LIBERATION

MARCH 1965 75¢

THE WARREN REPORT

?

by VINCENT J. SALANDRIA

A SPECIAL SUPPLEMENT

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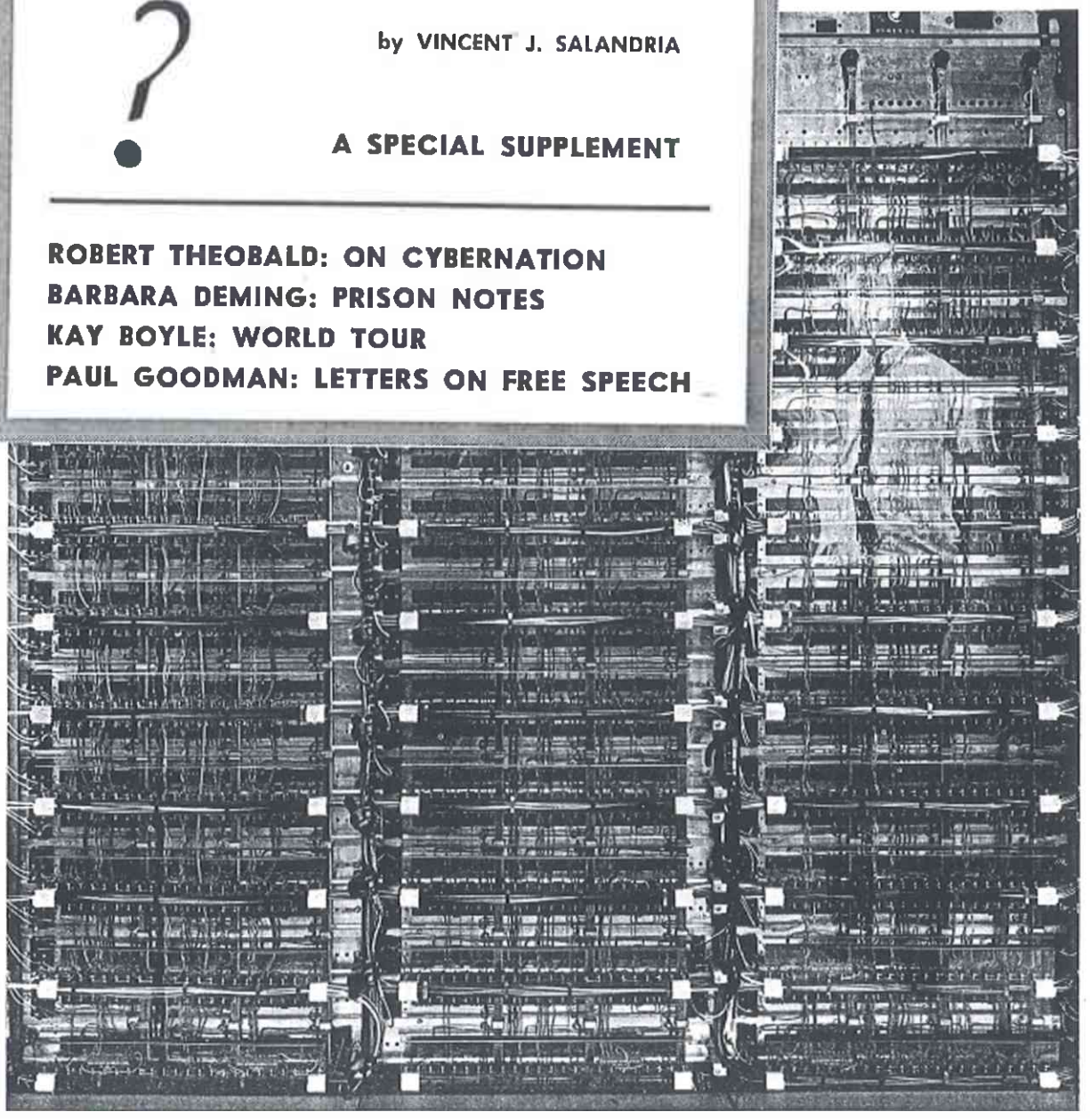


I. A Philadelphia Lawyer Analyzes the President's Back and Neck Wounds

This article is respectfully dedicated to the three fine men of the secret service, special agents Glen A. Bennett, Clinton L. Hill and Roy H. Kellerman, whose truthfulness and loyalty to their dead chief was unshakable, and to F.B.I. firearms expert Robert A. Frazier, for his technical contribution to the case.

IN THIS ARTICLE we will analyze the Warren Commission's following crucial conclusion:

> "President Kennedy was first struck by a bullet which entered at the back of his neck and exited through the lower front portion of his neck . . ." [1]

Such is the conclusion of the Commission. It is our purpose to analyze the evidence which the governmental inquiry used to support this conclusion. We will delve into the source or *sources* of the shot or shots which inflicted the first wounds on the President. By examining these wounds we hope to shed light on the direction or *directions* from which the shots came. Such an exploration will, needless to say, provide valuable information on the question of the number of shots fired into the President. Our study will also help us decide the vantage point or *points* of the assassin or *assassins* on November 22nd, 1963.

First let us attend most carefully to the source or sources of the shot or shots which caused the wounds in question, i.e. the back and neck wounds of the President. The reader will recall that the Commission concluded three shots were fired. It decided that all the shots were fired from "above and behind the Presidential limousine." (W-14) Our task can be simply defined as an analysis of the evidence offered by the Commission to determine whether such evidence supports the Commission's conclusions relative to the back and neck wounds of the President. All of the evidence discussed herein is derived from the Warren Report and its supporting notes of testimony and exhibits. Not a scrap of it comes from any outside source.

The first evidence of a back wound came from Secret Service Agent Glen A. Bennett, stationed at the time in the right rear seat of the President's followup car:

> "who heard a sound like a firecracker as the motorcade proceeded down Elm Street. At that moment, Agent Bennett stated: '. . . I looked at the back of the President. I heard another firecracker noise and saw that shot hit the President about four inches down from the right shoulder. A second shot followed immediately and hit the right rear of the President's head.'" (W-111)

According to Bennett, the second shot hit "about four inches down from the right shoulder." His testimony indicated that the first bullet did one of two things: either missed, or hit the President at a point which Bennett did not or could not see from his position in the followup car.

His testimony gives rise to the following question: Could the President have been hit in the front of the neck by the first shot, directed from a rifle positioned in the front of the President, and then immediately thereafter struck in the back by a different missile, aimed from a weapon of an assassin posted in the Book Depository Building? Is there credible evidence to support an early hit on the President from the front? With the purpose of answering this inquiry, we must examine the wound in the President's neck.

1. Report of the President's Commission on the Assassination of President Kennedy, p. 19. United States Printing Office, Washington, D.C., 1964. References to this Report are designated by "W" followed by a page number.

THE WARREN REPORT ?

Hugh Trevor-Roper, the distinguished Regius Professor of Modern History at Oxford, has said of the Warren Report: "If I dissent from its findings, it is not because I prefer speculation to evidence or have a natural tendency toward radicalism; it is because, as a historian, I prefer evidence. . . . Behind a smoke screen of often irrelevant material it [the commission] has accepted impermissible axioms, constructed invalid arguments and failed to ask elementary and essential questions. . . . The claim of the members of the Commission that they 'critically reassessed' the police evidence is mere rhetoric. Their vast and slovenly report has no more authority than the tendentious and defective police reports out of which it is compiled." (The Sunday Times, *London.*)

In January, LIBERATION *published the first of Vincent Salandria's examinations of the internal inconsistencies and contradictions of the Warren Report: "A Philadelphia Lawyer Analyzes the Shots, Trajectories and Wounds." In the present issue Mr. Salandria continues his analysis by probing three other areas in which the Commission is found to have committed egregious errors.*

LIBERATION *is here printing material that under ordinary circumstances would be spaced out in three issues. We do this in part so that our regular readers may benefit from the cumulative effect of Mr. Salandria's patient and scholarly analysis, but also because we believe that the importance of his revelations requires that they be made public at once. For further comment, see editorial on page 3.*

Additional copies of the January and current issues are available from LIBERATION. *See notice on page 47.*

VINCENT J. SALANDRIA

The Neck Wound

The autopsy report was prepared at Bethesda Naval Hospital. It indicates a wound "in the low anterior cervical region." (W-541) This, in layman's terms, describes a wound in the front of the neck at the necktie knot. The Report concludes "that the bullet exited from the front portion of the President's neck that had been cut away by the tracheotomy." (W-88) Since we have adopted a view of healthy skepticism, there is no need for us to join in the Commission's conclusion that this wound was an "exit" wound. Rather, we will sift the evidence, and arrive at whatever independent conclusion the evidence directs us to.

The tracheotomy was prepared by Dr. Malcom O. Perry of Parkland Hospital.[2] Dr. Perry described the neck wound as "a small wound in the lower anterior third in the midline of the neck, from which blood was exuding very slowly." (VI H 9) Dr. Perry testified that he didn't know whether this wound was an entrance wound or an exit wound. (VI H 15) Dr. Charles James Carrico likewise described the President's throat wound as "fairly round, had no jagged edges." (III H 362)

Dr. Charles Rufus Baxter of Parkland Hospital saw this neck wound and described it as follows:

> "4 to 5 mm. in widest diameter and was a spherical wound." (VI H 42)
>
> "Well, the wound was, I think, compatible with a gunshot wound. It did not appear to be a jagged wound such as one would expect with a very high velocity rifle bullet. We could not determine, or did not determine at that time whether this represented an entry or an exit wound. Judging from the caliber of the rifle that we later found or became acquainted with, this would more resemble a wound of entry. However, due to the density of the tissue of the neck and depending upon what a bullet of such calibre would pass through on the way to the neck, I think that the wound could well represent either exit or entry wound." (II H 42)

Although Dr. Baxter stated that the wound "would more resemble a wound of entry," he was willing to say it "could well represent either exit or entry wound." Then Arlen Specter, assistant counsel to the Commission, put a lengthy hypothetical question to Dr. Baxter. This question was designed to elicit from the doctor information as to whether a wound through the back of the President which exited from the President's neck could have made a wound such as was found in the neck.

Dr. Baxter's answer did little to help support the Commission's ultimate conclusion that the neck wound was a wound of exit and not of entry.

> "Dr. Baxter. Although it would be unusual for a high velocity missile of this type to cause a wound as you have described, the passage through tissue planes as you have described, the passage through tissue planes of this density could, have well resulted in the sequence which you outline; namely, that the anterior wound does represent a wound of exit." (VI H 42)

2. Hearings Before the President's Commission on the Assassination of President Kennedy, Vol. VI, p. 10. United States Printing Office, Washington, D.C. 1964. References to the Hearing Notes and the Commission Exhibits are designated by the volume number, an "H," followed by a page number.

