rather inexplicable fashion had been stopped in its path through the President's body and, in fact, then had fallen from the body onto the stretcher.

(2H 367)

On the basis of this testimony, the Warren Report (page 88) explains that at one stage of the autopsy, the surgeons were unable to find a path into any large muscle in the back of the neck and, when informed that a bullet had been found at Parkland Hospital, speculated that it might have penetrated a short distance into the back of the neck and then dropped out. The Report asserts that further exploration had disproved that theory, the surgeons having determined that the bullet had passed between two large strap muscles and bruised them without leaving any channel. In later conversation with Parkland Hospital by telephone the autopsy surgeon, according to the Report, had confirmed his assumption that a tracheotomy had been performed and his conclusion that the bullet had exited from the front part of the neck.

We suggest that the Warren Commission, in giving this account, seriously has distorted Humes' testimony in order to create the impression that he had determined independently, on the basis of his examination of the body, that the bullet which had entered the back had exited from the front of the neck. But Humes' actual testimony makes it clear that the autopsy surgeons considered the condition of the body compatible with the assumption that the bullet had penetrated and lodged in the back and then fallen onto the stretcher. It was after Dr. Humes learned from Dr. Perry that there had been a wound in the front of the neck which had been obliterated by the tracheotomy, and not before, as implicit in the Warren Report, that he made the further explorations that supported the conclusion that the bullet had not fallen out of the body but had exited from the front of the neck. The point of this exercise is not to split hairs but to make it clear that objective examination of the body did not in itself lead to any incontrovertible conclusions about the nature of the wound or the fate of the bullet.

The assertion in the Warren Report that Dr. Humes telephoned Dr. Perry on Saturday morning, November 23, 1963, seems to invalidate the suggestion that Dr. Humes had no idea that the bullet might have exited from the front of the neck until he learned from Dr. Perry that there had been a bullet wound at the site of the tracheotomy, and only then discovered contusions which confirmed the theory. By Saturday morning, the body was reposing in the White House

beyond the reach of the autopsy surgeon. But what does Dr. Perry say about the timing of the telephone calls? He testified on March 25, 1964 that,

Dr. Humes called me twice on Friday afternoon, separated by about 30-minute intervals, as I recall...

Specter Could it have been Saturday morning?

Perry Saturday morning--was it? It's possible. I remember talking with him twice. I was thinking it was shortly thereafter (the death of the President--Editor).

Specter Well, the record will show.

Perry Oh, sure, it was Saturday morning--yes.

(6H 16)

One wonders what record Specter referred to, and just what it showed. There is no record among the exhibits to establish the time or date of Dr. Humes' telephone calls to Dr. Perry. When the same question came up again, during Dr. Perry's appearance before the Warren Commission a week later and he was asked when the conversation with Dr. Humes had occurred, he said,

My knowledge as to the exact accuracy of it is obviously in doubt. I was under the initial impression that I talked to him on Friday, but I understand it was on Saturday. I didn't recall exactly when.

(3H 380)

Dr. Perry seems unable to purge himself of the notion that Dr. Humes telephoned him on Friday, not Saturday. Simple logic supports his recollection. Obviously the autopsy surgeon would have solicited any needed information from Parkland Hospital on Friday, while he still had possession of the body, not on Saturday when he no longer had access to the body. Since the point is significant, the question should have been resolved by telephone company records, or whatever record Specter had in mind when he convinced Perry that he had talked to Humes on the phone on Saturday, not Friday.

It is exasperating that the Warren Commission repeatedly fails to produce the evidence which will resolve troublesome and unresolved questions such as the timing of the telephone calls, or the location of the entrance wound in the back, even when such evidence is in its possession or easily obtained. If we are to take the Commission's findings on faith instead of proof, we do not need to read beyond the first chapter of the Report, much less twenty-six volumes of testimony and exhibits. Indeed, it would require a triumph of faith over reason to accept the Commission's pronouncements about the wound in the President's back. The Commission offers us the observations

recorded by Glen Bennett in handwritten and formal reports as an indication that the wound in the President's back existed and was seen before the autopsy by a responsible witness, even if it was overlooked by the doctors at Parkland Hospital. Despite its apparent eagerness to impress us with that fact, the Commission has overlooked the need to summon Bennett as a witness and to have him authenticate his observations under oath. That oversight did not prevent counsel Joseph A. Ball from boasting on a public platform on December 5, 1964, at Beverly Hills, California, that "We didn't take a single bit of evidence into consideration unless it was under oath."

What is more important is that the Commission has ignored Bennett's equally significant observation that the wound was four inches below the right shoulder. Clinton Hill's testimony that the wound was six inches below the neckline was ignored also. The Commission did not even appear to notice that the witnesses who testified about the wound constantly called it a wound in the shoulder or a wound in the back--never a wound in the neck or the back of the neck, which would have been the natural description if the wound was really at the site specified in the autopsy report. Inspector Thomas J Kelley of the Secret Service called it a wound in the shoulder (5H 175); Kellerman said, "nobody was aware until they lifted him up that there was a hole in his shoulder" (2H 103); Greer said that the wound was just in the soft part of the shoulder (2H 127); and Hill said, "I saw an opening in the back" (2H 143).

The significance of the language used by the witnesses takes on crucial significance when juxtaposed with the holes in the coat and shirt, which are supposed to correspond with the entrance wound in the back but which are irreconcilably lower than the official site. Humes' attempt to account for the discrepancy is completely unsatisfactory. The photographs which might resolve the conflict have been withheld.

The weight of the known evidence situates the wound in the back too low for the bullet to have exited at the Adam's apple, unless it had an upward trajectory and originated at a location other than the sixth floor of the Depository. But it is indispensable to the Commission's conclusions to demonstrate that the bullet was on a descending trajectory and that it struck the President in the back at a point higher than the exit wound in the front of the neck. The Commission has failed to demonstrate that. On the contrary, it has averted its eyes from massive evidence that the wound was so situated as to destroy the basis for the official conclusions about the wounds, the shots, and the assassin.

We turn now to the wound at the Adam's apple, to determine the extent to which the assertions in the Report are substantiated by hard facts.

The Anterior Neck Wound

Anyone who took a serious interest in the news that issued from Dallas on the day of the assassination and thereafter will remember that for a month or so it was the general belief that the President had been shot by a bullet which entered the neck at the Adam's apple. This theme, with one or another variation, can be found in innumerable press and magazine stories.

