

12/1/71 - Dr. Charles Carrico, now member staff in surgery, Rm. 208

Met Grog Cross in Navy. Cross at autopsy conference.

Bowron gone since 1965-6. For Henchcliffe see Doris Nelson, emergency room chief nurse.

Wound above collar and definitely on right side. He saw only with body prone.

Saw no wound left temple.

Clothes cut off by nurses while he did his own emergency work, which precluded watching them. Folded back. Usual to cut off and unbutton collar and top shirt. Speed essential. Usual to cut tie a single thickness and pull out, not to cut through knot. Thinks likely when I described nick in knot and slits in shirt front that slit made when cutting tie.

Ran hands down both sides of back, SOP, to be sure no large wound in back.

Practice to cut clothes for access as fast as possible.

I asked him if he recalled Dulles' questioning about location and he did as he had with Dulles, pointing with his forefinger to a spot a little above the collar. But he here did what he did not with Dulles, qualified by saying he saw the body prone only.

12/1/71 - McClelland, in his office, D614-A, just before operation
at Presbyterian Hospital (across hall from Perry)

When I asked him about statement he remembered it well and began by saying "it was a total mistake on my part". We discussed this for a while. He said that "Ginger" Jenkins had called the spot to his attention. I pointed out that it was his function to answer, not ask questions; that the asking was Specter's job, and that when he had said there was a wound in the left temple, Specter should have set the record straight. I also pointed out that Specter had asked him if he had said anything he would like to change and he had not changed this. He was without explanation of the question or his failure to change if a "total mistake". He then shifted to this position: "I don't know that it wasn't and I don't know that it was," from which I shifted to "I presume it was a wrong assumption." He volunteered at some length about Garrison's men, describing Garrison as a psychopath, and seem proud that he had talked them out of calling him as a witness. When I asked him if he or anyone else had wiped the spot, presumably of blood, away, he said "No." And when I pointed out that in his later sworn testimony (6H48) Jenkins had testified to the existence of this left-temple wound, he had no explanation. McC was quite bitter about Garrison and Lane, but he was without complaint about Specter and the Warren Commission, who built and preserved an inaccurate record if this seeming retraction that is not a retraction is to be credited. He seemed also to be unaware of this strange juxtaposition, in which he was not critical of those he in effect now says caused the error but is quite critical of those who quote the record accurately.

Interviews with doctors at SWU School of Medicine 12/1/71, 9-12 a.m.

Perry. He was friendly but sometimes embarrassed; let a few things drop then tried to cover. The most important of these is his repeated statement that when he first saw the wound in the anterior neck he asked a nurse he named for a "trake tray" (phon), took a quick look at the wound, wiped it off and started sutting. He said both times that the edges were bruised "as they always are". When I asked if he had ever^{been} asked about this significant fact, he blushed and tried to explain that there was blood around the edges. I didn't press, for what he had said is clear - and if blood had obliterated the edges to begin with, it did not after wiping.

He is a hunter, loves it as a form of exercise and because his family is fond of the meat, went deer or antelope hunting last week (got nothing but his 11-year-old son had a bad shot at one), and is thoroughly familiar with the various kinds of ammo. He handloads his own. Discussed varminting bullet, controlled expansion, etc., and what happens to both on impact with accuracy and lucidity.

He was called in on Connally ("by the boss") because he is an expert on (he confused me by saying "we" and I misunderstood, thinking he meant the institution) arterial injury. The reason is because the other doctors noted the proximity of the wound in the thigh to an artery. He thus saw and examined the wound with care. It was too small for a bullet. He described how flat the fragment was from the X-rays, and said it was not possible that a bullet had caused it and then backed out. He showed me with his fingers that the fragment was less than a half-inch under the skin and that it had gone about 3-3½" after penetration. No danger to artery so not removed, which he said is usual in such cases. He also said that it could have been there from childhood and not been remembered. I asked "without leaving a scar?" and he said it was so small it need not have. As we talked about this 399 stuff, he came to realize what he was really saying, and I told him the police report also attributed that wound to a fragment.

He volunteered during this discussion that there was fragmentation in the wrist showing on the X-rays and nodded in agreement when I told him Dr Gregory or Shaw had testified ~~xxxxx~~ there was more fragmentation in the wrist than could be accounted as missing from 399.

The bruise on the pleura could not have been caused by the tracheotomy. He volunteered several criticisms of the autopsy doctors (when Carrico did he asked that it be off the record). Here he seemed to take it as a professional reflection on him. He said that they never cause such bruising in adults and have to be exceedingly careful to avoid it with children. He said he had wondered if it had been caused by a fragment or the force of fragmentation.

He said the autopsy is wrong on attributing the chest incisions to subcutaneous emphysema. He used both hands and gestured to each breast. He asked that this be done and the reason was for a "closed chorostomy".

Says transcript his 11/22 remarks shows he was conjecturing, but he admits that Humes did understand him to have described this as an entrance wound. He still says he did not know which.

Admits they were shown protocol but doesn't recall whether by FBI or SS, before testimony.

We had a long and frank discussion during which I told him some of the new things I had discovered. I invited him to come and see what I now have, told him what the panel report and the death certificate show - all in confidence - and he repeated what he had said earlier, that if

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government could do such a thing, he was "terrified". I told him "You should be terrified."

On the head wound, I described the pattern of fine fragmentation on the right frpnt and he agreed it would not have been from a military round. At first he tried to argue that it could have been from a controlled-expansion round. I pointed out the WR depends on a full-jacketed military round and added the purposes of the Geneva Convention and the design. He agreed, and he agreed this could be the end of the WR. He also said it was consistent with what he would expect from a varminting round and then described the explosion of one recently when he had shot a prairie dog. He seemed to be saying that the explosion of the head could have been caused by an entering explosion, but this is not explicit.

He described Dr Rose as "abrasive" and "somewhat abrasive" but an excellent forensic pathologist. When I tried to justify Rose's indignation and conduct 11/22/63 he agreed that Rose had cause for his feelings but he also made clear that Rose was always abrasive. He also agreed, as did all these doctors, that had Rose performed the autopsy, the lingering questions would not now exist.