But Mr. Specter knows too well that history is reluctant to regard as verity that which is "unusual." So Mr. Specter's anxiety about the judgment of history shows when he asks:

"Mr. Specter. What would be the considerations which, in your mind, would make it, as you characterized it, unlikely?

"Dr. Baxter. It would be unlikely because the damage that the bullet would create would be—first its speed would create a shock wave which would damage a larger number of tissues, as in its path, it would tend to strike, or usually would strike, tissues of greater density than this particular missile did and would then begin to tumble and would create larger jagged—the further it went, the more jagged would be the damage that it created; so that ordinarily there would have been a rather large wound of exit." (VI H 42)

Mr. Specter had even more severe problems with Dr. Ronald Coy Jones of Parkland Hospital whom he asked about the neck wounds:

"Mr. Specter. In this report, Dr. Jones, you state the following, 'Previously described severe skull and brain injury was noted as well as a small hole in the anterior midline of the neck thought to be a bullet entrance wound.' What led you to the thought that it was a bullet entrance wound, sir?

"Dr. Jones. The hole was very small and relatively clean cut, as you would see in a bullet that is entering rather than exiting from a patient. If this were an exit wound, you would think that it exited at a very low velocity to produce no more damage than this had done, and if this were a missile of high velocity, you would expect more of an explosive type of exit wound, with more tissue destruction than this appeared to have on superficial examination." (VI H 55)

Even Mr. Specter could not find in this account much opportunity for turning this neck wound into an exit wound. So, in good prosecutor-like fashion, he prodded for the thin slant of Commission daylight in Dr. Jones' otherwise dark view of the Commission's suggestions.

"Mr. Specter. Would it be consistent, then, with an exit wound, but of low velocity, as you put it?

"Dr. Jones. Yes; of very low velocity to the point that you might think that this bullet barely made it through the soft tissues and just enough to drop out of the skin on the opposite side." (VI H 55)

But the effort to get more government light into Dr. Jones' testimony, only resulted in blowing the fuse and pitched the government case into darkness. For the kind of "low velocity" described by Dr. Jones would not support the Commission's estimate that the entrance velocity of the bullet that emerged from the President's neck was 1,776 feet per second. (W-95) This is the same bullet which allegedly pierced the President's throat and caused Governor Connally's wounds also.

Dr. Jones' testimony, despite all Specter's efforts, supports the inference that this wound in the President's neck was an entrance and not an exit wound. If the Commission is going to call this an exit wound, then Dr. Jones caused a short circuit on that aspect of the government case which requires us to believe that the same bullet coursed through Governor Connally, hitting the 5th rib, fracturing his right wrist and finally entering his left knee area. He reduced the velocity of the bullet emerging from President Kennedy nearly to zero, thus rendering it incapable of further harm.

The Commission sorely needed rifle ammunition. If it surrendered its contention that the same bullet which first hit the President also hit Governor Connally, it would have added one bullet to the case, and therefore would have destroyed the three-bullet-one-assassin theory. The reader will recall that one bullet or fragment was involved in the striking of a man, James T. Tague, 270 feet from where the President was finally hit in the head. (W-116) (XX H 2)

Dr. Jones' testimony punctured the government's case badly. In describing the wound as either an entry wound or the exit wound of a *spent* bullet, Dr. Jones has incapacitated the Commission's precious projectile. He rendered it impotent to perform the very heavy workload the Commission had designated for it, i.e. infliction of all wounds on Governor Connally in addition to the wounds in the back and neck of President Kennedy. Dr. Jones used up invaluable ammunition with his testimony, ammunition which the Commission had to economize if it was to retain any tenuous connection with reality.

With Parkland Hospital nurse, Margaret M. Henchliffe, Mr. Specter had no better luck.

"Mr. Specter. Did you see any wound on any other part of his body?
"Miss Henchliffe. Yes; in the neck.
"Mr. Specter. Will you describe it, please?
"Miss Henchliffe. It was just a little hole in the middle of his neck.
"Mr. Specter. About how big a hole was it?
"Miss Henchliffe. About as big around as the end of my little finger.
"Mr. Specter. Have you ever had any experience with bullet holes?
"Miss Henchliffe. Yes.
"Mr. Specter. And what did that appear to you to be?
"Miss Henchliffe. An entrance bullet hole—it looked to me like.
"Mr. Specter. Could it have been an exit bullet hole?
"Miss Henchlffe. I have never seen an exit bullet hole—I don't remember seeing one that looked like that." (VI H 141)

The reader will recall that a tracheotomy (creation of an artificial breathing hole) was performed on the President by Dr. Perry of Parkland Hospital. For purposes of performing this tracheotomy, Dr. Perry employed the neck wound as an opening for the tracheotomy tube. (VI H 10) Therefore, by the time the

Bethesda doctors saw the President's body and examined this neck wound, the wound had already been altered by the tracheotomy. Under the circumstances, it was necessary for the Bethesda doctors to rely largely on the statements of the Parkland Hospital physicians concerning the nature and source of the neck wound of the President.

A fair reading of the Parkland Hospital physicians' testimony relating to the throat wound, would not dictate any definite conclusion concerning whether the throat wound was one of entry or exit. We suggest, however, that none of the Parkland Hospital witnesses had any difficulty seeing the wound in the front of the President's neck as an entry wound. If there was a preference expressed by the Parkland Hospital people, it was that the neck wound in the front of the President more resembled a wound of entrance.

Recapitulating, Dr. Rufus Baxter said that the neck wound was "unlikely" to be a wound of exit and "would more resemble a wound of entry." (VI H 42) Dr. Jones stated: "The hole was very small and relatively clean cut, as you would see in a bullet that is entering rather than exiting from a patient." (VI H 55) Nurse Henchliffe insisted: "An entrance bullet hole—it looked to me like. I have never seen an exit bullet hole—I don't remember seeing one that looked like that." (VI H 141)

In addition, Secret Service Agent Glen A. Bennett, who had been stationed in the Presidential follow-up car, "heard a sound like a firecracker," then heard another shot and saw it hit the President's back and then saw a "hit on the right rear of the President's head." (W-111) Thus, his testimony is likewise compatible with the first shot entering the President's throat and a second and separate shot hitting him in the back. Bennett's failure to see the President react after the first shot is consistent with the President having been hit in the soft tissue in the front of the neck which impact would not have been visible to Bennett.

Despite the utter failure of the above testimony to support the Commission's conclusion that the strike in the President's neck was an exit wound, the Commission concluded that it was.

> "President Kennedy was first struck by a bullet which entered at the back of his neck and exited through the lower front portion of his neck . . ." (W-19)

Clearly, on the basis of the testimony of Special Agent Glen A. Bennett and the Parkland Hospital group, the Commission *was not justified* in drawing such an inference.

The Back Wound

Here we must shift our attention backward. We will examine the Commission's inference concerning a bullet which allegedly entered the *back of his neck* and exited through the *lower front portion of his neck.* We urge the reader to keep his mind open on the question of whether the back hit we are about to discuss has an exit on the front of the neck or whether it has an exit at all. Nothing we have examined so far would prove the Commission's conclusion that this shot in the back of the President exited from the front.

At this point in the exposition, each reader will have in mind Bennett's oft-repeated testimony that he observed a missile "hit the President about four inches down from the right shoulder." (W-111) Special Agent Clinton L. Hill saw the President's body being worked on at the morgue in Bethesda during the course of the autopsy. He stated to the Commission that just before the body was placed into a casket ". . . I saw an opening in the back, about six inches below the neckline to the right-hand side of the spinal column." (II H 143)

Special Agent Roy H. Kellerman testified about his experience at Bethesda during the autopsy studies there.

> "There were three gentlemen who were performing this autopsy. A Colonel Finck—during the examination of the President, from the hole that was in his shoulder, and with a probe, and we—were standing right alongide of him, he is probing inside the shoulder with his instrument and I said, 'Colonel, where did it go?' He said, 'There are no lanes for an outlet of this entry in this man's shoulder.'" (II H 93)

If Colonel Finck was correct, if there were indeed no lanes of exit from such a wound, then that is the end of the Commission's theory that one assassin fired all the shots at the assassination site. Such a finding of no outlet would make the back wound a separate hit. It would make the front neck wound a separate hit. It would place one gunman in front of the President. It would add one bullet to the three shells found in the Depository Building, thereby making four, and thereby requiring another gunman to accomplish all the shooting in the maximum allowable time. But while Colonel Finck at the autopsy in Bethesda was making this judgment on the dreadful night of November 22nd, 1963, the United States Government was proclaiming to the world that one man and one man alone had performed all the gory work in Dealey Plaza. This conclusion, in the light of the opinions of the autopsy experts, was utterly out of joint with the facts apparent at that time. At best, it was premature.

All the above testimony of Special Agents Bennett, Hill and Kellerman, indicates a hit in the back of the President roughly four to six inches below the inferior neckline. Material supporting evidence was found in the clothing of the President. FBI Agent Robert A. Frazier testified about the President's clothing as follows:

> "I found on the back of the shirt a hole. 5¾ inches below the top of the collar, and as you look at the back of the shirt 1⅛ inch to the right of the midline of the shirt, which is this hole I am indicating." (V H 60)
>
> ". . . the coat hole is 5¾ inches below the top of the collar. The shirt hole is 5¾ inches, which could be accounted for by a portion of the collar sticking up above the coat about a half inch." (V H 60)

The bullet which made these holes would have only originated from behind the President who was sitting

erect, facing front, in the Presidential limousine. Both the Commission and the writer are in perfect agreement here. It would seem, also, that there is no room for disagreement with respect to where the missile which impacted on the President's back entered. But, alas, on this score, the disagreement between the writer and the Commission is sharp and goes to the core of the case.

The writer concludes from the evidence of Special Agents Bennett, Kellerman and Hill, that there was a wound in the President's back some 4 to 6 inches down from the neck line. The writer feels that the missile hole 5¾ inches below the top of the shirt collar and 1⅛ inches to the right of the midline of the shirt, dramatically supports the testimony of these Special Agents. The missile hole in the President's coat 5¾ inches below the top of the collar corroborates their testimony in a solid and impressive way. The Commission, however, concluded otherwise. Despite all the above evidence, the Warren Commission found that the hit in the back of the President was *above* the wound at the necktie knot. "The autopsy disclosed that the bullet which entered the back of the President's neck hit no bony structure and proceeded in a slightly downward angle." (W-91) We submit that the Commission was in grievous and obvious error.