The Warren Report nevertheless professes that (a) the doctors at Parkland Hospital did not in fact form an opinion as to the nature of the anterior neck wound; (b) the appearance of the wound was consistent with either entrance or exit of a missile; (c) the Parkland doctors considered the autopsy findings consistent with their observations; (d) they agreed, in the light of the autopsy report and other known facts, that the anterior neck wound was an exit wound; and (E) confusion about the nature of the wound had arisen because of the misinterpretation of comments made by Dr. Malcolm Perry to the press, leading to erroneous beliefs about the wound and about the direction of the shots. (pages 90-91).

Is it true that the doctors present during the treatment of the President at Parkland Hospital did not form an opinion about the nature of this wound? According to their written reports of the same day, it is not true.

Dr. Carrico described a "small penetrating wound" of anterior neck in lower third (CE 392). Dr. Jones referred to "a small hole in anterior midline of neck thought to be a bullet entrance wound" (Jones (Dr. Ronald) Exhibit 1). Dr. Perry, Dr. Baxter, and Dr. Kemp Clark did not suggest in their written reports whether the wound was produced by the entrance or the exit of a bullet (CE 392).

The Parkland doctors gave testimony in depositions taken at the end of March 1964, several of them on two occasions. They were asked by counsel to indicate their original impression of the anterior neck wound, when they saw the President in the emergency room. Their testimony on this point is paraphrased from the transcripts.

Dr. Carrico—He and Dr. Perry had talked on Friday afternoon, trying to determine exactly what had happened. As they were not then aware of the wound in the President's back, they had postulated a tangential wound from a fragment, or possibly another entrance wound in the anterior neck. The wound could have been an exit wound, but they were not aware of any corresponding entrance wound, and there were no characteristics within the neck area to indicate the direction of the bullet.

(6H 5-6)

Dr. Perry—He did not have sufficient facts at the time to enable him to reach an opinion on the cause of the anterior neck wound. He could not determine how the wound had been inflicted, as such a determination would require tracing of the trajectory. (6H11) As he did not have the autopsy findings initially, he was "somewhat confused about the nature of the wounds." He could not tell whether the President had been hit by one bullet or two. (6H14)

Dr. Kemp Clark—He had not seen the anterior neck wound himself, as he had arrived in the emergency room after the tracheotomy had been started. He recalled that Dr. Perry had assumed from the findings (free blood and air in the neck) that a bullet might have entered the chest. Dr. Perry had therefore ordered the insertion of chest tubes to drain this material. (6H22)

Dr. McClelland—He had assisted Dr. Perry in performing the tracheotomy but had not seen the original wound. Dr. Perry had described it as a very small wound, less than one-quarter inch in diameter, clear-cut although with somewhat irregular margins, with minimal tissue damage of the surrounding skin.

He and the other doctors had discussed the President's wounds, in terms of their nature and source. At that time, they had had no information on the number of shots or their direction. Their impression was that the anterior neck wound was an entrance wound and that, if only one bullet had hit the President, it might have been deflected by the spine up through the skull. They had also speculated that two bullets were involved, which had seemed more plausible. (6H33,35)

Dr. Baxter—The wound was not jagged, as one would expect with a very high velocity bullet. The doctors could not determine whether it was an exit or an entrance wound. Judging from the caliber of the rifle found later, the wound more resembled an entrance wound. (6H42)

Dr. Jenkins—He had seen the wound before the tracheotomy commenced and had thought that it was an exit wound because it was not a clean wound. By "clean" he meant clearly demarcated, round, punctate wound, as is usual with a missile of some velocity. The doctors had speculated that two bullets might have hit the President; they had also thought that one bullet had traversed the pleura and lodged in the chest. (6H48,51)

[Dr. Jenkins did not mention the anterior neck wound explicitly in his written report]

Dr. Jones—He had stated in his written report of November 22, 1963 that the wound in the anterior neck was thought to be an entrance wound because it was very small and relatively clean-cut, as would be seen in entry rather than exit. Not knowing the number of shots or the direction of the bullets, the doctors had speculated that the President had been hit by one bullet which had entered the neck, been deflected by the spine, and produced the massive head wound in its exit. (6H55,56)

Dr. Akin—The wound was a slightly ragged punctate hole... "the thought flashed through my mind that this might have been an entrance wound. I immediately thought it could also have been an exit wound, depending on the nature of the missile." He had not formed any opinion about the wounds until it was revealed later where the President was when he was shot and where the assassin was when he fired the weapon. (6H65,67)

Dr. Peters—"...we speculated as to whether he had been shot once or twice, because we saw the wound of entry in the throat and noted the large occipital wound, and it is a known fact that high velocity missiles often have a small wound of entrance and a large wound of exit..." Dr. Peters explained that by "we" he meant "all the doctors who were present." He himself had not seen the anterior neck wound before the tracheotomy. (6H71)

Nurse Henchcliffe—She saw a small hole in the middle of the President's neck, about as big as the end of her little finger. It looked like an entrance bullet hole to her. She never saw an exit wound that looked like that. It was small and not jagged like most exit wounds. (6H143)

Appraisal (Initial Medical Opinion): It is clear that the Parkland Hospital doctors did form an opinion of the anterior neck wound—they thought it was an entrance wound. Dr. Carrico and Dr. Jones reveal this, both in their reports and their testimony. Dr. Perry acknowledges that he was "somewhat confused" about the nature of the wound until he became aware of the autopsy findings of an exit wound in the anterior neck—which justifies the inference that he regarded it initially as an entrance wound. Dr. Kemp Clark and Dr. McClelland corroborate that Dr. Perry, and the doctors as a group, had the impression that a bullet had entered the front of the neck and might have lodged in the chest, or been deflected by the spine into the head.

Dr. Baxter, on the other hand, says that it was not possible to determine whether the anterior neck wound was an entrance or an exit hole—but adds that it more resembled an entrance wound, judging from the caliber of the rifle.

Only Dr. Jenkins claims that he thought the wound was an exit wound when he saw it. Unfortunately, he did not say so in his written report of the same day.

The weight of the testimony discredits the claim in the Warren Report that the Parkland doctors did not form an opinion of the anterior neck wound, and demonstrates that they considered it an entrance wound.

