

GOVERNOR CONNALLY'S INJURIES - TRAJECTORY; THE FOUND BULLET

Statements of Witnesses - Dr. Robert SHAW 23
Deposition - March 23, 1964, 6H83-94

This deposition should be compared with his subsequent testimony.

He is chairman of the division of thoracic surgery at the University of Texas Southwestern Medical School. He names as among those present when he treated Gov. Connally were also Dr. James Duke and Dr. David Mebane. Neither appeared before the Commission. He describes the treatment to the Governor (p.84)

The wound of entrance on the Governor's back was "roughly elliptical in shape, and approximately a cm. and a half in its longest diameter ..." The exit wound was "a round, ragged wound, approximately 5 cm. in diameter." He has considerable experience with gunshot wounds, having had about 900 admissions in a hospital in Paris during the war alone. Asked the characteristics of bullet wounds that led him to believe one was point of entry and the other of exit, he replied, "The wound of entrance is almost invariably the smaller wound, since it perforates the skin and makes a wound approximately or slightly larger than the missile. The wound of exit, especially if it has shattered any bony material in the body, will be the larger of the wounds." (p.85)

On passing through the Governor's chest wall, this bullet "struck the fifth rib at its mid point and roughly followed the slanting direction of the fifth rib, shattering approximately 10 cm. of the rib." Because of the point at which the rib was struck, "probably there was very little in the way of deflection," of the bullet.

Shown Gregory Exhibit No. 1 (20H32-6), he said the scale of the wound of entry as marked was too large and that the location of the wound of exit was too low, and he corrected them on the chart and marked his initials. (20H32)

Asked to examine the second diagram of this exhibit (20H33), he

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said, "the angle of declination" corresponds with the angle the bullet passed through Gov. Connally's chest.

He describes some of what he saw and did and then said that, "It was found that approximately 10 cm. of the fifth rib had been shattered and the rib fragments acting as secondary missiles had been the major contributing factor to the damage to the anterior chest wall and to the underlying lung." (p.87)

Approximately 200 cc. of clot and liquid blood was removed from the pleura cavity. Any fragments of metal? There are no questions asked, nor was any information volunteered on this point. Bone fragments were removed.

He then continues with his observations and his description of the operations. At that point Dr. Gregory and Shires began to care for the injuries to the right wrist and lower thigh.

For special comparison with his testimony before the Commission:

"Mr. Specter. What did you observe, Dr. Shaw, as to the wound of the right wrist?

Dr. Shaw. Well, I would have to say that my observations are probably not accurate." (p.88)

He said he thought the large wound was the wound of entrance and the small wound was that of exit. The following exchange perhaps reveals clearly what happened when the Commission and its staff go off the record: ~~The only possible reason for having such conversation off the record is to be certain that nothing gets in the record the Commission doesn't want! If ^{he} Dr. Shaw was going to testify about such matters, then all of his testimony should be on the record and not what he or the Commission wants to edit it out.~~

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"Dr. Shaw. Although the wound of entrance, I mean, although the wound that I felt was a wound of entrance was the larger of the two, it was my feeling that considering the large wound of exit from the chest, that this was consistent with the wound that I saw on the wrist. Msy we go off the record?

Mr. Specter. Sure

(Discussion between Counsel Specter and the witness Dr. Shaw off the record.)

Mr. Specter. Now, let's go back on the record.

Dr. Shaw. I'll start by saying that my examination of the wrist was a cursory one because I realized that Dr. Gregory was going to have the responsibility of doing what was necessary surgically for this wrist.

Mr. Specter. ~~Did~~^{Had} you conferred with him preliminarily to starting your operation on the chest so that you knew he would be standing by, I believe as you testified eaflier, to perform the wrist operation?

Dr. Shaw. Yes - Dr. Gregory was in the hallway of the operating room before I went in to operate on Governor Connally and while I was scrubbing preparatory to the operation, I told him that there was a compound comminuted fracture of the radius of the Governor's right hand that would need his attention.

