

It is unfortunate that, in a Report on such a major event in United States history, language has to be used to distort and misrepresent and even to state untruths. A number of instances have been cited. It is no more justifiable than the willingness of the Commission to accept incontrovertibly false sworn statements or its capacity to avoid asking the right questions.

A possibly major conflict in testimony about the most material kind of fact relates to the autopsy itself. Doctor Humes testified (2H361-2) that he "had the impression" when he saw the anterior neck wound that a tracheotomy had been performed.

"To ascertain that point, I called on the telephone Dr. Malcolm Perry and discussed with him the situation of the President's neck when he first examined the President and asked him had he in fact done a tracheotomy which was somewhat redundant because I was somewhat certain he had." Perry confirmed that he had made the incision at the point of the wound. When asked by Assistant Counsel Specter when the conversation occurred, Humes replied, "I had that conversation Saturday morning, sir," the day after the assassination and the autopsy. Although Specter knew of two phone calls to Perry from Humes, later in the hearing he asked, "And at the time of your conversation with Dr. Perry did you tell Dr. Perry anything about your observations or conclusions?" Humes's reply was, "No, sir; I did not." The next words in the transcript are, "(a short recess was taken.)" (2H371).

"That conversation," according to Doctor Perry, was two conversations, with Humes initiating both. His account of the first conversation is substantially in accord with Humes's. Of the second he said, "He subsequently called back - at that time he told me, of course, that he could not talk to me about any of it and asked that I keep it in confidence, which I did ..." (6H16). By the time Doctor Perry got before a second Commission hearing, in Washington, he said he could not remember the times of the conversations but gave the same account of them. His words in describing Humes's caution on this occasion were, "He advised me that he could not discuss with me the findings of necropsy", or autopsy, post-mortem examination (3H380).

Contradictory testimony, also under oath, was given by Doctor Kemp Clark, who reported a request from Doctor Perry following the phone conversations with Bethesda.

"Dr. Perry stated that he had talked to the Bethesda Naval Hospital on two occasions that morning and that he knew what the autopsy findings had shown and that he did not wish to be questioned by the press, as he had been asked by Bethesda to confine his remarks to what he knew from having examined the President, and suggested that the major part of this press conference be conducted by me." Doctor Clark thought two others, whom he named, were witnesses to this conversation (6H23).

Both the questioning and the answering during Doctor Perry's appearance in Washington were characterized by an indirection and evasiveness that was not short of professional. Exactly what he told the news media, a major part of the testimony, was never made clear. The circumlocutions were elaborate. He spoke of news stories the contents of which were never revealed. He was not confronted with this conflict on such a vital aspect of the autopsy, and the subject of his testimony. This raises not only the question of false swearing; it might even suggest Perry had received what amounted to orders from Washington. None of the others were asked about this conflict. The record should not be allowed to remain beclouded. If any punishable offense was committed by anybody, it should not be allowed to go unpunished.

There is no reference to the existence of this contradiction in the Report.

Of no interest to the authors of the Report or to the questioners is what must be regarded as a strange event in the course

of this autopsy. The surgeons could not probe the so-called posterior neck wound. Humes had no doubt that the anterior incision was from a tracheotomy. With no missile, from the very beginning of the autopsy the experts were baffled. Yet at no time during the examination of no less a person than the President of the United States was the telephone call made. It was not made at the comparatively early hour of 11 p.m. when the post-mortem study had been completed. It was not made until the next day, and then it was repeated.

In the phone conversation, Humes learned that before the tracheotomy the wound was about a fifth of an inch in diameter. His note (17H29) reads, "size. 3-5 mm." His autopsy report gives the dimensions of the "exit" wound as "a 7x4 millimeter oval wound ... 1/4 c (or 5/2 inches) from the tip of the right acromion process and 1/4 c below the tip of the right mastoid process" (R540). The entrance wound, then, was larger than the exit wound in a gunshot injury in which no bones were struck. All the testimony indicates this would be quite an abnormal reversal of the usual relationship. After this bullet exited the front of the President's neck, it made a much larger hole in the Governor's back if, as the Report wants to believe it did strike the Governor. Connally's entrance wound was more than twice the diameter of the presumed exit wound. The President was only about four feet behind the Governor.

There are too many questions about the autopsy, the autopsy report and the manner in which both were handled by the Commission in the Report itself. None should exist. This was not a Bowery but this was the President of the United States. Similarly, the Report should not be vague on the precise location of the President's wound especially with what it almost always termed his "neck" wound, but sometimes referred to as a back wound or one near the base of the back of his neck. The latter description is accurate, but without meaning. Was it above or below the base of the neck? The difference is vital in the Commission's reconstruction of the crime. The unyielding evasiveness is in itself highly suspicious.

The President's entire body was X-rayed and a number of photographs were taken before the examination began. During the examination, additional X-rays and photographs were made (2H349). All were given immediately to the Secret Service. The pictures were not available for use during the examination. Neither the pictures nor the X-rays were available for subsequent use in the preparation of the artist's representations.

With this elaborate photographic record, why should there even have been any question about the exact location of each wound? The pictures were not offered for the Commission's record. Why? When the entire "solution" of the crime hinged upon reconstructions in which the number of shots and the location of wounds were vital and the angle of declination was important, why should testimony have depended upon recollections and second-hand sketches based on recollections? Even the autopsy surgeons testified without benefit of any of this unquestionable data. For unexplained reasons, they even anticipated this!

"When appraised of the necessity for our appearance before the Commission, we did not know whether or not the photographs which we had made would be available to the Commission. So to assist in making our testimony more understandable to the Commission members, we decided to have made drawings, schematic drawings, of the situation as we saw it, as we recorded it and as we recall it. These drawings were made under my supervision and that of Dr. Boswell by Mr. (H. Rydberg ... a medical illustrator in our command at Naval Medical School" (2H349-50).

Why should Humes have believed the pictures would not be available to the Commission? Was this Commission not to have access to everything? It could have, for it had the power of subpoena to overcome recalcitrance. He was, for some reason, so certain the Naval Medical authorities went to some trouble to prepare these mock-ups