News Conferences Dr. Perry testified on March 23, 1964 that in press conferences immediately after the assassination reporters tried to get him to speculate on the number of bullets that had struck the President, the direction of the shots, and the exact cause of death. He had not been able to make any judgments on the number of bullets, the direction of the shots, or the nature of the anterior neck wound. He and Dr. Kemp Clark had both told the press that they could not say if one bullet or two, or more, were involved. He had said, however, that it was "conceivable or possible that a bullet could enter and strike the spinal column and be deviated superiorly to exit from the head," addressing himself solely to a hypothetical question. He believed that he had said the same thing, in essence, at later press conferences. (6H12-14)

When he appeared before the Warren Commission on March 30, 1964 Dr. Perry again explained his statements to the press, giving the same account generally as in his previous testimony. He was then asked if any recording had been made at the first press conference, and replied,

There were microphones, and cameras, and the whole bit, as you know, and during the course of it a lot of these hypothetical situations and questions that were asked to us would often be asked by someone on this side and recorded by someone on this, and I don't know who was recorded and whether they were broadcasting it directly.

There were tape recorders there and there were television cameras with their microphones. I know there were recordings made but who made them I don't know and, of course, portions of it would be given to this group and questions answered here and, as a result, considerable questions were not answered in their entirety and even some of them that were asked, I am sure were misunderstood. It was bedlam. (3H375)

Dulles Was there any reasonably good account in any of the press of this interview?

Perry No, sir...In general they were inaccurate...I found none that portrayed it exactly as it happened...They were frequently taken out of context. They were frequently mixed up... (3H376)

Dulles, counsel Specter, and Perry then discussed the feasibility of having Dr. Perry examine press clippings and indicating misquotation of his actual remarks in those news stories. Specter indicated that attempts were being made to obtain television tapes of the interviews. The networks had a huge backlog of transcriptions but it was expected that the film clips and audio tapes would be made available in "a matter of a couple of weeks." (3H378)

After discussion off the record, it was decided that the press stories should be checked against television and radio tapes by the staff of the Warren Commission, so as to secure "adequate information to deal with a great many of the false rumors that have been spread on the basis of false interpretation of these appearances before television, radio, and so forth and so on." (3H379)

Although the Warren Report attributes the "confusion" solely to the misinterpretation of remarks by Dr. Perry, other doctors also made statements to the press and gave news interviews. Dr. Kemp Clark participated in the press conferences at Parkland Hospital after the President's death and gave television interviews during the ensuing two weeks to CBS, NBC and BBC. He was questioned by the Warren Commission about a New York Times story and an article in L'Express which quoted him as saying that a bullet had hit the President in the front of the neck, entering the chest, and had not come out. He replied that these stories had quoted him incompletely and inaccurately. (6H21-25)

Dr. McClelland was asked about a story in the St. Louis Post-Dispatch by Richard Dudman. He acknowledged that he had told Dudman that the anterior neck wound was a small undamaged punctate area which "had the appearance of the usual entrance wound of a bullet," and that he and his colleagues at Parkland Hospital were experienced and could usually tell the difference between entry and exit wounds. He suggested to the Warren Commission that the press had tended to interpret the findings of the Parkland doctors as conclusive, rather than as "educated guesses," which they were in fact. (6H39)

Appraisal (News Stories): The Warren Report gives an incomplete, distorted, and misleading version of the origin and extent of the "erroneous beliefs" which resulted from news conferences at Parkland Hospital. The Report discusses only Dr. Perry's role, maintaining discreet silence about statements of at least two other doctors quoted in the press, after the first "bedlam" gave way to calm. As for Dr. Perry, who claims that the press accounts of his statements were generally inaccurate and that there was not even one reasonably good account of the first press conference, it is significant that he took no steps to correct the misleading reports of his remarks.

It is even more revealing that the Warren Commission has not furnished the transcripts of the television and radio tapes which were to be used to show how Dr. Perry's comments had been misinterpreted or distorted in the press. One might well assume that the transcripts are not helpful in this respect.

Secret Service and
FBI Interviews

Dr. Carrico testified on March 30, 1964 that there had been a "fairly long interview" within a week of the assassination, and a very short interview "approximately a month or so afterwards," with the Secret Service. Describing the first interview, he said,

There was a meeting in Dr. Shires' office, Dr. Shires, Dr. Perry, Dr. McClelland and myself, and two representatives of the Secret Service in which we went over the treatment. They discussed the autopsy findings as I recall it, with Dr. Shires, and reviewed the treatment with him, essentially...I don't recall any specific questions I was asked. In general, I was asked some questions pertaining to his treatment, to the wounds, what I thought they were, and et cetera...I said that on the basis of our initial examination, this wound in his neck could have been either an entrance or exit wound, which was what they were most concerned about, and assuming there was a wound in the back, somewhere similar to what you have described that this certainly would be compatible with an exit wound. (3H363-364)

Dr. Perry also testified that during the first interview with the Secret Service agents, the questions asked had been

essentially in regard to the treatment and once again speculation as to where the bullets might have originated and what the nature of the wounds were and I was unable to supply them with any adequate information. (3H387)

Other Parkland doctors testified that they had been interviewed by the Secret Service or the FBI on one or more occasions after the assassination.

Appraisal (Secret Service and FBI interviews): As a general practice, the Warren Commission gave witnesses an opportunity to review and, if necessary, to correct FBI and Secret Service reports of interviews with the witness before appearance at the Commission. The reports were then entered into the record and became part of the published exhibits. It is noteworthy that this was not done in the case of the Parkland doctors. Consequently, there is no record available of the questions put to them or the answers they gave to the Secret Service. Testimony indicates that the Secret Service agents who conducted the interview at which Dr. Carrico and Dr. Perry were present, among others, about a week after the assassination, were preoccupied with the nature of the anterior neck wound—presumably already identified in the autopsy report as an exit wound.

It is regrettable that the Warren Commission did not provide documentation on these interviews, to cast badly-needed light on the status of the anterior neck wound at various stages after the alleged completion of the autopsy report.

Final Medical Opinion The Parkland doctors, having related their first impressions of the President's wounds, were then asked to indicate whether they believed that the anterior neck wound could have been an exit wound, taking into account the autopsy findings and a hypothesis stated in the following terms:

Assume first of all that the President was struck by a 6.5-mm. copper-jacketed bullet fired from a gun having a muzzle velocity of approximately 2,000 feet per second, with the weapon being approximately 160 to 250 feet from the President, with the bullet striking him at an angle of declination of approximately 45 degrees, striking the President on the upper right posterior thorax just above the upper border of the scapula, being 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process,

passing through the President's body striking no bones, traversing the neck and sliding between the large muscles in the posterior portion of the President's body through a fascia channel without violating the pleural cavity but bruising the apex of the right pleural cavity, and bruising the most apical portion of the right lung inflicting a hematoma to the right side of the larynx ...striking the trachea...and then exiting from the hole...in the midline of the neck. Now, assuming those facts to be true, would the hole...in the neck of the President be consistent with an exit wound under those circumstances?

