

Carroll 4-20-111 of ...
Bowron you Mrs Dan Vison, Emergency Dept ... on Hand.

233-9171

above yellow & definitely on right side
Car - ^{was} ~~was~~ wound in left ^{hand} ~~hand~~ at all. Clothes cut off
& folded. He did not ^{marjor} stop his emergency job.

No large wound on back. Ran hands down both sides. S.O.P.
Shirt will have been cut when fire cut off. Practical to cut
flaps as fast as possible.

MIC "total mistake on my part" Did not know by aspect
did not ask "I don't know what to want used I don't
know that it was" "Of course it was a
wrong assumption" over 10:25

Pirm

Bruise could not have been from truck striking
Post what they would have asked because they
asked on arterial injury. The location indicated
the proximity. Wound they would not
have been white bullet

They

Chest wounds ~~not~~ made in a closed chest to my
intrusion of fluids not substantial on physical
Bruise & desubed around edges covered with blood which
difficult to see in 15 sec. with change of views.

Don't type this page

Interview with Doctor at School of Medicine 12/1/11 9-12 am.

Parry. He was found... was embarrassed a bit a few things that I tried to cover. The most important of these is his repeated statement that when he first saw the wound on the anterior neck he asked a nurse he worked for a "trauma team" (John) took a quick look at the wound, wiped it off and started suturing. He said both times that the edges were "pressed" as they always are. When I asked if he had ever been asked about this significant fact, he flustered 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 & because his family is fond of the sport, went deep in antelope hunting last week (got nothing but his 11 year old son had a best shot at one), and is thoroughly familiar with the various kinds of ammo. He handloads his own. Discussed movement of bullet controlled expansion, etc, and what happens at both in impact with accuracy and locality.

He was called in on "Connolly" ("by the boss") because this is an expert on (he confused me by saying "we" + I misunderstood, thinking he meant the "not a victim") antelope 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-ray, and said it was not possible that a bullet had caused it and then broken 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 3-3 1/2" after penetration. No danger to artery so not removed, which he said is usual in such cases. He also said that it would have been there from childhood and not been remembered. I asked "with out leaving a scar?" and he said it was so small it need not have. So we talked about the 399 stuff he came to realize what he was really saying, + I

5 no)

final fragmentation in the right front could be agreed it would not have been from a military round. at first he tried to argue that it could have been from a controlled-explosion round, I pointed out the W.R. design marks on the jacket military round & asked the purposes of the witness report on the design. he agreed, & he agreed this would be the end of the W.R. He also said it was inconsistent with what he would expect from a nonmilitary 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 would have been caused by an explosive explosion, but this is not explicit.

He described Mr. Rose as "abrasive" & "somewhat abrasive" but an excellent forensic pathologist. When tried to justify Rose's indignation & conduct, 11/22/63 he agreed that Rose had cause for his ~~other~~ feelings but he also made clear that Rose was ~~also~~ always abrasive. He also agreed, as did all those last as, that had Rose performed the autopsy, the hanging questions would not now exist.

12/1/71 McC talked in his office, D614-A, post fire operation
at Presbyterian Hospital (Covers had 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 "ghost" 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 Speaker's job, and that when he had said there was a wound on the left temple, Speaker should have set the record straight. I also pointed out that Speaker 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 it "total mistake." He then shifted to this position: "I don't know ~~it~~ that it wasn't and I don't know that it was," from which I shifted to "I presume it was wrong assumption." He volunteered at some length about Garrison men, describing Garrison as a ~~very~~ ^{very} hypocrite, and being proud that he had talked them out of calling him 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 sworn testimony (G H 48) Jenkins had testified to the existence of this left temple wound, he had no explanation. McC was quite bitter about Garrison and Tam, but he was without complaint about Speaker and the Warren Commission, who built & preserved an inaccurate record of this seemingly retractions that is not a retraction is to be credited. He seemed also to be unaware of this strange post position 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.

Each Dr. ^{definitive}
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