The Warren Commission had to recognize that a bullet in the back 5¾ inches below the top of the shirt which did not exit, would end the lone assassin theory. For, if this bullet did not exit, the front neck wound constitutes a separate entry from the front. To add one bullet is to add one gunman, who cannot have fired from the Texas Book Depository Building. One gunman cannot be in more than one place at the one time.

An attempt was made to refute the evidence of the three Special Agents who stuck to the truth as they had seen it. The Warren Commission, trying to rebut this impressive evidence, hit rocks which caused its integrity to founder forever on the shoals of self-contradictory exhibits and finally *fabrication and withholding evidence.* Having made these charges, we will proceed to prove each of them.

A Lapse of Liaison

The Warren Report on the question has the following to say about the back and neck wounds:

> "In the early stages of the autopsy, the surgeons were unable to find a path into any large muscle in the back of the neck. At that time they did not know that there had been a bullet hole in the front of the President's neck when he arrived at Parkland Hospital because the tracheotomy incision had completely eliminated that evidence. While the autopsy was being performed, surgeons learned that a whole bullet had been found at Parkland Hospital on a stretcher which, at that time, was thought to be the stretcher occupied by the President. This led to speculation that the bullet might have penetrated a short distance into the back of the neck and then dropped out onto the stretcher as a result of the external heart massage.
>
> "Further exploration during the autopsy disproved that theory. The surgeons determined that the bullet had passed between two large strap muscles and bruised them without leaving any channel, since the bullet merely passed between them. Commander Humes, who believed that a tracheotomy had been performed from his observations at the autopsy, talked by telephone with Dr. Perry early on the morning of November 23, and learned that his assumption was correct and that Dr. Perry had used the missile wound in the neck as the point to make the incision. This confirmed the Bethesda surgeons' conclusions that the bullet had exited from the front part of the neck." (W-88, 89)

In the above dissertation, the Warren Report asks of the reader that he swallow the idea that the tracheotomy incision had "completely eliminated" the evidence of a bullet hole in the front of his neck. The Report begs the reader to believe that Commander Humes did not know what the Parkland Hospital doctors were telling all the world on the 22nd of November, i.e. that President Kennedy had suffered a wound in the front of the neck through which a tracheotomy was performed. They ask us to believe that the government pathologists at Bethesda undertook an autopsy on the evening of November 22nd, 1963 on the President without consulting with any doctor at Parkland Hospital in Dallas. We are asked to believe that Commander Humes talked with Dr. Perry of Parkland Hospital for the first time on November 23rd, 1963. Such an idea seems to fly in the face of common sense. Let us see whether it also flies in the face of the evidence.

Observe how Dr. Malcolm O. Perry of Parkland Hospital recollects the conversation he had with Commander Humes concerning the tracheotomy in question.

> "Mr. Specter. Dr. Perry, did you have occasion to discuss your observations with Cmdr. James J. Humes of the Bethesda Naval Hospital?
>
> "Dr. Perry. Yes, sir; I did.
>
> "Mr. Specter. When did that conversation occur?
>
> "Dr. Perry. My knowledge as to the exact accuracy of it is obviously in doubt. I was under the initial impression that I talked to him on Friday, but I understand it was on Saturday. I don't recall exactly when.
>
> "Mr. Specter. Do you have an independent recollection at this moment as to whether it was on Friday or Saturday?
>
> "Dr. Perry. No, sir; I have thought about it again and again and the events surrounding that weekend were very kaleidoscopic, and I talked with Dr. Humes on two occasions, separated by a very short interval of, I think it was, 30 minutes or an hour or so, it could have been a little longer.
>
> "Mr. Specter. What was the medium of your conversation?
>
> "Dr. Perry. Over the telephone.
>
> "Mr. Specter. Did he identify himself to you as Dr. Humes of Bethesda?
>
> "Dr. Perry. He did.

"Mr. Specter. Would you state as specifically as you can recollect the conversation that you first had with him?

"Dr. Perry. He advised me that he could not discuss with me the findings of necropsy, that he had a few questions he would like to clarify. The initial phone call was in relation to my doing a tracheotomy. Since I had made the incision directly through the wound in the neck, it made it difficult for them to ascertain the exact nature of this wound. Of course, that did not occur to me at the time. I did what appeared to me to be medically expedient. And when I informed him that there was a wound there and I suspected an underlying wound of the trachea and even perhaps of the great vessels. He advised me that he thought this action was correct and he said he could not relate to me any of the other findings." (III H 380)

It is fairly clear that Commander Humes wasn't saying much during the course of the conversation with Dr. Perry. "He advised me that he could not discuss with me the findings of necropsy." ". . . he could not relate to me any of the other findings." Commander Humes apparently construed his primary job as something other than full and open communication aimed at reaching the immediate truth with respect to the wounds. For if he had seen his task as ascertaining the truth directly, he must have recognized the need for interchange of information between himself and Dr. Perry who had seen the President and supervised the treatment prior in time to Commander Humes.

Again, in a later deposition taken by the Commission's assistant counsel, Arlen Specter, Dr. Perry hardly confirmed the Commission's finding that the phone calls between Dr. Perry and Commander Humes occurred on Saturday, November 23rd and not on Friday, November 22nd.

"Mr. Specter. And will you relate the circumstances of the calls indicating first the time when they occurred.

"Dr. Perry. Dr. Humes called me twice on Friday afternoon, separated by about 30-minute intervals, as I recall. The first one, I, somehow think I recall the first one must have been around 1500 hours, but I'm not real sure about that; I'm not positive of that at all, actually.

"Mr. Specter. Could it have been Saturday morning?

"Dr. Perry. Saturday morning—was it. It's possible. I remember talking with him twice. I was thinking it was shortly thereafter.

"Specter. Well, the record will show.

"Dr. Perry. Oh sure, it was Saturday morning—yes.

"Mr. Specter. What made you change your view of that?

"Dr. Perry. You mean Friday?

"Mr. Specter. Did some specific recollection occur to you which changed your view from Friday to Saturday?

"Dr. Perry. No, I was trying to place where I was at that time—Friday afternoon, and at that particular time, when I thought that he called initially. I seem to remember it being Friday, for some reason." (VI H 16)

Dr. W. K. Clark says that Dr. Perry, discussing a Saturday morning press conference, told him of having "talked to the Bethesda Naval Hospital on two occasions that morning and that he knew what the autopsy findings had shown." (VI H 23) On two scores Dr. Clark therefore contradicts Dr. Perry: on the date of the calls and on whether Dr. Perry was told what the results of the autopsy were.

Well, the Commission concluded that the conversations between Commander Humes and Dr. Perry occurred on Saturday, November 23rd, 1963. If the Commission had decided otherwise, we would be left only with Commander Humes' initial consideration that the bullet in the back may have dropped out of the President.

"Commander Humes. I did not at that point have the information from Doctor Perry about the wound in the anterior neck, and while that was a possible explanation for the point of exit, we also had to consider the possibility that the missile in some rather inexplicable fashion had been stopped in its path through the President's body and, in fact, then had fallen from the body onto the stretcher." (II H 367)

You will recall that Special Agents Kellerman and Hill described the autopsy while it was in progress. Colonel Finck told Roy H. Kellerman: "There are no lanes for an outlet of this entry in this man's shoulder." (II H 93) Clinton L. Hill "saw an opening in the back, about 6 inches below the neckline to the right-hand side of the spinal column." (II H 143) No small wonder it was that the idea did not immediately occur to the pathologists that this hit down in the President's back emerged high up in the front portion of his neck. Such unusual insights germinate in the human mind only after considerable time is devoted to the consideration of the possible existence of more plausible alternatives. In this case, apparently, there were no other alternatives available. That accursed shortage of ammunition which restricted the Commission to but three shots interposed itself again.

A Clash of Exhibits

The face sheet of the autopsy report which was prepared by Commander Humes is marked Commission Exhibit 397. (XVII H 45) On this sheet there are two diagrams representing schematic drawings of a front view and a back view of the autopsy subject, identical in height, and in juxtaposition. Each figure extends the same distance up (heads being 3¾ inches from the top of the page) and the same distance down (feet extending 2¼ inches from the bottom of the page). In the front view, on the left, one sees the mark designating the hole in the front of the neck caused by the bullet wound and the tracheotomy. In the back view, on the right, one sees the back wound slightly to the right of the middle of the President's back and considerably below his collar. The back wound, as drawn, is ⅜ of an inch from the lower level of the collar line. The neck wound, in the front, as drawn, is 1/6 of an inch from the lower level of the collar. *Therefore, the back wound is definitely drawn lower than the front neck wound.*

Now, let us turn to Commission Exhibits 385 and 386. (XVI H 977) These two exhibits represent drawings of the upper portion of the President's body. Commission Exhibit 385 shows a side view of the President. The hit in the back is now placed *high up on the neck.* This back entry point is drawn above the exit point in the front of the President's neck. On the rear view of Commission Exhibit 386, the back hit is again seen *high up on the neck* and now almost to the extreme right of the President's body.

These drawings are extraordinary in light of the following testimony relating to the President's suit coat:

"Mr. Specter. Would it be accurate to state that the hole which you have identified as being the point of entry is approximately 6 inches below the top of the collar, and 2 inches to the right of the middle seam of the coat?

"Commander Humes. That is approximately correct, sir . . ." (II H 365)

But how did the President's suit coat get pierced 6 inches below the collar, when the bullet is supposed to have entered high up on the collar region so as to be above the necktie knot from which this bullet was supposed to have emerged? The explanation out of the context of an assassination would constitute "high" comedy. The bullet hole in the back of the President is simply lifted high and to the right on the President by the force of sheer nonsense. Here is the explanation:

"Mr. Specter. As to the muscular status of the President, what was it?

"Commander Humes. The President was extremely well-developed, an extremely well-developed, muscular young man with a very well-developed set of muscles in his thoraco and shoulder girdle.

"Mr. Specter. What effect would that have on the positioning of the shirt and coat with respect to the position of the neck in and above the seam?

"Commander Humes. I believe this would have a tendency to push the portions of the coat which show the defects here somewhat higher on the back of the President than on a man of less muscular development.

"Mr. Specter. Mr. Chief Justice, may it please the Commission, I would like to mark for identification Exhibit 396, which later proof will show is a picture of President Kennedy shortly before the first bullet struck him, and ask the doctor to take a look at that.

Will you describe, Doctor Humes, the position of President Kennedy's right hand in that picture?

"Commander Humes. Yes. This exhibit, Commission Exhibit No. 396, allegedly taken just prior to the wounding of the late President, shows him with his hand raised, his elbow bent, apparently in saluting the crowd. I believe that this action—

"Mr. Specter. Which hand was that?