Mr. Specter. Let the record show that while we were off the record here a moment ago, Dr. Shaw, you and I were discussing the possible angles at which the Governor might have been sitting in relation to a trajectory of a bullet consistent with the observations which you recollect and consistent with what seems to have been a natural position for the Governor to have maintained, in the light of your view of the situation. And with that in mind, let me resume the questioning and

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put on the record very much of the comments and observations you were making as you and I were discussing off the record as this deposition has proceeded." (p.89)

The only possible reason for having such conversation off the record is to be certain that nothing gets in the record the Commission doesn't want! If the Dr. Shaw was going to testify about much such matters, then all of his testimony should be on the record and not what he or the Commission wants to edit ~~it~~ out.

At first he didn't notice the smaller wrist wound. (p.89)

The reason he gives for thinking which was the point of entry and that of exit is not the same as he subsequently gave in his appearance before the Commission:

"Mr. Specter. Well, is your principal reason for thinking that the wound on the dorsal aspect is a wound of exit rather than a wound of entry because of what you consider to be the awkward position in having the dorsal aspect of the wrist either pointing upward or toward the chest?

Dr. Shaw. Yes, I think I am influenced a great deal by the fact that in trying to assume this position, I can't comfortably turn my arm into a position that would explain the wound of the dorsal surface of the wrist as a wound of entrance, knowing where the missile came out of the chest and assuming that ^{one} the missile caused both the chest wound and the arm wound.

Mr. Specter. Might not then that conclusion be affected if you discard the assumption that one missile caused all the wounds?

Dr. Shaw. Yes, if two missiles struck the Governor, then it would not be necessary to assume that the larger wound is the wound of entrance.
(p.90)

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Dr. Shaw tried very hard to be the Commission's fair-haired boy. He was willing to speculate in almost any direction and to reach almost any conclusion, and those ^{he} he next reached/subsequently had to withdraw when he appeared before the Commission:

"Mr. Specter. Now, aside from the trajectory and the explanation of one bullet causing all the damage and focusing just on the nature of the wound on the wrist, what conclusion would you reach as to which was the point of entrance and which was the point of exit?

Mr/ Shaw. I would feel that the wound on the volar surface of the wrist was the wound of entrance and that perhaps the bullet being partially spent by its passage through the chest wall, struck the radius, fragmenting it, but didn't pass through the wrist, and perhaps tumbled out into the clothing of Governor Connally with only a small fragment of this bullet passing on through the wrist to go out into the left thigh.

Mr. Specter. Now, would that be consistent with a fragment passing through the wrist which was so small that virtually the entire missile, or 158 grains of it, would remain in the central missile?

Dr. Shaw. Yes. The wound on the volar surface, I'm sorry, on the dorsum of the wrist and the wound in the thigh which was obviously a wound of entrance, since the fragment is still within the thigh, were not too dissimilar in size.

Mr. Specter. Was the wound in the thigh itself, that is, aside from the size (p.90) of the fragment which remains in the leg, as small as the hole on the dorsal aspect of the wrist?

Dr. Shaw. My memory is that the wound in the thigh through the skin was about the same as the wound on the skin of the dorsum of the wrist, but I didn't make an accurate observation at the time.

Mr. Specter. Would your thinking on that be affected any if I/

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informed you that Dr. Shires was of the view and had the recollection that the wound on the thigh was much larger than a hole accounted for by the size of fragments which remained in the femur.

Dr. Shaw. Of course, Dr. Shires actually treated and closed this wound, but since this wound was made through the skin in a tangential manner -

Mr. Specter. Now, you are referring to the wound of the thigh?

Dr. Shaw. I am referring to the wound of the thigh - was made in a tangential manner, it did not go in at a direct right angle, the slit in the skin in the thigh would be considerably longer than the actual size of the missile itself, because this is a sharp fragment that would make a cutting - it would cause a laceration rather than a puncture wound."

Mr. Specter. So, the hole in the thigh would be consistent with a very small fragment in the femur?

