

3/2/76

Dear Bill,

Your very interesting letter of the 26 came yesterday, when I read it. I'll try to respond before the mailman comes.

There is too much we do not know about the medical and ballistics evidence. We know more about what is not true than about what is true. This means we have to work backwards in trying to figure things out.

I have always felt that small-calibre ammo was used. This is what excited me so about your M15 theory. Now when you talk about 22s, while I am not all that familiar with what is available, from the first I wondered about a Hornet, perhaps with varminting loads or even special rounds designed to fragment more rapidly and completely.

I do have trouble believing pistols were used, and I do with slow velocities.

One of my purposes in Post Mortem was to destroy the official mythology as totally as possible. I believe I have done this, beyond mending, the problem being lack of attention.

There never has been any question in my mind. There has to have been a cross-fire, with one or more shots from the front. (By the way, you seem not to have taken up on the dispersal of so many small fragments in the right front, as I am pretty sure I note in Post Mortem. Does that not eliminate, to a degree? Those 40 dust-like particles. Could they possibly have come from a rear wound and had this dispersal pattern? I think not.)

I think it would be helpful if you continued your thinking and asking around your original concept and variations on it.

There is no change in my limitations. However, I do keep working and am fairly productive. While travel is not as easy, it is possible and I am now making appearances again. I'd like to get back to Dallas, if you know any college that would engage me to speak. This also would give us a chance to talk more. And we a chance to pick up on a number of things I had to abandon last time I was there. I think I can now carry them farther if I have a few days.

I'm still active in court and am continuing to force things out. But this means much work.

Thanks and best,

J W Griffith
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Terrell, Texas 75160
Feb. 26, 1976

Dear Harold:

I hope your condition has much improved, but please don't feel obligated to reply if you don't deem it physically or chronologically expedient.

After studying Post Mortem, I gleaned some very important information in the medical documents section and discussed it with Dr. Sergio V Figueroa (a local surgeon who treats gunshot wounds regularly, and has been practicing medicine for about 25 years or more).

I prepared some questions which he answered, and ~~six~~ also I showed him my clear color copy of the Zapruder film. We saw it at regular speed, slow motion, backwards and forwards, many times. I feel like you will be interested in some of his answers and opinions.

One of the most interesting discussions evolved around the subject of the incisions made in the anterior chest at Parkland. Dr. Figueroa told me that surgery of this sort is not performed unless there is evidence of lung damage. In Dr. Jenkins official report, he tells us that chest damage was observed therefore, the chest surgery. Dr. Figueroa also ~~xx~~ said that surgery of that kind is usually performed in the back area for obvious reasons. In the notes on pages 519&520 of Post Mortem a description is given of lung damage to the upper right lung. When this damage is related to the back wound, we have a decided left to right and slightly up to down trajectory (Could the origin of this shot be the Records building? Possibly, a lower floor near Elm St?). Due to the small size of the back wound (4x7mm), and the fact that there was no exit wound, I feel like it was made by a small caliber, low velocity bullet. A high powered rifle would certainly transit the body.

Another area of importance seems to be what is written in the notes on page 512 of Post Mortem. I asked Dr. Figueroa: Could the description of the edema and ecchymosis of the inner canthus of the left eye lid measuring 1.5cm diffusely over the supra-orbital ridge with mobility of the underlying bone where there is more edema and ecchymosis be fancy talk for another bullet wound? He answered in the affirmative, especially considering the mobility of (over)

underlying bone. Also, this is drawn in as a small hole on the body chart on page 310 of Post Mortem, along with what appears to be a larger hole in the right side of the face. Indeed, there appears to be a dark spot on the right side of JFK's face, just below the right eye, in blowups of frame 312 of the Zapruder film. This could be an exit wound, but I feel like the bullet that caused the wound had already passed through JFK's hand, wrist, or forearm when they were raised in front of his face. This also would explain why his extremities were omitted during the X-raying at Bethesda. This bullet could have been the "fragment" measuring 6mm found in the rear of the skull.

As for the much smaller wound on the left side of the face. I feel this bullet exited out of the left temple causing the laceration of the left temporal area of the brain, and the "cracking" of the left temporal area of the skull (If the fragments of the skull that were blown out of the left side of the head were replaced before being X-rayed, the Doctor tells me that the skull would appear to show cracking rather than an exit wound. The scalp may have been flapped open rather than completely blown away. This too would explain another mystery. Namely, that of the "surgery performed on the top of the head" at Parkland. The doctors at Bethesda stated that surgery had been performed, yet there is not any mention of this from the Parkland doctors.) The Bethesda doctors said that there were no bullet tracks in the left hemisphere of the brain, but that could not be determined till the brain was sectioned after being set in formalin (I don't see any bullet tracks--do you?).

Dr. Figueroa literally thought that I was joking and I had to tell him several times before he realized that I was not, when I asked him this question: Do competent doctors normally try to stick their fingers in to wounds measuring 4X7mm to probe them? I almost had to drag out some documents before he would believe that they had actually done such a thing. He also couldn't understand why the doctors had written their autopsy notes instead of using a tape recorder. I just imagine that some of the dialogue from that room would really shock the public's sensibilities. He was extremely incredulous when I told him that Dr. Humes had burned his original notes.