(3H373)

According to the Warren Report, Dr. Carrico and Dr. Perry expressed the belief that, on those assumptions, it was an exit wound; and other doctors (Baxter, McClelland, Jenkins, and Jones) agreed with Carrico and Perry. The Warren Report does not suggest that any of these witnesses expressed any reservations or that their agreement was conditional, as their testimony reveals.

Dr. McClelland—testified on March 21, 1964 that his knowledge of the entrance wound (anterior neck wound) was based purely on Dr. Perry's description. His present opinion was colored by everything he had heard and read about the assassination, but if he saw a wound such as the one described by Dr. Perry and knew nothing of the circumstances, he would call it an entrance wound. However, under the assumptions specified and in the light of the autopsy findings, he agreed that the anterior neck wound might be consistent with exit, since a bullet traveling through soft tissues would have lost much of its initial velocity and kinetic strength and therefore, particularly if it was a fragment, would have made a small hole in exiting.

(6H37-38)

The crux of the matter is in Dr. McClelland's frank statement that his opinion was colored by everything he had heard and read about the assassination, but if he saw a wound like the anterior neck wound without knowing anything about the circumstances of the shooting, he would call it an entrance wound. His candor is to be admired and his statement is perhaps a more genuine reflection of the real opinion of the other Parkland doctors than they themselves ventured. They were hardly in a position to take a stand at variance with the elaborate hypothesis posed by Spector, which obviously represented the official view of the crime and to which their agreement clearly was desired. They had, after all, overlooked two of the President's four wounds, thus creating misunderstandings and problems in terms of the public. This had contributed to persistent scepticism about the number and nature of the wounds, the direction of the shots, and the identity of the assassin. It is small wonder if the Parkland doctors were willing to co-operate by authenticating the official conclusions, adjusting their initial impressions, modifying their statements to the press, in the retelling, and facilitating the metamorphosis of the entrance wound into an exit wound.

It is revealing that even after the metamorphosis Dr. McClelland committed the faux pas of referring to the wound as an entrance wound (6H 37). He need not have been abashed: Arlen Spector, the counsel who was mainly responsible for the medical and ballistics evidence, made the same slip of the tongue while questioning another witness (2H 82).

As discussed earlier, the autopsy findings were conditioned by external factors such as the number and direction of the shots and by "information received from Parkland Hospital." The Parkland doctors, conditioned by "everything heard and read," and by autopsy findings supporting and supported by an external version of the crime, reversed their original opinion. Can such conditioning produce medical findings of an independent, objective, or scientific standard? The answer is plain enough and is confirmed in the testimony.

On purely objective grounds, there is a close similarity in size and appearance between the anterior neck wound and the "entrance" wound in the back. Not for a moment did this lead anyone to wonder if the exit-entrance relationship might not be reversed—especially if, as much evidence suggests, the wound in the back was in a lower position than the wound in the front of the neck. That relationship would postulate a shot fired from in front and above the Presidential car, or from behind and below. Since the one constant factor in the case is that the assassin was at the sixth floor window of the Depository, such postulates could not be entertained nor tested. The exclusion of alternate hypotheses would be justifiable if it had been demonstrated beyond a shadow of a doubt that

all the shots came from that location, and that location alone. As discussed elsewhere, that remains subject to grave doubt.

The Warren Commission, in assessing the medical and autopsy findings, has made no attempt to achieve precision, coherence, or plausibility. Those parts of the testimony that introduced complications or heresy with respect to the official theory were brushed aside without mention in the Report. Useful passages of testimony were lifted out of context and used to support arguments to which the testimony was really antithetical. The Commission has not even troubled to explain how the 45° trajectory specified repeatedly by its counsel, Arlen Specter, became transformed in its final version into about 17° . It has written a false version of events on and immediately after the day of the assassination, making a scapegoat of the press for alleged misrepresentation of statements made by the Parkland doctors about the President's wounds, but has not documented its charges against the news media by means of the transcripts of those statements and interviews which, according to the information which is available, was obtained by or accessible to the Commission. There are legitimate grounds for castigating the press, not the least of which is its obeisance to the Warren Report. But to all indications, the newspapers reported what the Parkland doctors said with reasonable fidelity. The New York Times did not invent the remarks published as an exact quotation from Dr. Kemp Clark. Richard Dudman reported what Dr. McClelland actually said, as he himself acknowledged.

The Warren Commission has walked a thin line between distortion and falsification in reporting the testimony on the anterior neck wound. A faithful account would have acknowledged that (1) the Parkland doctors originally thought it was an entrance wound and said so to the press; (2) they later concurred in the autopsy findings because those findings postulated relationships between wounds that they themselves had seen and wounds that they had overlooked, thus compromising their ability to make an independent judgment or to challenge the conclusions; and (3) they now agree conditionally that the anterior neck wound was, or could have been, an exit wound, on the basis of assumptions posed to them which left no alternative.

The Fatal Head Wound

It will be recalled that there were conflicting reports after the assassination about the location of the head wound(s) and the direction of the bullet. The Warren Report asserted that a bullet entered the right-rear of the President's head, causing a massive and fatal wound. (page 86).

According to the Hearings and Exhibits

Dr. Robert McClelland of Parkland Hospital stated in his written report dated November 22, 1963 (4.45 p.m.),

The cause of death was due to massive head and brain injury from a gunshot wound of the left temple. (CE 392)
(Italics added)

The location of the head wound was discussed with Dr. Kemp Clark during his testimony on March 21, 1964.

Specter At any of the press conferences were you asked about a hole on the left side of the President's head?

Clark Yes...I was asked about this at the CBS conference and I stated that I personally saw no such wound.

Specter And who asked you about it at that time, if you recall?

Clark The man who was conducting the conference. This was brought up by one of the physicians, I think Dr. McClelland, that there was some discussion of such a wound.

Specter Did Dr. McClelland say that he had seen such a wound?

Clark No.

Specter What was the origin, if you know, as to the inquiry on the wound, that is, who suggested that there might have been a wound on the left side?

Clark I don't recall--I don't recall.

Specter Had there been some comment that the priests made a comment that there was a wound on the left side of the head?

Clark I heard this subsequently from one of the reporters who attended the press conference with NBC.

Specter Were priests actually in trauma room 1?