"Commander Humes. This was his right hand, sir. I believe that this action would further accentuate the elevation of the coat and the shirt with respect to the back of the President." (II H 366)

Exhibit 396 shows President Kennedy gesturing to the crowd by lifting his right hand, no higher than his forehead, with elbow bent. I defy the most muscle-bound man in the world to cause the center part of his shirt to lift roughly six inches, and then climb up his neck. I defy him to do so, not by such a simple gesture, but rather I would instruct him to lift both hands high over his head and gesticulate wildly. Such gesticulation may perhaps displace the shirt and coat as much as an inch, but the Warren Commission syndrome, I urge, is utterly incapable of duplication. The shirt and coat of President Kennedy could not have been so displaced by such a simple gesture such as bending his right arm at the elbow and lifting his hand to forehead height. If you entertain any doubts with respect to this, the President's tailor should be consulted. He would be outraged by the suggestion.

Commission Exhibits 385 and 386 conform to nothing that we know from the testimony of the Special Agents who were present at the autopsy. These curious exhibits contradict the evidence found in the holes in the President's clothing. These strange works of an artist seem to erase a back wound six inches from the neck line and to give birth to a wound high up on the neck line. How were they arrived at, these strange twin children of the Commission?

"Commander Humes. When appraised of the necessity for our appearance before this 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. Rydberg, whose initials are H. A. He is a hospital corpsman, second class, and a medical illustrator in our command at Naval Medical School.

"Mr. Specter. Did you provide him with the basic information from which those drawings were made?

"Commander Humes. Yes, sir.

"Mr. Specter. Distances, that sort of thing?

"Commander Humes. Yes, sir. We had made certain physical measurements of the wounds, and of their position on the body of the late President, and we provided those and supervised directly Mr. Rydberg in making these drawings.

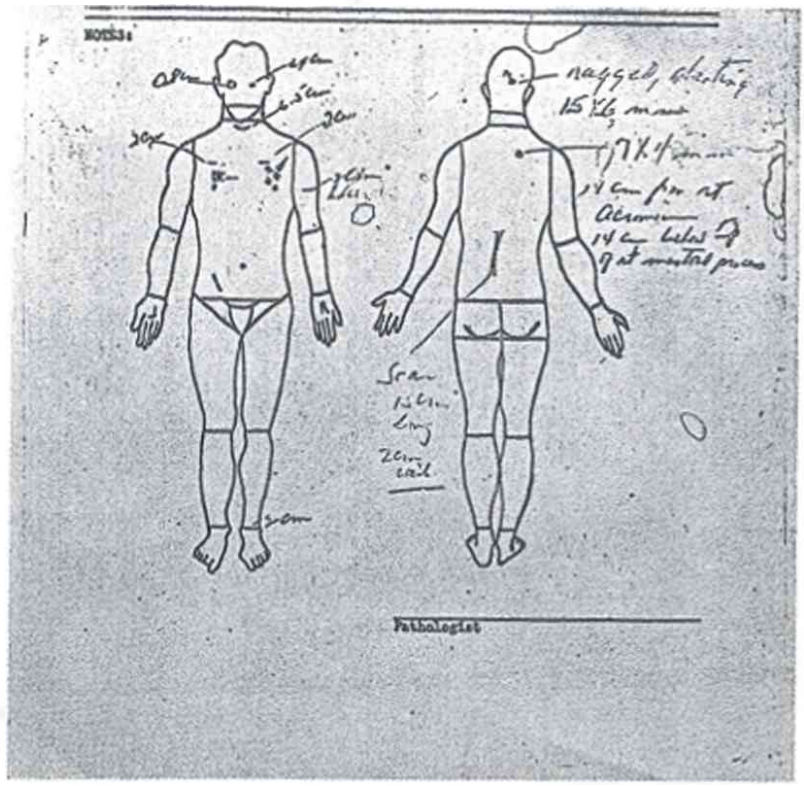
"Mr. Specter. Have you checked the drawings subsequent to their preparation to verify their accuracy?

"Commander Humes. Yes, sir.

"Mr. Specter. And proportion?

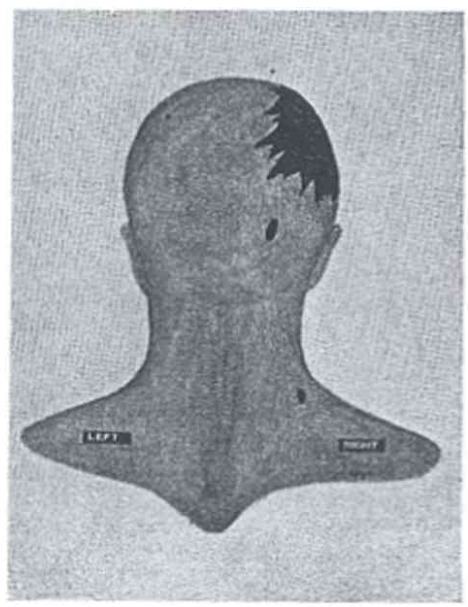
"Commander Humes. I must state those drawings are in part schematic. The artist had but a brief period of some 2 days to prepare these. He had no photographs from which to work, and had to work under description, verbal description, of what we had observed.

"Mr. Specter. Would it be helpful to the artist in redefining the drawings, if that should become necessary, to



COMMISSION EXHIBIT 397

COMMISSION EXHIBIT 385



COMMISSION EXHIBIT 386

have available to him the photographs or X-rays of the President?

"Commander Humes. If it were necessary to have them absolutely true to scale. I think it would be virtually impossible for him to do this without the photographs." (II H 349, 350)

So, therefore, Commander Humes, by his own admission, concedes that those two drawings of the artist are not "absolutely true to scale." He and the Commission concluded that it was not necessary to have them absolutely true to scale. But, I trust that the United States Government will recognize at this time that it is indeed necessary to have them true to scale. This matter of where the bullet entered the back of the President is of essence to the case. The Commission's evidence on this point is hopelessly self-contradictory.

The Warren Commission was loaded with attorneys. Each one of them knew that *no criminal court in the land would have admitted those drawings as evidence without having first required the production of the autopsy* X-rays *with the colored and black and white photographs of the body.* These drawings are, by admission of Commander Humes, inaccurate fabrications. Why did the Commission not exclude them and *insist on the presentation of the X-rays and the photographs taken at Bethesda?*

The following is testimony relating to the absence of these crucial exhibits:

"Commander Humes. I do not believe, sir, that the availability of the X-rays would materially assist the Commission.

"Mr. Specter. How about the same question as to pictures?"

"Commander Humes. The pictures would show more accurately and in more detail the character of the wounds as depicted particularly in 385 and 386 and in 388-A. They would also perhaps give the Commissioners a bett—better is not the best term, but a more graphic picture of the massive defect in 388.

"Mr. Specter. Going back for a moment, Doctor Humes.

"The Chairman. Before we get off that, may I ask you this, Commander: If we had the pictures here and you could look them over again and restate your opinion, would it cause you to change any of the testimony you have given here?

"Commander Humes. To the best of my recollection, Mr. Chief Justice, it would not." (II H 371, 372)

On November 24, 1963, Commander Humes signed the following *certificare:*

"I, James J. Humes, certify that I have destroyed by burning certain preliminary draft notes relating to Naval Medical School Autopsy Report A63-272 and have officially transmitted all other papers related to this report to higher authority." (XVII H 48)

The destruction of these historically crucial notes is a tragedy. But fortunately, the reasons which prompted Commander Humes to destroy these original autopsy notes, and therefore deprived posterity of the freshest notes on the wounds, did not also prompt him to destroy the X-rays and photographs prepared at Bethesda. *He turned them over to the Secret Service.* (II H 372) He and the Commission did not see why these X-rays and photographs should be produced at the hearing. They happen to constitute the best extant evidence of the wounds. If the United States Government will not produce this vital data, we must conclude that their omission from the Warren Commission Hearing was purposeful.

They must now be produced for the scrutiny of non-governmentally connected scholars. Not to do so would be to place the Warren Commission under the dark cloud of failure in its obligation to the American public. We have a right to know. Justice Warren has frequently supported such a right in his judicial opinions. Produce the X-rays and photographs.

Summary

To summarize, we maintain that the evidence gathered by the Warren Commission certainly indicates the existence of one entry wound in the front of the President's neck and a separate wound in his back. To avoid this obvious conclusion the Warren Commission appears to have involved itself wittingly or unwittingly in fabrication and withholding of vital evidence.

II. A Look at the Wounds of Governor Connally

We dedicate this article to Governor John B. Connally, Jr., who possesses a hard core of fundamental honesty.

OUR TASK HERE is to analyze the propositions set forth by the Commission as follows:

"Governor Connally was struck by a bullet which entered on the right side of his back and traveled downward through the right side of his chest, exiting below his right nipple. This bullet then passed through his right wrist and entered his left thigh where it caused a superficial wound." (W-19)

"Although it is not necessary to any essential findings of the Commission to determine just which shot hit Governor Connally, there is very persuasive evidence from the experts to indicate that the same bullet which pierced

the President's throat also caused Governor Connally's wounds. However, Governor Connally's testimony and certain other facts have given rise to some difference of opinion as to this probability . . ." (W-19)

We learn immediately that "Governor Connally's testimony and certain other facts have given rise to some difference of opinion as to this probability." Let us then try to pick up the trail of these "certain others facts."

The Busy Bullet

Since the Commission found that one bullet emerging from President Kennedy struck the governor, let us follow this bullet on the second half of its journey. The Commission decided that the tiny wound in the front of the President's neck was a wound of exit. They also proposed that this bullet entered the President's back, 5¾ inches below the top of the shirt collar and emerged in front from the left side of his necktie knot. (V H 60) Such a bullet was, therefore, headed upward, entering at a lower point than its exit.

We remind the reader that the Commission's ammunition supply totals three bullets. This limitation was self-imposed by virtue of the dogma that the murder was the act of a single assassin who was unable to fire more than three shots from a single bolt-action rifle in the given time. By turning the bullet downward in mid-air and thus having it strike the Governor, the Commission conserved ammunition. If the missile had not made this mid-air turn and struck the Governor, the Commission would not have had enough bullets to explain all the hits at the assassination site.

In addition this same missile by performing the down and up movement in the President, explained away the suspected entry wound in the front of the President's neck. It also protected the Commission from the problem of a bullet in Kennedy's back which the autopsy experts initially thought had no channel of exit.

But in addition to the "V" trajectory, this missile's path is described as plummeting downward while in flight, slicing through several diverse parts of Governor Connally. If Connally's wounds could not be explained by the same missile, the Commission would have been caught in impossible arithmetic. So, the Commission finally described the bullet as weaving downward, inward and upward in the President and then turning in mid-air, coursing downward and leftward in the Governor.