Dr. Shaw. Yes." (p.91)

One of the obvious questions Specter has ignored is to remind Dr. Shaw of his description of what happens when a bullet hits bones, as quoted earlier, and to compare that with the condition of the so-called "found" bullet. But then nothing is too obvious for Specter to ignore or forget. And Specter is far from unique among the Commission's staff.

One other thing I want to note is that the doctor has not changed the marking of the trajectory through the Governor's chest as indicated in Diagram 4 (20H35), even though offered an opportunity. He has changed the location of the point of exit, however. This also should be compared with his appearance before the Commission.

Asked to speculate further about the Governor's wounds, he did:

"Dr. Shaw. I have always felt that the wounds of Governor Connally

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could be explained by the passage of one missile through his chest, striking his wrist and a fragment of it going on into his left thigh. I had never entertained the idea that he had been struck by a second missile.

Mr. Specter. Well, focusing for just a minute on the limited question of the physical characteristics of the wounds on the wrist, if you had that and nothing more in this case to go on, what would opinion be as to ~~which~~ ^{which} point was entry and which point was exit?

Dr. Shaw. Ordinarily, we usually find the wound of entrance is smaller than the wound of exit. In the Governor's wound on the wrist, however, if the wound on the dorsum of the wrist is the wound of ~~entrance~~ ^{entrance} and this large missile passed directly through his radius, I'm not clear as to why there was not a larger wound of exit than there was.

Mr. Specter. You mean on the volar aspect?

Dr. Shaw. Yes; if a whole bullet hit here -

Mr. Specter. Indicating the dorsal aspect?

Dr. Shaw. Yes; and came out through here, why it didn't carry more bone out through the wrist than it did, and the bone was left in the wrist - the bone did not come out. In other words, when it struck the fifth rib it made a hole this big around (indicating) in the chest in carrying bone fragments out ~~through~~ ^{through} the chest wall.

Mr. Specter. Wouldn't that same question arise if it went through the volar aspect and exited through the dorsal aspect?

Dr. Shar. It wouldn't if you postulated that the bullet did not pass through the wrist, but struck the wrist.

Mr. Specter. That would be present in either event, though, if you postulated if the bullet struck the dorsal aspect of the wrist, and did not pass through, but only a missile passed through the volar aspect.

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Dr. Shaw. Yes; in that case, however, considering the wound of exit from the chest, and if that same bullet went on through the wrist, I would still expect a pretty good wound of entrance.

Mr. Specter. You see, I am trying now, Dr. Shaw, to disassociate the thought (p.91) that this is the same missile, so that I'm trying to look at it just from the physical characteristics of the appearance of the wounds on the two sides of the wrist.

Dr. Shaw. May we go off the record just a minute?

Mr. Specter. Sure - off the record." (p.92)

When the accommodating doctor wanted to be certain he wouldn't embarrass the Commission by his further theorizing, they went off the record again, although I believe it was highly improper, after which:

"Mr. Specter. Let us go back on the record and let the record reflect that we have been discussing another aspect concerning Dr. Shaw's thought that if the main missile had gone through the entire radius, that there would have been more damage, presumably, to the arteries and tendons on the underside of the wrist, and I then called Dr. Shaw's attention to one additional factor in Dr. Gregory's testimony which is reflected in his report that 'on the radial side of the arm, small fine bits of cloth consistent with fine bits of mohair were found,' which was one of the reasons for Dr. Gregory's thinking that the path was from the dorsal aspect to the volar aspect.

Dr. Shaw. Yes.

Mr. Specter. And Dr. Shaw's reply, if this is correct, Doctor, that you would know of no readily available explanation for that factor in the situation?

Dr. Shaw. Except that it might have been carried by the small fragment which obviously passed through the wrist and attached to that.

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Mr. Specter. But could the fragment have carried it from the radial side on it if it had been traveling from the volar side to the radial side?

Dr. Shaw. Yes; it could have carried it through and deposited it on the way through.

Mr. Specter. I see, so it might have started on the volar aspect and could have gone on through.

Dr. Shaw. You know, if we could get that suit of his, it would help a lot.

