

copy to = H. W. F. R. G.

I can assert this from a position of some slight authority, being a conspiracy theorist who has long argued with conviction that Lee Harvey Oswald would not, could not, and absolutely did not kill Officer J. D. Tippit. Dale Myers has single-handedly changed my mind. In fact, had the Warren Commission presented the evidence as effectively as Myers does -- regardless of whatever happened in Dealey Plaza that day -- there may well have been no doubt whatsoever about the identity of Tippit's murderer all these years.

Can there be any higher praise?

*With Malice* can be obtained from the usual outlets as well as ordered from Dale Myers' Web site:

<http://www.jfkfiles.com/~dmyers/jfk/>

## Dr. Charles Petty and the HSCA

--by Tim Smith

Dr. Charles Petty received an M.D. degree, *cum laude*, from Harvard Medical School in 1950 and completed his residency in pathology in 1955 at the New England Deaconess Hospital in Boston, MA. The American Board of Pathology certified him in the areas of pathology anatomy, clinical pathology, and forensic pathology. He is a fellow of the American Academy of Forensic Science, the American Association of Pathologists, and the American Society of Clinical Pathologists and the College of American Pathologists.

Dr. Petty's testimony may have been devoted to debunking the single bullet theory proposed by Dr. Cyril Wecht, who was sandwiched between Dr. Humes and Dr. Petty. Wecht mentions this in his testimony. It is interesting to note that he is mentioned 10 times during the mere 10 questions that was asked Dr. Petty. Professor Blakey may have been doing everything to reinforce the Single Bullet Theory.

Some feel that Wecht was being pushed out of the loop in the later portion of the forensic pathology panel's term. It is also possible he was grouped categorically and anyone who followed Dr. Wecht would have been an advocate of the magic bullet theory, as Wecht was the lone dissenter on the medical panel. Dr. Petty was only asked ten questions, but in the course of his answers made statements that are controversial to this day.

If President Kennedy's back wound was a deeply penetrating wound, it had to travel downward, at least initially, unless Kennedy was shot by someone in the trunk of the car. To maintain the single bullet theory, however, it would have had to go upward, as the entrance was lower than the exit. On the other hand, with the car going down an incline, and Kennedy leaning forward, the idea is that the bullet went downward relative to Dealey Plaza, and upward relative to the upright plane of JFK's body. The Forensic Pathology Panel concluded that the back wound entered at a slightly upward angle based on the abrasion collar around the entry wound. Both Dr. Wecht and Dr. Baden have stated 11 degrees upward, though no degree is stated in the Forensic Pathology Panel's conclusion. The Forensic Pathology Panel, in conjunction with the work of Thomas Canning (who conducted trajectory analysis), had JFK leaning



sufficiently that a level of upward track through the body itself became a downward path. JFK was not leaning forward, however, when struck in the back; he was sitting boldly upright.

Dr. Petty went on to answer Mr. Preyer about what the bullet did after it entered President Kennedy's back. He said it "did not go through the spinal column" (HSCA Hearings, I, 377). There seem to be two schools of thought on this. Dr. John K. Lattimer, in his book, *Kennedy and Lincoln-Medical and Ballistic Comparisons of Their Assassinations*, shows one of JFK's x-rays that indicate a nick in the spinal column. Others seem to interpret the x-rays as originally showing bullet fragments, then bone fragments, then apparently found to be artifacts similar to those on other x-rays that night. Still others have thought that the bullet hit no bone and that if there was damage to a bone, it likely resulted from pressure effects of the passing bullet; in other words, secondary damage.

Dr. Petty said, "one cannot determine by looking at a flat two-dimensional view of one side of the limousine and the contained individuals precisely what relationship they [Kennedy and Connally] had one to another" (HSCA, Hearings, I, 377). This is important in determining their relationship on not only a horizontal plane, but a vertical one as well. This is vital when discussing the single bullet theory. The more fundamental reason for not being able to determine their relationship is that we do not know for sure, or even remotely close (to a certainty), when President Kennedy was first hit from the rear; this seems to be the crux of the problem. There was a time, as we know, albeit for only 0.9 seconds, when they were obscured because of the Stemmons Freeway sign.