If this bullet did not cause all the Governor's wounds, a minimum of two bullets would have been required to explain the back and front neck wounds of President Kennedy and all the wounds of Governor Connally. Such an expenditure would have left but one more bullet to impact on President Kennedy's head. At which juncture the Commission would have been out of ammunition to explain the other bullet hits in Dealey Plaza on that day.

The Commission, if it had not conserved ammunition, by finding that the first bullet to hit the President accounted for all the wounds on the Governor, would be left without missiles to explain the impacts on the windshield and chrome in the front of the Presidential limousine and a hit on James T. Tague some 270 feet away. These extra bullet strikes are inexplicable if all three bullets are used in the smiting of the limousine's occupants.

"It Is Not Conceivable"

Let us now leave the realm of Commission speculation and examine the evidence about the double hit. Governor Connally testified as follows:

". . . we turned on Elm Street.

"We had just made the turn, well, when I heard what I thought was a shot. I heard this noise which I immediately took to be a rifle shot. I instinctively turned to my right because the sound appeared to come from over my right shoulder, so I turned to look back over my right shoulder, and I saw nothing unusual except just people in the crowd, but I did not catch the President in the corner of my eye, and I was interested because once I heard the shot in my own mind I identified it as a rifle shot, and I immediately—the only thought that crossed my mind was that this is an assassination attempt.

"So I looked, failing to see him, I was turning to look back over my left shoulder into the back seat, but I never got that far in my turn. I got about in the position I am in now, facing, looking a little bit to the left of center, and then I felt like someone had hit me in the back.

". . . Mrs. Connally pulled me over to her lap. I reclined with my head in her lap, conscious all the time, and with my eyes open; and the, of course, the third shot sounded, and I heard the shot very clearly. I heard it hit him." (IV H 132-133)

". . . after I heard that shot, I had the time to turn to my right, and start to my left before I felt anything.

"It is not conceivable to me that I could have been hit by the first bullet . . ." (IV H 136)

So, Governor Connally believes that the Commission's conclusion is not only mistaken but "not conceivable."

Mrs. John B. Connally, Jr. offered testimony as follows:

". . . I heard a noise, and not being an expert rifleman, I was not aware that it was a rifle.

"I turned over my right shoulder and looked back, and saw the President as he had both hands at his neck.

". . . Then very soon there was the second shot that hit John. As the first shot was hit, and I turned to look at the same time, I recall John saying,

" 'Oh, no, no, no.' Then there was a second shot, and it hit John, and as he recoiled to the right, just crumpled like a wounded animal to the right, he said, 'My God, they are going to kill us all.' " (IV H 147)

Mrs. Connally's statement conforms exactly to her husband's description. It signified havoc for the Commission on the question of a single bullet hitting the two statesmen. The testimony of the Governor and Mrs. Connally was corroborated by every eyewitness. No witness suggested that Kennedy and Connally were wounded by the same bullet.

A Logical Fallacy

Tracing back the basis on which the Commission came to its unsubstantiated conclusion, we find that this was the reasoning employed:

> "The bullet that hit President Kennedy in the back and exited through his throat most likely could not have missed both the automobile and its occupants. Since it did not hit the automobile, Frazier testified that it probably struck Governor Connally. The relative positions of President Kennedy and Governor Connally at the same time when the President was struck in the neck confirm that the same bullet probably passed through both men." (W-105)

Once stripped of the sad support provided by begging the question, the inference collapses under the weight of eyewitness, photographic, ballistics and anatomical evidence.

To justify the Commission's conclusion concerning a dual hit, we also have to assume that which the Commission's evidence did not prove, i.e. the absence of any other gunman at any other post. As a matter of fact, Harold Feldman has come across 51 eyewitnesses who indicated to the Commission that the shots came from the north side of Elm Street, to wit, the grassy knoll area. A shot from the knoll, hitting the President in the front of the neck, in a slightly downward but flatter trajectory than that of a shot fired from the Book Depository Building, could well have accounted for a bullet hitting the President and "not hitting the automobile." The Commission chose to ignore the mass of witnesses who heard shots from the knoll, smelled gunpowder and saw smoke in the locale.

Without viewing the autopsy X-rays and photographs, we cannot share the conclusion that the bullet in Kennedy's back exited from his necktie knot. All the evidence of the Commission, except for the artist's creations (Exhibits 385, 386), is against this proposition. Therefore, we reject the conclusion that the Governor's mere presence in front of the Presidnt proves that he was hit by the same bullet. Nor was the Commission justified in so concluding without examining the photographic and X-ray evidence of the autopsy.

Commission Vs. Mssrs. Zapruder and Newton

Better evidence is provided by the Abraham Zapruder motion pictures taken of the assassination. These films, as published, (XVIII H 11-80) consist of 160 frames which ran through the Zapruder camera at a rate of 18.3 frames per second. (W-97) Therefore: ". . . the timing of certain events could be calculated by allowing 1/18.3 seconds for the action depicted from one frame to the next." (W-97) It was these Zapruder films which compressed the Commission tightly into the time span of 4.8 to 5.6 seconds within which all the hits on the occupants of the Presidential limousine were scored. "From the timing evidenced by the Zapruder films, there was an interval of from 4.8 to 5.6 seconds between the shot which struck President Kennedy's neck (between frames 210 to 225) and the shot which struck his head at frame 313. (W-115)

Let us examine these films to determine if they support the testimony of the Governor, Mrs. Connally, and all the eye witnesses, that the Governor was pierced by a separate shot or shots. The Commission found that the Zapruder films showed the President's body first reacting to a bullet-imposed force at frame 225.

Governor Connally continued to sit erect and face forward from Zapruder frame 225 through 235. At frame 235 he began to turn right, just as he maintained in his testimony. The reader recalls that at frame 225 or before, the Commission found that a bullet had pierced Connally's back, shattered his fifth rib, caused compound fractures of his wrist, and hit him in the left knee area. (W-93) Despite the fact that a great deal of tissue and bone was struck, the Governor's body is supposed to have registered no reaction to the bullet which allegedly struck him by frame 225 or before. Rather the Governor is seen beginning his turn to the right at frame 235. On the other hand, President Kennedy's body immediately reacted to this bullet which, according to the Commission, struck no bone.

The Commission well knew from the films that Connally's body evidenced no reaction at the time that President Kennedy's body did. The Commission's explanation of the Governor's failure to react is a headlong retreat from objective data to subjective guessing. "There was conceivably a delayed reaction between the time the bullet struck him and the time he realized that he was hit. . . ." (W-112) But the Zapruder films recorded reality and not the Commission's speculations of what is conceivable.

Newton's third law of motion cannot be so glibly bypassed. This law states that every action has an equal and opposite reaction, the forces occurring in pairs. The force on Connally, the Commission urges, was at first a single force which resulted in a delayed reaction. Back pierced, rib shattered, wrist fractured, thigh punctured—and no immediate reaction? This is not possible. In short, Messrs. Zapruder and Newton worked great damage on the Commission's fiat that the same first bullet to hit the President caused all the wounds on the Governor.

Commission Exhibit 399—The Bullet

The most concrete evidence on this subject, is the exhibit bullet itself. With one categorical assertion the Commission tried to eliminate any doubts about this bullet. "All the evidence indicated that the bullet found on the Governor's stretcher could have caused all his wounds." (W-95)

This bullet weighed 158.6 grains. (W-557) A whole bullet of this type weighs 160 to 161 grains. (W-77) Except for a minute extrusion of metal from the rear, the bullet designated Commission Exhibit 399 (XVII H 399) was intact.

The Commission decided that *all the evidence* indicated this bullet caused all the wounds on Connally.

In so concluding, they evidently no longer recognize the testimony of Commander Humes. This is the same Dr. Humes on whom they relied so heavily for the drawings that took the place of the photographs and X-rays.

"Mr. Specter. Dr. Humes, under your opinion which you have just given us, what effect, if any would that have on whether this bullet, 399, could have been the one to lodge in Governor Connally's thigh?

"Commander Humes. I think that extremely unlikely. The reports, again Exhibit 392 from Parkland, tell of an entrance wound on the lower midthigh of the Governor, and X-rays taken there are described as showing metallic fragments in the bone, which apparently by this report were not removed and are still present in Governor Connally's thigh. I can't conceive of where they came from this missile." (II H 376)

It would have been understandable had the Commission repudiated Commander Humes' testimony about the autopsy. His burning of initial autopsy notes, his failure to produce X-rays and photographs, his introduction of contradictory exhibits—these certainly impeached him as a witness.

However, in this instance, Commander Humes reasoned competently. Whereas the Commission accepted his autopsy meanderings as verity, they acted as if he had never expressed himself on the subject of the bullet. For if they had taken cognizance of his testimony, they could not have concluded that "all the evidence indicated that the bullet found on the Governor's stretcher could have caused all his wounds."

On this score Humes had wide support. Dr. Robert Roeder Shaw of Parkland Hospital said:

"Mr. Specter. What is your opinion as to whether bullet 399 could have inflicted all of the wounds on the Governor, then, without respect at this point to the wound of the President's neck?

"Dr. Shaw. I feel that there would be some difficulty in explaining all of the wounds as being inflicted by bullet Exhibit 399 without causing more in the way of loss of substance to the bullet or deformation of the bullet." (IV H 114)

"Dr. Shaw. All right. As far as the wounds of the chest are concerned, I feel that this bullet could have inflicted those wounds. But the examination of the wrist both by X-ray and at the time of surgery showed some fragments of metal that make it difficult to believe that the same missile could have caused these two wounds. There seems to be more than three grains of metal missing as far as the—I mean in the wrist." (IV H 113)

Dr. Charles F. Gregory of Parkland Hospital concluded as follows:

"Dr. Gregory. The wound of entrance is characteristic in my view of an irregular missile in this case, an irregular missile which has tipped itself off as being irregular by the nature of itself.

"Mr. Dulles. What do you mean by irregular?

"Dr. Gregory. I mean one that had been distorted. It is in some way angular, it has edges or sharp edges or something of this sort. It is not rounded or pointed in the fashion of an ordinary missile." (IV H 124)

Commission Exhibit 399 was "rounded" and "pointed." Except for a slight irregularity caused when the bullet core extruded through the back, it was in all respects an intact, unmutilated bullet. It does not conform to the missile which Dr. Gregory stated would have caused the Governor's wrist wound. This is further proof that *all* the evidence did *not* show that Commission Exhibit 399 caused all the wounds on Governor Connally.

In further testimony, Dr. Gregory strikes another blow at the weaving-bullet theory.

"Dr. Gregory . . . I would believe that the missile in the Governor behaved as though it had never struck anything except him."

