

JFK Medical Details Examined **HOME FINAL**

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The medical treatment and autopsy for John F. Kennedy have raised more questions than any other element of his assassination 15 years ago, the chief counsel of the House Assassinations Committee said today.

Counsel Robert G. Blakey, opening the second day of hearings into the death of President Kennedy, said the questions were created by doctors who treated Kennedy and others who performed the autopsy, by the Warren Commission and by the president's family. In a preliminary statement at today's hearing before a series of medical experts took the stand, Blakey pointed out several discrepancies that followed the president's fatal wounding on Nov. 22, 1963, in Dallas.

He said the first doctors to attend Kennedy at Parkland Hospital in Dallas, Texas, were Malcolm Perry and Charles J. Carrico. Both these doctors, Blakey told the committee, reported that they found the president had suffered a massive head wound and a small, circular wound in the neck just below the Adam's apple.

"Later, they referred to it as an entry wound," Blakey said. But the Warren Commission later found that the president had been struck only from the rear by the sniper bullets.

Blakey said the explanation for this was that a tracheotomy, or a throat incision, was made to help the president breathe and that this made it difficult to determine the nature of the throat wound or even to notice its existence.

"The other Parkland doctors have differed dramatically in their descriptions of the head wound," Blakey declared. Dr. Robert McClelland described it as a massive head and brain injury of the left temple while Dr. William Kemp Clark said he observed a large gaping hole in the rear of the president's head.

Blakey said the Parkland doctors worked on the president for about 20 minutes but they did not examine his back so they could not have been aware of a wound there.

"Efforts to save the president were futile,"

Blakey continued. "And Dr. Clark pronounced him dead at 1 p.m. CST. It was a formality. The president was beyond help before he arrived at the hospital."

The autopsy was performed at Bethesda Naval Hospital.

According to Blakey, Cmdr. James J. Humes, the chief autopsy surgeon, first determined that a missile had entered the rear of the president's head and exited at the top right side of the skull resulting in a large exit wound. Next, Humes found a place where a missile had entered the upper back, but pathologists could detect only a wound of entry that extended a few inches and did not find a point of exit.

"Despite uncertainty over the missile track," Blakey said, "Dr. Humes decided not to dissect the track through the neck. At about this time, Dr. Humes was informed by FBI agents that a bullet had been discovered on a stretcher in the emergency room in Parkland Hospital. He and other pathologists tentatively decided the bullet had penetrated a few inches into the president's back and had been dislodged during emergency treatment at the hospital."

The next morning, Blakey said, Humes talked with Dr. Perry on the telephone in Dallas and was informed about the tracheotomy incision through a small circular throat wound. Dr. Humes, he said, then theorized that it was an exit corresponding to the entry wound in the upper back.

Blakey said: "In September 1964 the Warren Commission issued its report in which it concluded the president had been struck by two bullets, one in the back and one in the rear of the skull. Although it used carefully guarded language, the commission concluded that the bullet that exited the president's throat also caused all of Gov. John B. Connally's wounds. Finally, the commission said the bullet that was found on the stretcher was the one that hit both the president and the governor."