Preceding that, it is very hard to make sense of absolute positions. They are not, however, flat. Stereo viewing is easy to do, and someone who knows how to properly feed the data into a computer can get accurate three-dimensional information, which can be studied, from any angle. We also have more than one film/photo to work from for various points. [ed. note: such video presentations do exist...];

Petty went on to say that there "is no evidence that that bullet actually penetrated the rib" [of Governor Connally] (HSCA Hearings, I, 377). That rib, however, was badly shattered, not "slapped." It turned a human rib into a bunch of match heads. This seems a little odd if the bullet merely slapped against it, as Petty suggests. I know of no other doctor who has ever postulated this theory. The only other possibility is that this may have been secondary damage with no actual contact.

"The X-rays fail to show any evidence of particles of metal in the chest" (HSCA Hearings, I 378). This may well be true. There were metal traces on his clothes. What is known is that metal was left in Governor Connally. That was never in doubt. The surgeons' report indicated that they had fixed the chest wound and were getting ready to go back to the other wounds and remove THE BULLET. This would have been difficult, given the fact that CE-399 was half way back to Washington, D.C., aboard *Air Force One* at this time.

When Mr. Preyer asked Dr. Petty if "it was accurate to say that the bullet went through the wrist bone" [of Governor Connally], Dr. Petty replied: "I don't believe it did" (HSCA Hearings, I, 380). This seems very odd, because when you look at the x-ray, the bone was literally sliced in half on an angle. It would be like



saying the football didn't hit the window, yet the glass broke into a hundred pieces and landed eight feet away from where it was - this x-ray has been published (see Josiah Thompson's, *Six Seconds in Dallas*) and seems to demonstrate this.

In respect to frangible bullets, Dr. Petty stated that they are produced in .22 caliber loads and not produced in larger weapons. Hand loading makes a variety of variations possible. He is strictly talking about what is available off the shelf, which is a mistake. It has also been suggested that full metal jacketed Carcano bullets can be turned into frangible-type bullets by scratching their noses. He went on to say that if Kennedy had been hit on the right side of the head, then the left side of his brain would show such evidence. According to Petty, "There are no such fragments" (HSCA Hearings, I, 379). The head x-ray of President Kennedy, however, would support a frangible bullet, as there was a halo-like spray (sometimes referred to as a veritable snowstorm of fragments) of 40-50 fragments throughout the remaining cortex area. There was a trail of dustlike fragments in the x-ray. This would account for a portion of a bullet - where is the rest? The question is if the magic bullet could do all it did and come out undamaged, how did the same type of bullet go all to pieces?

Finally, Dr. Petty states that "there is no evidence whatsoever that the President was shot either from the side or from the front" (HSCA Hearings, I, 380). Roy Kellerman said he was right next to the surgeon and the entrance wound was in front of the right ear (where a sideburn would be today). To me, this seems to be proof of a frontal/side entrance wound; whether or not someone believes it is another matter. Kellerman's observation

would agree with the same spot where an impact is shown on the Zapruder film. The Groden right profile autopsy photograph also seems to contradict Dr. Petty. The testimony Petty gave, however, would support a rear entrance wound.

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### TRIVIA QUIZ ANSWERS

[Quiz on page 30...]

1. 515 W. Fifth Street;
2. 1026 N. Beckley;
3. 411 Elm Street;
4. 1313 1/2 Commerce;
- 5-6. 602/605 Elsbeth;
7. 214 Neely Street;
8. 21 Bowdoin Street;
9. 1600 Pennsylvania Avenue;
10. 200 Maryland Avenue, N.E.;

**As we go to press:** there was no internet column in this issue, as associate editor Vince Palamara has done a yeoman job in keeping the research community up to date on those matters. Vince also circulated an excellent series of articles, which would have appeared herein, had he not sent them to many of the subscribers.

A special thanks goes out to Dave Reitzes for his two book reviews, Tim Smith for his piece on Dr. Petty [part of an overall study he hopes to publish], to Josiah "Tink" Thompson, for sharing his thoughts on the Z-film alteration, and to Allen Eaglesham for his continued efforts to get to the bottom of what really happened to William Bruce Pitzer.

Thanks to all... enjoy your spring.