He also stated that only a deep ranging (next page)

bullet could have caused the damage described in Post Mortem page 529 (laceration of the corpus col-
losum extending from the genu to the tail, exposing
the interiors of the right lateral and third ventri-
cles). These ventricles are located in the very
center of the head. In the Zapruder film you can
readily ascertain when these ventricles are pierced.
It happens at approximately frame 290. A spray of
spinal fluid flows across the left rear portion of
the trunk of the limousine (these ventricles prod-
uce and store this spinal fluid). It was Bill Deck-
er (or Jessie Currie--whoever was in the lead car)
that said that he could see the "water" spraying
from the back seat. If slow motion is employed you
can also see lumps of brain tissue rolling off of
the rear of the trunk also (the actual impact frames
being cut out of the film).

After viewing the Zapruder film many times, Dr. Fig-
ueroa stated that in his opinion, the backward, rear
ward snap of the President's head was due to being
struck by a high velocity rifle bullet from the right
front. He said that a person could have a neuro-
muscular reaction even with their head cut complete-
ly off, but he based his opinion on the violence of
the movement, being coincidental with the obvious
shot to the head, and during the left rearward snap,
a piece of the President's head can be seen to bounce
off of the left rear fender of the limousine, which
would indicate an origin from the right front.
But he stressed that it was only his opinion.

wound
He said that the throat could not have been caused
by a high velocity bullet, lest there be a substan-
tial exit wound.

It appears that all of the shots fired, with the ex-
ception of the Connally shot(s), and the 313 head
shot, were of the small caliber, low-velocity type.
This was something that was very puzzling to me for
a long time. I couldn't imagine such a thing--a
.458 magnum wouldn't be too much rifle when the Pres-
ident was the intended victim, I reasoned. But as
of recently, I made a discovery. One of the favor-
ite weapons of the CIA is a .22 automatic with a
silencer--plenty lethal at close range with the on-
tion of cyanide laced bullets. Remember RFK, Sam
Giancana, Warren Reynolds, Roger Craig, etc. A .22
would really fit the bill in the JFK assassination:
the smallness of the entrance wounds, lack of exit
wounds, the dent in the chrome headliner (a high-vel-
ocity bullet would have pierced it), the cracked
windshield, firecrackers, the lack of sub-(over)

stantial damage done to the curb from the Tague shot and most of all, it would explain why of all rifles, a Carcano was chosen to be the murder weapon. Consider this: You can make about four .22 bullets from a single 6.5mm Carcano bullet. Therefore several .22's found in the body could be said to be only fragments from one Carcano bullet, which has about the same girth, but is about four times longer.

JFK was naked as the doctors worked on him at Parkland. The doctors said that they observed no back wound because they never turned him over. Yet Dr. McClelland states that he looked down into the gaping wound in the back (occipital area) of JFK's head, and he could see the whole skull cavity from this opening. How could he do this unless JFK was turned over? If he was naked and turned over, how could they miss the back wound? ~~xxxxxx~~ The doctors who treated him for lung damage, to what did they attribute the cause?

Drs. McClelland and Jenkins reported that the cerebellum was actually hanging out of the wound in the rear of JFK's head (you can see this if you look closely at JFK's back, and back of his neck and head in the Z frames immediately following 313. There is brain tissue hanging out of his head in the rear and extending down between his shoulders. It looks roughly like an upsidedown Y.)%. The point is that there wasn't even any skull where the Commission placed the small rear entrance wound in the skull. It appears that most of the occipital bone was blasted out earlier in the assassination. Approximately at frame 280 in the Z film you can see a large white object that appears to leave JFK's head and fly over the rear of the trunk. This is probably the large fragment that was later found by a young man who took it to his uncle (a doctor) who identified it as coming from the occipital area. Once again, since the bullet was probably a .22, the rear portion of the scalp was "flapped" open rather than being completely blasted away, as if it were hit by a high-velocity bullet. When Dr. Cyril Wecht saw the photos of the autopsy, he said that he noticed what appeared to be a flap of scalp in the back of JFK's head. This may have been what several witnesses meant when they said that they "saw his hair fly up!"

In the Nix film, the limousine completely stops for an instant when the driver hits the brake very hard, and instantly releases it. This causes (next page)

the limousine to "buck", with the front end going down and the rear end raising up in the air. Then, it rocks back the other way with the front end going ~~down~~ up and the rear end going down (of course this happens very quickly). This would cause any occupants of the car to be pitched forward slightly if they were not braced. The Z film does not show this bucking action. JFK is shot in the head just after this buck, then the car accelerates. I think that a few frames were cut out in the Z film between frame 312 and frame 313 to get rid of the "buck" and make it appear that the head shot was a rear one, driving his head forward, when in truth the President had been pitched forward due to the braking action of the auto. He had already been hit in the back, throat, and head, and was visibly growing limp and slumping pronouncedly. Jackie, sitting sideways in the seat was not moved as much, likewise Connally, who was leaning against the back of the jump seat. During this time, the driver looks back at JFK, but his head turns too quickly because of the frames taken out. Clint Hill couldn't have caught up with the car if it had not stopped momentarily. Check it out for yourself.

I would appreciate it greatly if you would notify me if and when you have another book ready for distribution.

I apologize for annoying you now and in the past, but I sincerely feel that these are areas overlooked yet vital if the truth is to be known. I just had to get it off of my chest, but once again I tell you that I don't want you wasting you time, health, and money writing me back, unless you want to.

Sincerely,

Bill