"Mr. Specter. Well, wouldn't you think it possible, bearing in mind that my last question only went as to whether the same bullet could have gone through President Kennedy and inflicted the wound on Governor Connally's chest, would you think it possible that the same missile could have gone through President Kennedy in the way I described and have inflicted all three of the wounds, that is, the entry and exit on the chest, the entry and exit on the wrist, and the entry into the thigh which you described.

"Dr. Gregory. I suspect it's possible, but I would say it would have to be a remarkably powerful missile to have done so." (VI H 103)

So, Dr. Gregory thought that a separate shot hit Connally. Dr. George T. Shires of Parkland Hospital also thought so.

"Mr. Specter. Do you think it is possible that Governor Connally could have been struck by two bullets, one entering his back and emerging from his chest and the second going into his wrist?

"Dr. Shires. I'm sure it is possible, because missile sites are so variable, depending upon the size of the bullet, the speed at which it travels, whether it was tumbling or not. We have seen all kinds of combinations of entrance and exit wounds and it's just impossible to state with any certainty, looking at a given wound, what the missile was, so I am sure it is possible." (VI H 110)

Mr. Specter, then asked if it was possible for a bullet to slice through the President and then cause all the Governor's wounds.

"Dr. Shires. I assume that it would be possible. The main thing that would make me think that this was not the case is that he remembers so distinctly hearing a shot and having turned prior to the time he was hit, and in the position he must have been, particularly here in Figure 5, I think it's obvious that he did turn rather sharply to

the right and this would make me think that it was a second shot, but this is purelv conjecture, of course." (VI H 11)

Dr. Shires was too modest. His conclusion was not "purely conjecture." Conjecture is guessing from incomplete or uncertain evidence. All the eyewitness evidence (including that of the victim), the Zapruder films, the intact bullet, the testimony of Bethesda's Dr. Humes, and Parkland's Drs. Shaw, Gregory and Shires solidly support the view that a separate bullet or bullets struck Governor Connally. It was the Commission that conjectured to draw a conclusion that one bullet struck Kennedy and Connally. This inference is contradicted by overwhelming evidence. Analysis of the Commission's evidence compels us to conclude that it was wrong in finding: "All the evidence indicated that the bullet found on the Governor's stretcher could have caused all his wounds." (W-95)

An alert reader must by now be curious as to how one bullet could have coursed through the President from the rear, and pierced Governor Connally, who was sitting erect, through the back, right nipple, right wrist and left knee area. The only logical explanation for this extreme right to left and 35° back to front, downward and across, bullet trajectory (V H 172) would be a hit delivered from the right, from the north side of Elm Street, i.e. the grassy knoll area. No single bullet fired from the back into the Governor, who was sitting erect, would be likely to have accomplished those wounds in different geometric planes.

Governor Connally described his being hit while ". . . looking a little bit to the left of center, and then I felt someone had hit me in the back." (IV H 133) If we assume a direction from the right side of Connally, while he is turning a little left of center, it is possible to place all his hits through the back, out the right nipple, through the right wrist, and into the left femur, in *one* geometric plane. For the Commission to have concluded that the Connally shot was delivered from the right, would have corroborated the 51 witnesses who thought that shots were fired from the grassy knoll, but such a finding would have abolished the lone-assassin concept.

Summary

The heavy weight of evidence requires us to conclude that the Commission was mistaken in its determination that Governor Connally was struck by the same first bullet or bullets which wounded the President. This evidence consists of the Governor's testimony, his wife's, that of all the eyewitnesses to the assassination, the Zapruder films, the ballistics evidence with respect to Commission Exhibit 399, and the anatomical findings indicating an irregular missile had punctured Governor Connally's wrist.

III. The Head Wounds of President Kennedy

"The complexity of these fractures and the fragments thus produced tax satisfactory verbal description and are better appreciated in photographs and roetgenograms which are prepared." (Autopsy Report, W-541)

This is perhaps the most significant statement concerning the wounds in the President's head. Commander James J. Humes, Director of Laboratories of the Naval Medical School at Bethesda, who supervised the autopsy, made the following comment in his testimony before the Commission:

"Commander Humes. I have noted in my report that a detailed decription of the lines of these fractures and of the types of fragments that were thus made were very difficult of verbal description, and it was precisely for this reason that the photographs were made so one might appreciate more clearly how much damage had been done to the skull.

"Mr. Specter. Were the photographs made available then, Dr. Humes, when Exhibit 388 was prepared?

"Commander Humes. No, sir.

"Mr. Specter. All right." (II H 351)

Still later in his testimony Commander Humes contradicts the autopsy report and his former testimony as follows:

"Commander Humes. I do not believe, sir, that the availability of the X-rays would materially assist the Commission." (II H 371)

Whereas in the autopsy report Commander Humes confessed the wounds of the head "tax satisfactory description," he later admits that the artist who portrayed the wounds of the head in Exhibit 388 was only given verbal description to aid in the preparation of his drawings. He no longer believes that "the X-rays would materially assist the Commission."

It was the Commission's job, *inter alia*, to ascertain the nature of the head wounds. Commander Humes had the obligation to provide the X-rays and photographs of these wounds which "tax satisfactory description." Drawings based on verbal description were inadequate for the Commission's purpose. Mr. Specter and his Commission fellow lawyers are too experienced in law to accept the secondary evidence of the drawings in lieu of the best available evidence, to wit, the X-rays and photographs.

To discuss the head wounds of the President without

the X-rays and photographs is to undertake this crucial work without the essential tools. Therefore, our comments relating to these wounds, must be considered tentative since the Commission's data are incomplete. If I do not mistake the quality of our people, their pressure on the United States Government in the exercise of their right and desire to know, will ultimately compel the production of this evidence. The Government in turn, must recognize that the production of this evidence is the *sine qua non* of credibility in this case.

Working under this handicap, we will be compelled to depart from the official case record to include three newspaper comments in our evidence.

First, we will state the official version of the President's head wound.

> "The detailed autopsy of President Kennedy performed on the night of November 22 at the Bethesda Naval Hospital led the three examining pathologists to conclude that the smaller hole in the rear of the President's skull was the point of entry and the large opening on the right side of his head was the wound of exit. . . ." (W-86)
>
> ". . . Colonel Finck testified: 'President Kennedy was, in my opinion, shot from the rear. The bullet entered in the back of the head and went out on the right side of his skull . . . he was shot from above and behind.' " (W-86)

Eyewitness Testimony of Right Side Entry?

Certainly one of the closest eyewitnesses was Mrs. John F. Kennedy. Since President Kennedy's head was pitched into her by the force of the bullet impact, and she held him for a while, it is probable that she saw her husband's head wounds. Unfortunately we cannot know what she testified to with respect to them. For in the midst of her testimony appears the cryptic note: "Reference to wounds deleted." (V H 180)

Why these references were deleted is a mystery. J. Lee Rankin, the Commission's counsel, assured us that only classified material involving national security was withheld from the transcript volumes. (Philadelphia *Inquirer*, Nov. 20, 1964) As we have previously asked, what possible connection can the wounds inflicted on President Kennedy by a lone assassin have with national security? Only wounds indicative of a trajectory pointing to an assassin other than the "lone assassin" could have any possible significance for the most bloated concept of national security. Commission censorship compels us to turn from Mrs. Kennedy to other eyewitnesses for help concerning the President's head wounds.

Here again the Special Agents assigned to the protection of the President offer their trained observations. Special Agent Samuel A. Kinney was "the driver of the follow-up car." (XVII H 730) He reported the head strike as follows:

> "I saw one shot strike the President in the right side of the head. The President then fell to the seat to the left toward Mrs. Kennedy." (XVIII H 731)

Special Agent Kinney observed a hit on the right. He describes the President as falling leftward after being hit on the right side of the head. This conforms to what is shown by the Zapruder films which follow frame 313 (head impact picture). (XVIII H 70-80)

Seated in the left rear of the Presidential follow-up car was Special Agent George W. Hickey who observed the following:

> "I heard what appeared to be two shots and it seemed as if the right side of his head was hit and his hair flew forward." (XVIII H 765)

These agents thought they saw a hit on the right side of the President's head. The evidence of the Zapruder films, which shows President Kennedy's body being driven to the left provides an indication of the direction from which this death-dealing shot came. A body being propelled to the left by a shot is indicative that the shot was fired from the right. A hit from the right side (grassy knoll area), which is supported by the statements of 51 eyewitnesses in the Commission's compilation of the evidence, would satisfactorily account for the President being pushed over to the left.

At Parkland Hospital, Special Agent Hurchel Jacks saw the President's body. He said about the head wound: "it appeared that the bullet had struck above the right ear or near the temple." (XVIII H 801) If there was a hit on the right side, delivered from the right, then the left side of the head would be the logical place to look for some exit point of the missile or any part of it.

A Left Temporal Wound?

We must examine the eyewitness testimony to determine if there is evidence of any outlet channel on the left portion of the President's head.

The New York *Times* of November 23, 1963 (page 5, columns 7 and 8) carried a story entitled "10 Feet from President." This story refers to Norman Similas, 34 years of age, from Willowdale, Toronto, Canada, who was 10 feet from the President when a bullet struck his head. He saw the following:

> "I could see a hole in the President's left temple and his head and hair were bathed in blood."

A. P. Photographer, James P. Altgens, who took the famous picture of President Kennedy registering his first hit or hits, was on the south side of Elm Street, to the left of the President. He said:

> "There was flesh particles that flew out of the side of his head in my direction from where I was standing, so much that it indicated to me that the shot came out of the left side of his head." (VII H 518)

The fact that the head hit caused particles to fly southward indicates force having been applied from the north. This is evidence of a shot from the grassy knoll through the right parietal and out the left temporal region.

Altgens' testimony to the effect that flesh was blown out the left side of the President's head is supported

by two Dallas motorcycle policemen who were riding to the left rear of the Presidential limousine.

Officer B. J. Martin in a deposition for the Commission, testified as follows:

"Mr. Martin. I was assigned to ride on the left-hand rear side of President Kennedy.

"Mr. Ball. And were you riding alone there, or was another officer riding with you?

"Mr. Martin. There was another officer riding with me. B. W. Hargis.

"Mr. Ball. He was parallel to you on another motorcycle?

"Mr. Martin. Yes, sir; we were.

"Mr. Ball. Two motorcycles abreast?

"Mr. Martin. Yes. . . .

"Mr. Ball. Was there any breeze that day?

"Mr. Martin. Yes; there was.

"Mr. Ball. From what direction?

"Mr. Martin. I believe it was blowing out of the southwest at that particular location. It seemed like we were going to turn into the wind as we turned off of Houston onto Elm.

"Mr. Ball. The wind was in your face?

"Mr. Martin. Yes; the best I can recall. (VI H 289-291)

Officer Martin then told of hearing the shots, going to Parkland Hospital, and directing traffic there. While working traffic, Officer Martin made a gory discovery.