Mr. Specter. Well, we are going to examine clothing if at all possible.

Dr. Shaw. Because, I think it would have been almost impossible - I think if you examine the clothing and if you had a hole here in his coat and no hole on this side -

Mr. Specter. Indicating a hole on the femur side -

Dr. Shaw. That would almost clear that thing up.

Mr. Specter. Yes; it would be very informational in our analysis of the situation.

Dr. Shaw. I doubt if there is a hole in both sides of the sleeve - the sleeve wouldn't be quite that long, I don't think." (p.92)

The doctor, as it later turned out, was quite right in his conjectures about the coat. I think it was quite wrong for Specter not to have the coat present.

Next, put in the position of being a Connally rebuttal witness before Connally testified, the good doctor accommodated with a highly distorted and deceptive representation of what Gov. Connally said:

"Dr. Shaw. Yes, we have talked on more than one occasion about this. The Governor admits that certain aspects of the whole incident

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are a bit hazy. He remembers hearing a shot. He recognized it as a rifle shot and turned to the right to see whether President Kennedy had been injured. He recognized that the President had been injured, but almost immediately, he stated, that he felt a severe shock to his right chest. He immediately experienced some difficulty in breathing, and as he stated to me, he thought that he had received a mortal wound." (p.92) and he continues with a further and even grosser misrepresentation:

"Dr. Shaw. He says that he did not hear a second shot, but did hear - no, wait a minute, I shouldn't say that. He heard only two shots so that he doesn't know which shot other than the first one he did not hear. He only remembers hearing two shots, his wife says distinctly she heard three." (p.92)

Then Specter asks the wrong question:

"Mr. Specter. Would that not be consistent with a situation where he was hit by the second shot and lost consciousness? (p.92)

Dr. Shaw. Yes; the shock of the wounding might have prevented him from hearing the rifle report.

Mr. Specter. Would you have expected him to hear a third shot after he was wounded by a second shot?

Dr. Shaw. He didn't lose consciousness at that time...." (p.93)

So here a doctor who is obviously biased as the Commission desires gives complete medical authentication to what he and everyone else knew the Governor was going to and in fact did say.

Dr. Shaw also has a flexible and selective memory. He remembered what he alleged Gov. Connally said (which Gov. Connally didn't say), but when asked what Mrs. Connally said (and she wasn't ill or injured), he pleads, "My memory isn't good for that. I don't remember what Mrs. Connally told me on that." (p.93)

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Asked if the one bullet could have caused all of Gov. Connally's wounds, after causing the non-fatal injury to the President, Dr. Shaw says ~~that~~ it could have with the qualification of the characteristics of the bullet and its having struck only soft tissue in the President.

Then shown Diagram No. 5 of Gregory Exhibit No. 1, (20H36) and asked if the trajectory indicated is accurate, he replied, "Yes; I feel that the line of the trajectory as marked on this diagram is accurate as it could be placed from my memory of this wound." (p.93)

He ignored the wrist, but Specter couldn't and still using the medical language that probably wouldn't be familiar to most readers, Dr. Shaw said, "My postulation would be from volar to dorsal."

But there appears to be no end to the willingness of the doctor to speculate in any direction the Commission desired for when Specter returns to Gregory Exhibit No. 1, saying, "There is one factor that we did not call your attention to or have you testify about ...", the marking of exit and entry locations on the wrist, and "that would then be inconsistent of your view of the situation, would it not?" Shaw agrees, and Specter refers to Diagram No. 3, "where the ^{exit} exist is marked on the volar, and the entry is marked on the dorsal, that would also be inconsistent with your view of the situation?"

"Dr. Shaw. Yes - he has the wound on the back being quite a bit larger than the wound on the front here, doesn't he?"

Mr. Specter. Yes, the wound as it appears here on the diagram is larger.