Clark Yes, sir...They were on the right side of the President's body.

(6H25)

Dr. McClelland testified on the same day as Dr. Kemp Clark, before the same counsel, but he was not questioned about allegations of a wound on the left side of the President's head nor about his written report which placed the wound on the left temple.

Dr. M. T. Jenkins, another Parkland Hospital doctor, introduced the subject of the location of the head wound during his testimony on March 25, 1964, saying,

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.

Specter The autopsy report discloses no such development, Dr. Jenkins.

(6H48)

Have you ever changed any of your original opinions in connection with the wounds received by President Kennedy?

Jenkins I guess so. The first day I had thought because of his pneumothorax, that his wound must have gone--that the one bullet must have traversed his pleura, must have gotten into his lung cavity, his chest cavity, I mean, and from what you say now, I know it did not go that way. I thought it did...I asked you a little bit ago if there was a wound in the left temporal area, right above the zygomatic bone in the hairline, because there was blood there and I thought there might have been a wound there...the left temporal area, which could have been a point of entrance...but you have answered that for me.

(6H51)

Dr. Adolph H. Giesecke, Jr. also testified on March 25, 1964, responding to a question in the following words,

Specter What did you observe specifically as to the nature of the cranial wound?

Giesecke It seemed that from the vertex to the left ear, and from the browline to the occiput on the left-hand side of the head the cranium was entirely missing.

Specter Was that the left-hand side of the head, or the right-hand side of the head?

Giesecke I would say the left, but this is just my memory of it --I was there a very short time, really.

(6H74)

The priest mentioned in Dr. Kemp Clark's testimony may be Father Oscar L. Huber, who administered the last rites and who was quoted in the Philadelphia Sunday Bulletin of November 24, 1963 as saying that he had seen a terrible wound over the President's left eye. He was not asked to testify before the Warren Commission nor was he interviewed by the FBI or the Secret Service, unless the reports on such interviews have been omitted from the exhibits intentionally.

Seth Kantor, a member of the White House Press Corps, on the other hand, recorded in handwritten notes made at Parkland Hospital just after the President's death was announced by press secretary Kilduff ("voice shook failed witness down face") a phrase which obviously refers to the fatal head shot: "entered right temple" (Kantor Exhibit 3, page 353). It was, of course, the general impression that the bullet had struck the President's right temple, and that impression originated with the doctors at Parkland Hospital, who observed the massive damage to the right side of the head but never saw the wound in the back of the head described in the autopsy findings as an entrance wound. The Report, which takes some pains to explain the initial misinterpretation of the wound at the Adam's apple, does not acknowledge nor explain the analogous error with respect to the head wound.

In view of the indications that there was a bullet wound on the left side of the head, and that the bullet entered the right temple, one hesitates before the assertion in the Report that the entrance wound was in the back of the head. The hesitation does not result merely from descriptions at first or second hand of a wound on the left side of the head--physicians and priests are no less likely than lay witnesses to confuse the right with the left--but from other inconsistencies in the official findings. (1) The wound in the back of the head is "somewhat smaller than the diameter of a 6.5 millimeter bullet" but the Report explains that the difference results from "the elastic recoil of the skull which shrinks the size of an opening after a missile passes through it" (Warren Report, page 86). It is singular that this is the only entrance wound described, in the President or the Governor, which is smaller than the diameter of a 6.5 bullet. One would have thought that the soft flesh of the body had greater "elastic recoil" than the hard substance of the skull. It is a point on which the opinion of a "defense" expert, in the context of an adversary procedure, would have been of special interest. A lay person can only note that the claim in the Report does not

seem consistent with common sense. (2) A bullet impact on the back of the head should send the body forward. Examination of the Zapruder frames which follow frame 313 (the frame that records the impact of the head bullet) suggests that the shot did not send the President forward but that his head went back, sharply, and to the left, as would be expected if the shot had been fired from the right front. (3) According to the testimony of the autopsy surgeon and the medical drawings, the angle of declination of the bullet that struck the head was sharper than that of the bullet in the neck. This is the exact reverse of what one would expect if the shots had been fired from the sixth floor of the Depository. The car was closer to the building at the neck shot; the closer the car, the sharper the trajectory should have been. In this extraordinary case, however, marked by so many departures from common sense and so many deviations from original findings, the angle of declination increases when it should decrease. Dr. Humes' attempt to explain this phenomenon (2H 370) clarifies nothing.

The Report, in discussing the head wound, finds every indication consistent with shots fired from the Depository. Yet, here too there has been a metamorphosis in which original findings inconsistent with shots from the sixth floor of the Depository have become, in their final version, compatible with that source. Without conclusive proof of the exact location of the entrance wound in the head, and the other wounds, the ambiguity and contradictions in the testimony compel serious reservations about the assertions in the Report and about the official theory of the crime.

The Governor's Wounds

Entrance Wound in the Back

According to the
Warren Report

The Warren Report states that Governor Connally sustained bullet wounds of the back, chest, right wrist, and left thigh, and that

Because of the small size and clean-cut edges of the wound on the Governor's back, Dr. Robert Shaw concluded that it was an entry wound. (Page 92)

Subsequently, discussing the sequence of bullets and the trajectory, the Report states,

Moreover, the large wound on the Governor's back would be explained by a bullet which was yawing, although that type of wound might also be accounted for by a tangential striking. (Page 109)

The Report proceeds to describe and analyze the Governor's wounds and the holes found in his clothing. The hole on the back of his coat which corresponds with the entrance wound in his back is said to be 5/8 inch wide and 1/4 inch high. (Pages 93-94)

According to the
Hearings and Exhibits

Dr. Robert Shaw operated on Governor Connally for a gunshot wound of the chest with comminuted fracture of the fifth rib. In his operative report, he said of the wound in the Governor's back,

The wound of entrance was approximately three cm
1.2 inches in its longest diameter... (CE 392)

In his testimony on March 23, 1964 Dr. Shaw provided a detailed description of the wound,

When Governor Connally was examined, it was found that there was a small wound of entrance, roughly elliptical in shape, and approximately a cm. and a half 3/5 inch in its longest diameter, in the right posterior shoulder, which is medial to the fold of the axilla. (6H85)

Dr. Shaw testified again on April 21, 1964, giving a similar description of the size of the wound,

This was a small wound approximately a centimeter and a half $\frac{3}{5}$ inch in its greatest diameter.