"Mr. Ball. You had a white helmet on?

"Mr. Martin. Yes.

"Mr. Ball. Did you notice any stains on your helmet?

"Mr. Martin. Yes, sir; during the process of working traffic there, I noticed that there were blood stains on the windshield on my motor and then I pulled off my helmet and I noticed there were blood stains on the left side of my helmet.

"Mr. Ball. To give a more accurate description of the left side, could you tell us about where it started with reference to the forehead?

"Mr. Martin. It was just to the left of what would be the center of my forehead—approximately halfway, about a quarter of the helmet had spots of blood on it.

"Mr. Ball. And were there any other spots of any other material on the helmet there besides blood?

"Mr. Martin. Yes, sir; there was other matter that looked like pieces of flesh.

"Mr. Ball. What about your uniform?

"Mr. Martin. There was blood and matter on my left shoulder of my uniform.

"Mr. Ball. You pointed to a place in front of your shoulder, about the clavicle region?

"Mr. Martin. Yes, sir.

"Mr. Ball. On the front of your uniform and not on the side?

"Mr. Martin. No, sir.

"Mr. Ball. That would be left, was it?

"Mr. Martin. Yes, on the left side.

"Mr. Ball. And just below the level of the shoulder?

"Mr. Martin. Yes, sir.

"Mr. Ball.. And what spots were there?

"Mr. Martin. They were blood spots and other matter.

"Mr. Ball. And what did you notice on your windshield?

"Mr. Martin. There was blood and other matter on my windshield and also on the motor. (VI H 292)

Officer Martin, therefore, while riding his motorcycle to the left rear of the President was splattered with blood and material from the President's head while riding into a wind. This also supports a shot from the right of the President, through the right side and out the left side of the skull. We will now focus on the testimony of the other policeman, Bobby W. Hargis, who was riding his motorcycle abreast of Officer Martin.

"Mr. Hargis. I was at the left-hand side of the Presidential limousine.

"Mr. Stern. At what part of the President's car?

"Mr. Hargis. Well—

"Mr. Stern. Front, or rear?

"Mr. Hargis. Oh. Rear.

"Mr. Stern. Riding next to Mrs. Kennedy?

"Mr. Hargis. Right.

Mr. Hargis told of hearing two shots.

"Mr. Stern. Did something happen to you personally in connection with the shot you have just described?

"Mr. Hargis. You mean about the blood hitting me?

"Mr. Stern. Yes.

"Mr. Hargis. Yes; when President Kennedy straightened back up in the car the bullet hit him in the head, the one that killed him and it seemed like his head exploded, and I was splattered with blood and brain, and kind of a bloody water. It wasn't really blood . . . (VI H 294)

So Officers Martin and Hargis, riding on the left rear of the Presidential limousine had themselves and their vehicles splattered by blood, brains and fluids flying from the head of the fatally struck President. It would be surprising indeed if a bullet fired from the rear, impacting on the right rear of the President's head and exiting from the right side of his read, had propelled material to the left and rear of the limousine. Not being familiar with the Dealey Plaza physics applicable to this unique Commission frame of reference, we imagine, for the time being, that a bullet striking from the rear on the right side would have sent flesh and blood flying out right front and not left rear.

The Left-Temporal Wound— A Parkland Hospital Illusion?

Once the Presidential limousine arrived at Parkland Hospital, a related mystery began to take shape immediately. On November 24th, 1963, *The Philadelphia Sunday Bulletin* carried on page 3 an article describing how Father Oscar L. Huber, pastor of the Holy Trinity Catholic Church of Dallas, administered the last rites to the President. The article reports that Father Huber:

". . . wet his right thumb with holy oil and anointed a

Cross over the President's forehead, noticing as he did, a 'terrible wound' over his left eye."

The report of Dr. Robert N. McClelland of Parkland Hospital, who attended the President, dated November 22nd, 1963 at 4:45 P.M. corresponds exactly to what Father Huber had seen:

"The cause of death was due to massive head and brain injury from a gunshot wound of the left temple." (W-526, 527)

Father Huber was not called as a witness. Nor was Dr. McClelland asked for an explanation of his designation of a wound in the left temple as the cause of death. Apparently the Commission was not concerned with how posterity would regard these two men for seeing a left temporal wound of a "terrible" or "massive" nature when no such wound was supposed to be present.

But, these two men were in good company. You will recall the Canadian, Norman Similas, had seen: "a hole in the President's left temple." A.P. photographer Altgens thought: ". . . the shot came out of the left side of his head."

Still others join Father Huber, Dr. McClelland, and Messrs. Altgens and Similas in suffering from this curious visual disorder. Dr. Adolph Hartung Giesecke, Jr. of Parkland Hospital was no less subject to illusion on this score.

"Mr. Specter. What did you observe specifically as to the nature of the cranial wound?

"Dr. Giesecke. It seemed that from the vertex to the left ear, and from the browline to the occiput on the left-hand side of the head the cranium was entirely missing.

"Mr. Specter. Was that the left-hand side of the head, or the right-hand side of the head?

"Dr. Giesecke. I would say the left, but this is just my memory of it." (VI H 74)

This is strange. Still stranger is the fact that Dr. Marion Jenkins of Parkland Hospital also made the identical report of a left temporal wound.

"Dr. Jenkins. . . . I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process.

"Mr. Specter. The autopsy report discloses no such development, Dr. Jenkins.

"Dr. Jenkins. Well, I was feeling for—I was palpating here for a pulse to see whether the closed chest cardiac massage was effective or not and this probably was some blood that had come from the other point and so I thought there was a wound there also." (VI H 48)

In summary, on the question of the possible existence of a left-temporal wound. Dr. Jenkins ". . . thought there was a wound there also."

Six people in all thought there was a wound in the left temporal area of the skull. If these six people were mistaken, the Government can prove them in error by producing the X-rays and photographs taken at the autopsy. These six witnesses are backed up by the evidence of the splattering of Officers Martin and Hargis who were to the left and rear of the Presidential limousine. All of the above points directly to a hit from the right and not from the rear of the President. The evidence against the Government theory that the bullet which struck President Kennedy in the head was delivered from the rear is considerable.

Let us now examine the evidence which the Commission offered to support its hypothesis.

A Small Hole in the Back of the President's Head?

The Report states the following:

". . . the smaller hole in the rear of the President's skull was the point of entry. . . ." (W-86)

To prove the existence of such a small hole in the back of the President's head was essential to the lone-assassin theory. For the eyewitnesses at the scene testified to a hit on the right side of the skull of the President, while he was facing forward. Such a hit is most consistent with a bullet delivered from the north side of Elm Street, which position was not that of the alleged assassin.

All the Government's proof of this small wound in the back of the President's head amounts to the statements of the doctors who conducted the autopsy, Drs. Boswell. Finck and Humes whose report described a: ". . . small occipital wound. . . ." (W -541) In addition, Special Agent Roy H. Kellerman testified to the existence of a large wound on the right side of the head and another wound in diameter equal to his little finger near the end of the hairline.

Exactly where this wound was, according to Mr. Kellerman's testimony, we will never know because of Mr. Specter's confusing designation of the wound as follows:

"Mr. Kellerman. Entry into this man's head was right below that wound.

"Mr. Specter. Indicating the bottom of the hairline immediately to the right of the ear about the lower third of the ear?"

To the right of the right ear represents a point off the head. Therefore, Mr. Specter has obliterated any possible support Mr. Kellerman was providing for the Government's contention that there was a small wound in the occipital region.

Only the three autopsy doctors mention this wound. Many are asked about it. No one else confirms its existence. Let us review the parade of witnesses among whom Mr. Specter fished for some support for the existence of this small wound. The fishing was poor, to say the least.

Dr. Ronald Coy Jones told Mr. Specter that he saw: ". . . what appeared to be an exit wound in the posterior portion of the skull. . . ." (VI H 56) Dr. Jones was of no help. He saw an exit wound where the Commission wanted an entry wound.

Dr. Marion Thomas Jenkins told Mr. Specter plenty about a massive wound in the left temporal region, but he could cast little light on the wound which Mr. Specter sought to establish in the back of the skull.

"Mr. Specter. Did you observe any wounds immediately below the massive loss of skull which you have described?

"Dr. Jenkins. On the right side?

"Mr. Specter. Yes, sir.

"Dr. Jenkins. No . . ." (VI H 48)

Dr. Gene Colman Akin, a Parkland physician, was able to advise Mr. Specter about damage in the right occipitalparietal portion of the skull. But what he told did not conform to the tiny, neat, little hole which the Government needed to support a hit from the rear. Said Dr. Akin:

"The back of the right occipital parietal portion of his head was shattered, with brain substance protruding." (VI H 65)

So, off to Dr. Paul Conrad Peters went the hapless Mr. Specter.

"Dr. Peters. . . . I noticed that there was a large defect in the occiput.

"Dr. Peters. It seemed to me that in the right occipitalparietal area that there was a large defect. There appeared to be bone loss and brain loss in the area.

"Mr. Specter. Did you notice any holes below the occiput, say, in this area below here?

"Dr. Peters. No . . ." (VI H 71)

Dr. Peters was willing to discuss a large hole in the occipitalparietal area with Mr. Specter. But small holes —no.

Dr. Adolph Hartung Giesecke, Jr. was the next doctor to have his memory conjured by the pertinacious Mr. Specter. He told of a "very large cranial wound" on "the left-hand side of the head." This was absolutely of no help to Mr. Specter, who tried again.

"Mr. Specter. Did you observe any other wound or bullet hole belowe the large area of missing skull?

"Dr. Giesecke. No. . . ." (VI H 74)

Dr. Jackie Hansen Hunt, the anesthesiologist, did not see the wounds. Nor more useful to the government theory was Dr. Kenneth Everett Salyer.

"Mr. Specter. What did you observe with respect to the head wound?

"Dr. Salyer. I came in on the left side of him and noticed that his major wound seemed to be in his right temporal area, at least from the point of view that I could see him, and other than that—nothing other than he did have a gaping scalp wound—cranial wound." (VI H 81)

Registered Nurse Diana Hamilton Bowron also failed Mr. Specter.

"Mr. Specter. You saw the condition of his what?

"Miss Bowron. The back of his head.

"Mr. Specter. And what was that condition?

"Miss Bowron. Well, it was very bad—you know.

"Mr. Specter. How many holes did you see?

"Miss Bowron. I just saw one large hole.

"Mr. Specter. Did you see a small bullet hole beneath that one large hole?

"Miss Bowron. No, sir. (VI H 136)

Dr. Malcolm Oliver Perry can't help Mr. Specter either.

"Mr. Specter. What did you observe as to the President's head, specifically?