Dr. Shaw. That wasn't my memory." (p.93)

The doctor continued making speculations, all of which he would have to change or qualify or withdraw when he subsequently appeared before the Commission:

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"Mr. Specter. But I don't think that that is necessarily as to scale in this situation. Would it be possible from your knowledge of the facts here, Dr. Shaw, that President Kennedy might have been struck by the bullet passing through him, hitting nothing but soft tissues, and that bullet might have struck Governor Connally's wrist?

Dr. Shaw. Yes; this is a perfectly tenable theory.

Mr. Specter. And, then, the damage to Governor Connally's thigh might have come from either of the bullets which passed through the chest or a second bullet which struck the ~~wrist~~ wrist?

Dr. Shaw. That is true - as far as the wounds are concerned, this theory, I feel, is tenable. It doesn't conform to the description of the sequence of events as described by Mrs. Connally.

Mr. Specter. In what respect, Dr. Shaw?

Dr. Shaw. Well, she feels that the Governor was only struck by one bullet." (p.94)

And, in addition, the doctor is not restricting himself to his medical science but is drawing upon the opinion of Mrs. Connally.

His uninhibited speculation continues further, and this time in clear defiance ^{an} of everybody's testimony about when the Governor was pushed by his wife:

"Dr. Shaw. As soon as he was struck she pushed him to the bottom of the car and got on top of him and it would mean that there would be a period of - well if there were 6-1/2 seconds between the three shots, there would be a couple seconds there that would have given her time to get him down into the car, and as she describes the sequence, it is hard to see how he could have been struck by a second bullet." (p.94)

The doctor continues to interpret his medical science in terms of an erroneous recollection of Mrs. Connally's testimony:

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"Mr. Specter. But if her reaction was not that fast so that he was struck twice, of course then there would be a different situation, depending entirely on how fast she reacted.

Dr. Shaw. I think if he had been struck first in the wrist and not struck in the chest, he would have known that. He only remembers the hard blow to the back of his chest and doesn't remember being struck in the wrist at all.

Mr. Specter. Might he not have been struck in the chest first and struck by a subsequent shot in the wrist?

Dr. Shaw. Yes; but that's hard to postulate if he was down in the bottom of the car." (p.94)

He had been previously interviewed by the Secret Service and by Specter immediately prior to his deposition. (p.94) After thanking the doctor for his appearance, Specter suddenly goes off the record again, following which he asks two more questions, in answer to which Dr. Shaw said he found no bullet in the Governor's body and no fragments in his chest. (But no questions about whether any fragments could have been removed from the chest in the course of removing the clot and fluid.) And about the wrist wound, he "understood" that some minute metallic fragments were removed.

Asked if the wound to the Governor's back was made by a tumbling bullet:

"Dr. Shaw. I would only have to say that I'm not a ballistics expert, but the wound on his chest was not a single puncture wound, it was long enough so that there might have been some tumbling.

Mr. Specter. You mean the wound on his back?

Dr. Shaw. The wound on his back - yes, it was long enough so that there might have been some tumbling. In other words, it was not a spheri-

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cal puncture wound.

Mr. Specter. So it might have had some tumbling involved, or it might not have?" (p.95)

He is not asked to compare the size of this point of entry with the postulated one on the President's back of 7 x 4 mm.

It concludes with:

"Mr. Specter. My question would be that perhaps some tumbling might have been involved as a result of decrease in velocity as the bullet passed through President Kennedy, whether there was any indication from the surface of the wound which would indicate tumbling.

Dr. Shaw. The wound entrance was an elliptical wound. In other words, it had a long diameter and a short diameter. It didn't have the appearance of a wound caused by a high velocity bullet that had not struck anything else; in other words, a puncture wound.

Now, you have to also take into consideration, however, whether the bullet enters at a right angle or at a tangent. If it enters at a tangent there ~~there~~ will be some length to the wound of entrance.

Mr. Specter. So, would ^{you} say in net that there could have been some tumbling occasioned by having it pass through another body or perhaps the oblique character of entry might have been occasioned by the angle of entry.

Dr. Shaw. Yes; either would have explained a wound of entry.

Mr. Specter. Fine." (p.95)

After this, there was no wonder Dr. Shaw had to be called before the Commission.