(4H104)

Dr. Alfred G. Olivier, U.S. Army wound ballistics expert, testified on May 13, 1964. When asked the nature of the wound on the Governor's back, he said,

The surgeon's report described it as about 3 centimeters long, its longest dimension, and it is hard for me to remember reading it or discussing it with him but I did both. Apparently it was a jagged wound. He said a wound like this consists of two things, usually a defect in the epidermis and a central hole which is small, and he could put his finger in it so it was a fairly large wound. (5H79)

Dr. Arthur J. Dziemian, another U.S. Army wound ballistics expert, also testified on May 13, 1964.

Specter Based on the description provided to you of the nature of the wound in the Governor's back, what is your opinion as to whether or not that was a pristine bullet or had yaw in it, just on the basis of the nature of the wound on the Governor's back?

Dziemian It could very well have yaw in it because of the rather large wound that was produced in the Governor's back. The wound from a non-yawing bullet could be considerably smaller.

(5H73)

Appraisal

The Warren Commission has described this wound as both small and large on different pages of its Report, without noticing the contradiction. The surgeon gave one measurement in his written report but reduced it in half in his testimony on two different occasions. The wound ballistics experts, however, based their findings on the larger measurement.

It is impossible to be sure whether the wound in fact was large (1.2 inches) or small ($\frac{3}{5}$ inch). The hole in the back of the Governor's coat corresponds more with the smaller measurement, but this is not conclusive proof of the actual size of the wound.

The nonchalant Warren Commission apparently failed to notice the discrepancies in the testimony with respect to the size of the entrance wound in the Governor's back. Its basic conclusions about the shots and the wounds rest in part on wound ballistics experiments which, it turns out, were predicated on unreliable measurements of the Governor's wound. The same counsel, Arlen Specter, handled all the testimony on this point; presumably he also wrote the sections of the Report in which the wounds sustained by the President and the Governor are discussed. It is all the more incomprehensible that the conflicting versions of the size of the wound did not register with him. Was the size of the wound irrelevant to the elaboration of the official hypothesis? Would the conclusions be the same regardless of the actual size of the wound? Was the official hypothesis formulated gradually, as the various bits of evidence were collected, or were the items of evidence selected and fitted into a prefabricated theory?

These questions are compelled by the Commission's irresponsibility and imprecision in handling the facts, on the basis of which it has constructed a complex and thoroughly implausible set of conclusions with respect to bullets, trajectories, and wounds. We have already encountered grave contradictions and uncertainties in relation to the President's wounds, which could have been resolved by recourse to the autopsy photographs but were not resolved. In the case of the wound in the Governor's back we are dealing with a living man. It is possible that even examination of the healed wound might have served to establish its size. But the Commission, for all its solemn attention to detail when dealing with secondary or remote aspects of the case, has not exercised enough care with primary data to notice two irreconcilable measurements of the same wound. The press and the darlings of the Establishment were far too eager to print extravagant eponyms of the Warren Report to pause and notice its blatant self-contradictions. History, when it assesses the potpourri of shifting and uncertain "facts" presented by the authors, will not have many compliments for them.

The Governor's Wounds

The Single-Missile Theory and the Stretcher Bullet

According to the
Warren Report

"All the evidence indicated that the bullet found on the Governor's stretcher could have caused all his wounds. The weight of the whole bullet prior to firing was approximately 160-161 grains and that of the recovered bullet was 158.6 grains. An X-ray of the Governor's wrist showed very minute metallic fragments, and two or three of these fragments were removed from his wrist. All these fragments were sufficiently small and light so that the nearly whole bullet found on the stretcher could have deposited those pieces of metal as it tumbled through his wrist.

"In their testimony, the three doctors who attended Governor Connally at Parkland Hospital expressed independently their opinion that a single bullet had passed through his chest; tumbled through his wrist with very little exit velocity, leaving small metallic fragments from the rear portion of the bullet; punctured his left thigh after the bullet had lost virtually all of its velocity; and fallen out of the thigh wound. 256"

(Page 95)

Footnote 256 refers to the testimony of Dr. Shaw, Dr. Gregory, and Dr. Shires in depositions on March 23, 1964 (Hearings, Volume VI) but not to their subsequent testimony before the Warren Commission on April 21, 1964 (Hearings, Volume IV).

According to the
Hearings and Exhibits

The testimony of the three doctors on March 23, 1964 is consistent with the opinion attributed to them in the Warren Report. The later testimony of Dr. Shaw, however, indicates a modification of his views.

Shaw Mr. Dulles, I thought I knew just how the Governor was wounded until I saw the pictures [Zapruder film of the assassination] today, and it becomes a little bit harder to explain. I felt that the wound had been caused by the same bullet that came out through the chest... and this is still a possibility. But I don't feel that it is the only possibility.

Senator Cooper Why do you say you don't think it is the only possibility? What causes you now to say that it is the location--

Shaw This is again the testimony that I believe Dr. Gregory will be giving, too. It is a matter of whether the wrist wound could be caused by the same bullet, and we felt that it could but we had not seen the bullets until today, and we still do not know which bullet actually inflicted the wound on Governor Connally.

Dulles Or whether it was one or two wounds?

Shaw Yes.

Dulles Or two bullets?

Shaw Yes; or three...He has three separate wounds. He has a wound in the chest, a wound of the wrist, a wound of the thigh.

McCloy You have no firm opinion that all these three wounds were caused by one bullet?

Shaw I have no firm opinion...If you had asked me a month ago I would have.

Dulles Could they have been caused by one bullet, in your opinion?

Shaw They could.

McCloy I gather that what the witness is saying is that it is possible that they might have been caused by one bullet. But that he has no firm opinion now that they were.

Dulles As I understand it too. Is our understanding correct?

Shaw That is correct.

(4H109)

Shaw As far as the wounds of the chest are concerned, I feel that this bullet [the stretcher bullet] could have inflicted those wounds. But the examination of the wrist both by X-ray and at the time of surgery showed some fragments of metal that make it difficult to believe that the same missile could have caused these two wounds. There seems to be more than three grains of metal missing as far as the—I mean in the wrist.

(4H113)

I feel that there would be some difficulty in explaining all of the wounds as being inflicted by bullet Exhibit 399 [the stretcher bullet] without causing more in the way of loss of substance to the bullet or deformation of the bullet.

(4H114)

Dr. Gregory's testimony in April 1964 suggested that he too had modified or developed reservations with respect to his earlier opinion.

Specter What opinion, if any, do you have as to whether that bullet could have produced the wound on the Governor's right wrist and remained as intact as it is at the present time?