"Dr. Perry. I saw no injuries other than the one which I noted to you, which was a large avulsive injury to the right occipitoparietal area, but I did not do a minute examination of his head.

"Mr. Specter. Did you notice a bullet hole below the large avulsed area?

"Dr. Perry. No; I did not. (VI H 11)

Can Dr. William Kemp Clark come to the aid of Mr. Specter? Here is his testimony.

"Dr. Clark. . . . I then examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed." (VI H 21)

"Mr. Specter. Now, you described the massive wound at the top of the President's head, with the brain protruding; did you observe any other hole or wound on the President's head?

"Dr. Clark. No, sir; I did not." (VI H 25)

Dr. Clark did say, however, that the wound ". . . could have easily been hidden in the blood and hair." (VI H 25)

Mr. Specter went on to Dr. Robert Nelson McClelland. Dr. McClelland was free in his discussion of a large wound in the skull.

"Dr. McClelland. As I took the position at the head of the table . . . I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that some of the cerebellar tissue had been blasted out. . . ." (VI H 33)

Well, Mr. Specter was looking for just a little hole in the occiput, and this is what he got.

"Mr. Specter. Did you observe any other wound on the back of the head?

"Dr. McClelland. No." (VI H 33)

Dr. Charles Rufus Baxter represented another chance for Mr. Specter.

"Dr. Baxter. The only wound that I actually saw—Dr. Clark examined this above the manubrium of the sternum, the sternal notch. This wound was in temporal

parietal plate of bone laid outward to the side and there was a large area, oh, I would say 6 by 8 or 10 cm. of lacerated brain oozing from this wound, part of which was on the table and made a rather massive blood loss mixed with it and around it.

"Mr. Specter. Did you notice any bullet hole below the large opening at the top of the head?

"Dr. Baxter. No; I personally did not." (VI H 41-42)

With respect to his interrogation of the Parkland Hospital staff on the small posterior head wound, Mr. Specter scored zero. Drs. Jones, Jenkins, Akin, Peters, Giesecke, Hunt, Perry, Clark, McClelland and Baxter said they saw no small wound in the back of the President's head. Registered Nurse Diana Bowron said no. None of the Parkland Hospital staff observed that alleged hole.

Special Agent William Robert Greer also rejected Specter's suggestion. He described a wound in the skull which was in the "upper right side" where: "The skull was completely . . . gone."

"Mr. Specter. Did you observe any other opening or hole of any sort in the head itself?

"Mr. Greer. No, sir; I didn't. No other one." (II H 128)

Special Agent Clinton J. Hill spoke of the following wound in the back of the head:

"Mr. Hill. The right rear portion of his head was missing. It was lying in the rear seat of the car. His brain was exposed. There was blood and bits of brain all over the entire rear portion of the car. Mrs. Kennedy was completely covered with blood. There was so much blood you could not tell if there had been any other wound or not, except for the one large gaping wound in the right rear portion of the head." (II H 141)

So, the Commission concluded, as it had to, in order to retain its single-assassin-in-the rear theory, that there was a small wound of entry in the occiput of the President's skull. It is easy to accept the existence of such a wound. All one requires for such is the willingness to place absolute faith in the Bethesda autopsy doctors, whose testimony offered by Commander Humes is so patently self-contradictory on other points that it would have been self-impeaching in any criminal or civil trial where the Court sought to have evidence weighed impartially.

Without the X-rays and photographs, in the face of such tremendous evidence against the existence of such a small hole in the back, the Warren Commission lost all semblance of fact-finding when it argued the existence of a small rear head wound. The evidence which was offered to it clearly weighed overwhelmingly in the direction of a large and not a small wound in the occipitalparietal area of the skull.

The Large Head Wound on the Right Side

The Warren Commission accepted as fact that: ". . . the large opening in the right side of his head was the wound of exit. . . ." (W-86) We can agree with the Commission that there was a large wound in the "right side of his head." I think that the reader, after reading the above, will agree with the autopsy report with respect to this wound.

"The complexity of these fractures and the fractures thus produced tax satisfactory verbal description and are better appreciated in photographs and roetgenograms which are prepared." (Autopsy of Bethesda, Warren Report, p. 541)

We await the X-rays and photographs for fuller discussion of this wound. But, presently, we will undertake to explore in a tentative fashion the question of whether this wound was an entry or exit wound. Special Agents Kinney and Hickey thought that this right parietal wound was the point at which the President was struck, i.e. "in the right side of the head."

Bethesda's doctors provided the Commission with testimony to the effect that this large wound had a smaller hole below it and: ". . . the smaller hole in the rear of the President's skull was the point of entry. . . ." (W-86) This smaller wound was not described by any of the people who scrutinized the President's head at Parkland. On the contrary, this "smaller" wound of "entry" in the back of the President's head was described by the Parkland people as follows: "an exit wound," "back . . . of his head was shattered . . .," "large defect in the occiput," "one large hole," "large avulsive injury," and "a large, gaping wound."

Without a small entry wound, the Commission would have had to come up with another entry for the wound of the "right side of his skull. . . ." For the Commission to have concluded that the wound on the right side was a wound of entry, would have been to destroy the lone assassin theory on two scores. Such an entry would have placed the assassin on the right side of the President and not behind him. Such an entry, which created a massive wound on entry, would have required bullets different from the copper jacketed military-style bullets alleged to have been used by the supposed assassin. Such a bullet has a very firm head and a high degree of stability.

The Government witnesses, by concluding that there was a small entry wound below the large wound, decided that a soft-nose bullet could not have caused this wound. Here is how Commander Humes reasoned:

"Mr. Specter. Do you have an opinion, Dr. Humes, as to whether there were dumdum bullets used specifically on this wound which struck point "A" of the head, on 388?

"Commander Humes. I believe these were not dumdum bullets, Mr. Specter. A dumdum bullet is a term that has been used to describe various missiles which have a common characteristic of fragmenting extensively upon striking.

"Mr. Specter. Would you characterize the resultant effect on this bullet as not extensive fragmenting?

"Command Humes. Yes. Had this wound on point "A"

on Exhibit 388 been inflicted by a dumdum bullet, I would anticipate that it would not have anything near the regular contour and outline it had. I also would anticipate that the skull would have been more extensively disrupted and not have, as was evident in this case, a defect which quite closely corresponded to the overlying skin defect because that type of a missile would fragment on contact and be much more disruptive at this point." (II H 356)

Dr. Humes is able to argue that the bullet on the skull did not "fragment on contact," because he uses the "smaller hole" in the back of the head which no one at Parkland saw as the entry wound. If the Secret Service Agents Kinney and Jacks were correct in their conclusion that the right parietal region had been the point of entry, then the bullet did in fact "fragment on contact."

Commander Humes thought that a dumdum bullet would have been much more "disruptive." The reaction of Army Wound Ballistics Branch Chief, Dr. Alfred G. Olivier, was opposite to Dr. Humes. He thought that the wounds of the skull were not consistent with what his prior 17 years of experience had told him about stable bullets.

"It (the test result) disclosed that the type of head wounds that the President received could be done by this type of bullet. This surprised me very much, because this type of stable bullet I didn't think would cause a massive head wound, I thought it would go though making a small entrance and exit. . . ." (W-87)

Lt. Col. Pierre A. Finck, Physician, U.S. Army is something less than candid on the question of the type of bullet likely to have inflicted the head wounds.

"Representative Ford. From your numerous case studies, is it typical for a bullet, for a missile in this circumstance as shown in 386, to fragment to the degree that this one apparently did?

"Colonel Finck. Yes, it is quite common to find a wound of exit much larger than the wound of entrance for weapons commonly used.

"Representative Ford. But is it typical for the missile to fragment to the degree that this one did as shown in Exhibit 388?

"Colonel Finck. Yes; it is.

"Representative Ford. Is it typical to find only a limited number of fragments as you apparently did in this case?

"Colonel Finck. This depends to a great degree on the type of ammunition used. There are many types of bullets, jacketed, non-jacketed, pointed, hollow-noses, hollow-points, flatnose, roundnose, all these different shapes will have a different influence on the pattern of the wound and the degree of fragmentation.

"Representative Ford. That is all." (II H 384)

With respect to the amount of fragmentation of the missile, Secret Service Agent Roy H. Kellerman, who viewed the X-rays of the skull at Bethesda on November 22, 1963, has the following to say:

"Mr. Specter. Now, did you observe during the course of the autopsy, bullet fragments which you might describe as little stars?

"Mr. Kellerman. Yes, of the numerous X-rays that were taken mainly of the skull, the head. The reason for it was that through all the probing which these gentlemen were trying to pick up little pieces of evidence in the form of shell fragments, they were unable to locate any. From the X-rays when you placed the X-rays upon the light the whole head looked like a little mass of stars, there must have been 30, 40 lights where these pieces were so minute that they couldn't be reached. However, all through this series of X-rays this was the one that they found, through X-rays that was above the right eye, and they removed that.

"Mr. Specter. How big a piece was that above the right eye, would you say?

"Mr. Kellerman. The tip of a matchhead, a little larger." (II H 100)

Mr. Kellerman's testimony indicated that the bullet which entered President Kennedy's head splintered into dust-like fragments. This is hardly what one would have expected from a copper-jacketed, stable bullet. The Government experts, saved by the small hole in the occiptal region, were able to argue that the entry wound of the bullet was regular and small. If it were not for this unconfirmed wound, invisible to all the Parkland Hospital personnel, the large wound of the right parietal area of the skull would have been quite consistent with a frangible, soft-nose bullet, smashing on impact and thereby maximizing the area of damage on entry.

Summary

The Commission's findings have to be considered in themselves inconclusive, as based on insufficient and secondary evidence. There is some credible evidence of a right side *entry* in the President's head. Six people asserted there was a left-temporal wound, among whom were three doctors who had examined the President at Parkland. The existence or non-existence of the left-temporal wound can only be settled by the Bethesda photographs. Testimony of the Bethesda doctors concerning the existence of a small entry wound in the back of the President's head can hardly be considered conclusive in light of the numerous medical experts of Parkland who uniformly deny seeing such a wound.

We cannot rule out the possible role of a dumdum bullet as having caused the wounds on President Kennedy's head. Whether such a bullet did inflict the fatal wounds on Kennedy is dependent upon whether the small hole in the occiput of the President did in fact exist and whether it was in fact a wound of entry. If the right-parietal wound was the wound of entry, this would indicate that the fatal bullet was fired from the right of the President and not the rear, and was a dumdum bullet, not a copper-jacketed military bullet of the type allegedly employed by a gunman stationed in the Texas School Book Depository Building. Definite conclusions concerning the head wounds must await the issuance of the crucial X-rays and negatives made at Bethesda.