Gregory...The only way that this missile [the stretcher bullet] could have produced this wound in my view, was to have entered the wrist backward...That is the only possible explanation I could offer to correlate this missile with this particular wound.

(4H121)

Specter Assume, if you will, another set of hypothetical circumstances: That the 6.5 millimeter bullet traveling at the same muzzle velocity, to wit, 2,000 feet per second, at approximately 165 feet between the weapon and the victim, struck the President in the back of the neck passing through the large strap muscles, going through a fascia channel, missing the pleural cavity, striking no bones and emerging from the lower anterior third of the neck, after striking the trachea. Could such a projectile have then passed into the Governor's back and inflicted all three or all of the wounds which have been described?

Gregory I believe one would have to concede the possibility, but I believe firmly that the probability is much diminished.

Specter Why do you say that, sir?

Gregory I think that to pass through the soft tissues of the President would certainly have decelerated the missile to some extent. Having then struck the Governor and shattered a rib, it is further decelerated, yet it has presumably retained sufficient energy to smash a radius.

Moreover, it escaped the forearm to penetrate at least the skin and fascia of the thigh, and I am not persuaded that this is very probable...

(LH 127)

A month before the Warren Commission heard this testimony, two of the autopsy surgeons had been questioned (on March 16, 1964) about the possibility that the stretcher bullet had inflicted one or all of the Governor's wounds.

Specter...could that missile have made the wound on Governor Connally's right wrist?

Humes I think that this is most unlikely...this missile is basically intact; its jacket appears to me to be intact, and I do not understand how it could possibly have left fragments [in the Governor's wrist]

(2H374-375)

Specter Dr. Humes, under your opinion which you have just given us, what effect, if any, would that have on whether this bullet, 399, could have been the one to lodge in Governor Connally's thigh?

Humes I think that extremely unlikely. The reports...from Parkland tell of an entrance wound on the lower mid thigh...and X-rays taken there are described as showing metallic fragments in the bone, which apparently by this report were not removed and are still present in Governor Connally's thigh. I can't conceive of where they came from (from) this missile.

(2H376)

Specter And could it have been the bullet which inflicted the wound on Governor Connally's right wrist?

Finck No; for the reason that there are too many fragments described in that wrist.

(2H382)

Appraisal

The Warren Commission, propounding its findings on the assassination, asserts that three shots were fired, two of which caused all the wounds suffered by the President and the Governor while the third went astray. The Commission claims that one of the two bullets which struck the President and the Governor is the bullet found on a stretcher at Parkland Hospital, and that the stretcher was the Governor's. That stretcher bullet, according to the Warren Report, inflicted all of the Governor's wounds (after passing through the President's body, which we leave aside for the moment). *CLAIM*

The Warren Commission reached the conclusion that the stretcher bullet caused all the Governor's wounds, according to the Report, on the basis of "all the evidence" and the "opinion" expressed independently by three doctors. That is a calculated falsification.

The opinion expressed by three doctors in March was repudiated unequivocally in April, by at least one of the physicians. Two members of the Commission explicitly interpreted his testimony as a withdrawal of his original opinion, and he confirmed their interpretation. They nevertheless signed a report which conceals that change of opinion and bases crucial findings on retracted testimony.

The second doctor did not nullify his first opinion but his testimony betrays loss of conviction in its validity. The third doctor was not given an opportunity to examine the stretcher bullet nor to indicate if he, like his colleagues, felt compelled as a result of that examination to modify his initial assumptions.

Moreover, the Warren Commission has withheld mention of the views expressed by the two autopsy surgeons, both of whom dismissed the possibility that the stretcher bullet could have caused the wrist wound and one of whom included the thigh wound as well. The Commission insisted on a theory which at least three expert witnesses found insupportable, and defended its hypothesis by conscious misrepresentation and suppression of testimony. It is important to try to understand the motivation for such desperate measures.

At least three expert witnesses reject the notion that the stretcher bullet could have caused the Governor's wrist wound. If that finding is accepted, it can no longer be claimed that two bullets inflicted all the wounds on the two men. One bullet must still be charged with the President's fatal head wound. A second bullet can be held responsible (for the sake of argument) for all the other wounds, with the exception of the wrist wound. If we say that this second bullet is the bullet found on the stretcher—putting aside for the moment the objections raised by Dr. Humes with respect to the thigh wound—we must still admit a third bullet to account for the wrist shot.

If we acknowledge that a third bullet struck the wrist but continue to maintain that only three shots were fired, we are forced to conclude that the assassin got three hits out of three tries—a perfect score. The assassin would have to be a rifle expert, if not a world champion. Such a proposition, applied to Oswald, is ludicrous. Very well. But the alternative is that more than three shots were fired, of which three struck the President and the Governor and one or more missed. This, in turn, raises a problem as excruciating as the problem of marksmanship—the time-span of 5.5 seconds does not permit more than three shots (2.3 seconds per shot) unless there is more than one sniper.

It is clear that the Warren Commission could not report that witnesses had stated the medical opinion that the stretcher bullet did not cause the wrist wound, unless the Commission renounced the proposition that Oswald committed the assassination and that he acted alone. The Commission did not relinquish the single-missile thesis despite the weight of evidence against it.^{1/} It gave us a grossly distorted and hypocritical version of the testimony, resorting to outright misrepresentation and withholding of medical opinion. It seems inescapable that the Warren Commission was determined from the outset and at all stages of its work to fix the guilt for the assassination on Oswald and Oswald alone, regardless of contrary evidence. In that context, the very fact of the suppression and misrepresentation of testimony must raise questions about the conclusiveness of the over-all evidence of Oswald's implication.

^{1/} The Commission disregarded another significant point which emerges from Dr. Finck's testimony. Finck was asked if it was typical for a bullet to fragment like the one that struck the President's head. He replied that it was typical, and that the pattern of the wound and the degree of fragmentation depended largely on the type of ammunition used (jacketed or unjacketed, pointed, flatnosed, roundnosed, etc). Asked if the President's neck and head wounds could have been made by the same kind of bullet, Finck answered that the differences in the patterns of the two wounds and the reason why one bullet had fragmented and the other had not was that the fragmented bullet had hit bony structures, and the other did not. (2H 384)

Finck expressed the opinion that the neck bullet (the stretcher bullet, according to the Warren Commission's conclusions) did not fragment because it did not strike bone in its path through the President's body. But the Commission believes that the same bullet then struck the Governor, smashing his rib and wristbone. Why did the bullet fail to fragment then, like the head bullet? That direct question should have been put to Dr Finck and the other medical witnesses and to the ballistic experts. Without expert opinion on the specific problem, logic suggests that the same kind of bullet would have manifested the same kind of reaction when subjected to the same dynamics and, therefore, (a) that the stretcher bullet did not inflict the Governor's wounds, or (b) that the President was struck by two different types of bullets, from two different weapons.

The Stretcher Bullet Revisited

We have not disposed of the stretcher bullet merely by demonstrating that the Warren Commission misrepresented the medical testimony, both in asserting that the bullet (CE 399) could have caused all of Connally's wounds and that three doctors said that all of his wounds were caused by one missile (carefully not going so far as to claim that they thought that missile was the stretcher bullet). We must now examine two questions---(1) could the stretcher have caused any of Connally's wounds, or any combination; and (2) how did the bullet come to fall off a stretcher at Parkland Hospital.

First, we must rule out the possibility that the stretcher bullet caused only the chest wound. The velocity upon exit would have been considerable and the bullet would either have travelled a substantial distance or smashed into the first solid obstacle in its path. There is no conceivable way for the bullet to have dropped into the Governor's clothes, later to be dislodged and found at the hospital, if it passed through his chest only.

Could the bullet have passed through the chest and then lodged in the thigh? The factor of velocity rules this out too. According to the Warren Report (page 93) the thigh-wound was caused by an almost-spent missile that entered at low velocity and stopped after penetrating the skin.

Could the bullet have passed through the chest and then the wrist, or the wrist alone? Impossible, because the stretcher bullet was practically intact and undeformed, whereas a rib and wristbone were shattered and pieces of metal remained in the arm.

Could the bullet have caused the wounds in the wrist or the thigh, or in both? Impossible again, because the missile that struck the wrist was already tumbling and too low in velocity, indicating that it had already struck another object, whereas the wound in the thigh was made by an almost-spent bullet.

Consequently, we must rule out the possibility that the stretcher bullet caused any of Connally's wounds, or any combination of them, while conceding that all the wounds could have been caused by one bullet providing that it was a bullet other than the stretcher bullet. It is noteworthy, by the way, that the stretcher bullet, which the Warren Commission considers as having inflicted multiple wounds in two men including a smashed rib and wristbone, had no blood or tissue on it. (3H 429).

Putting aside for the moment the condition of bullet CE 399, there are problems in explaining how any bullet that lodged in Connally's body could have been discovered at Parkland Hospital under the circumstances described by the witnesses. Connally was taken out of the Presidential limousine and placed on a stretcher. He was then taken to the emergency room, where he was disrobed completely by attendants and nurses, while lying on the same stretcher. Since no bullet was seen or recovered from his body at any time, it is reasonable to assume that by the time his clothes were being removed the bullet had already been dislodged and had dropped into his clothes or on the stretcher pad. After the garments were removed the Governor was covered by a sheet. Presumably the bullet was then lying unnoticed on the stretcher pad, between the two sheets.

The stretcher was then wheeled to the elevator and taken to the operating suite, where Connally was transferred to an operating table and wheeled into the operating room. A nurse then wheeled the stretcher part of the way toward the elevator, stopping to remove the paraphernalia (sponge, gauze, hypodermic syringe wrappers, etc.) and rolling up the two sheets, one inside the other, into a small tight package, but overlooking a bullet more than three inches long.

An orderly then rolled the stretcher on to the elevator, to be removed and returned to the emergency room by other personnel. Shortly thereafter the hospital engineer was asked to operate that elevator manually, in view of the circumstances brought about by the presence of the President and the Governor. The engineer removed a stretcher from the elevator and placed it next to another stretcher which was already standing near the elevator on the ground floor and for the presence of which no explanation is given. The stretcher that the engineer removed personally from the elevator did not correspond with the stretcher used by the Governor, in terms of its condition as described by the nurse and the orderly. The origin of that stretcher is a complete mystery, since the orderly testified that he put no stretcher on the elevator except the Governor's, up to the time he went off duty some hours later. The stretcher that was already standing near the elevator did correspond with the Governor's stretcher, but we do not know who removed it from the elevator if the engineer did not—another unresolved puzzle.

According to the engineer, the bullet (CE 399) dropped out of the stretcher that was already standing on the ground floor and not the stretcher that he himself removed from the elevator. Before the bullet fell, both stretchers were left unguarded several times while the engineer was operating the elevator for passengers going to and from the operating suite.

When the bullet fell to the floor, the engineer turned it over to the hospital security officer. The security officer gave it to a Secret Service agent, who gave it to Chief Rowley of the Secret Service, who gave it to an FBI agent. The first four of these five people were unable to make a positive identification when bullet CE 399 was shown to them in June 1964. [CE 2011]

The nurses, the orderly, and the engineer who were involved in the handling of the Governor's stretcher were interviewed by the FBI at an unspecified time, before they testified for the Warren Commission. The FBI reports on those interviews have not been included in the Commission's exhibits, although they exist and were mentioned by counsel when those witnesses were questioned.

What, then, is the meaning of the stretcher bullet, CE 399? The facts rule out the possibility that this bullet caused any or all of Connally's wounds and the testimony raises serious problems about the process by which the bullet managed to remain unnoticed until, by means which remain inexplicable, it fell out of a stretcher which may or may not have been used by the Governor. Yet bullet CE 399 was identified by experts as having come from the 6.5 Carcano rifle found in the Depository. How did a bullet fired from that rifle find its way to the ground floor of Parkland Hospital if it did not strike the Governor nor fall out of his stretcher? The only possible answer is that bullet CE 399 was planted on the stretcher while it was unguarded, or that another bullet was planted for which CE 399 subsequently was substituted. In either case, this points to the operation of a conspiracy, within an hour of the assassination, and possibly a conspiracy to link the shootings with a rifle that was ultimately linked with Oswald.

The alternative to that theory is to accept the conclusions of the Warren Commission—conclusions crucially at variance with the medical testimony, and suspect because of the deliberate misrepresentation of that testimony in the Warren Report. If we must choose between the two, we are forced to choose the theory of a deliberate plant, which has neither been investigated nor discredited, and to reject the doctored version of the facts presented in the Report.

The misrepresentation of testimony raises a larger issue than that of the origin and history of the stretcher bullet, of course. It raises the question of the Commission's purposes and probity, for the specious account of the testimony presented in the Report is not a technical defect—it is a moral and ethical violation by which the Commission itself betrays ulterior motives of the most sordid nature—to conceal and not to establish the truth.