TRANSCRIPT OF PROCEEDINGS
ASSASSINATION RECORDS REVIEW BOARD

- X

In Re:

PRESIDENT JOHN F. KENNEDY:

- X

ORAL DEPOSITION

OF

CHARLES BAXTER, M.D.
RONALD COY JONES, M.D.
ROBERT M. McCLELLAND, M.D.
MALCOLM O. PERRY
PAUL C. PETERS

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August 27, 1998

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MD 264	(NOT ATTACHED.)	44

ANSWERS AND DEPOSITION OF CHARLES BAXTER, M.D., RONALD COY JONES, M.D., ROBERT M. McCLELLAND, M.D., MALCOLM O. PERRY, M.D., PAUL C. PETERS, M.D., produced as witnesses at the instance of the Assassination Records Review Board, taken on the 27th day August, 1998, at 9:13 a.m., before Leticia Hernandez, Certified Shorthand Reporter in and for the State of Texas, at the offices of University of Texas, Southwest Medical Center, Harry M. Spence Room, 8th Floor, Moss Building - Building J, located at 5323 Harry Hines Boulevard, in the City of Dallas, County of Dallas, State of Texas.

APPEARANCES

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FOR THE ASSASSINATION RECORDS REVIEW BOARD

PROCEEDINGS

(Dr. Baxter not present in the deposition room.)

RONALD COY JONES, M.D.
ROBERT M. McCLELLAND, M.D.
MALCOLM O. PERRY, M.D.
PAUL C. PETERS, M.D.

the witnesses hereinbefore named, being first duly cautioned and sworn to testify the truth, the whole truth and nothing but the truth, testified under oath as follows:

EXAMINATION

BY MR. GUNN:

MR. GUNN: Would each of you state your names for the record, please, starting with Dr. Jones.

DR. JONES: Dr. Ronald Coy Jones.

DR. PERRY: Malcolm O. Perry

DR. McCLELLAND: Robert M. McClelland.

DR. PETERS: Paul C. Peters.

MR. GUNN: We've also been advised that Dr. Baxter should be coming today and we have a name tag here for him and we hope

that he appears before too long. We'll swear him at that time.

I'd like to thank all of you gentlemen for coming today. I know that each of you has testified to the Warren Commission. I have a copy here of the testimony that you gave to the Warren Commission.

We, the Assassination Records Review Board, as part of its work mandated by Congress was able to digitize the original autopsy materials by very high-quality digitization process. We hoped that we had been able to -- we would have been able to bring some of those photographs with us today to show you and to get your observations on those. Unfortunately, at the last minute we were not able to make the necessary security arrangements.

The Review Board has done a fair amount of work in trying to collect as much as it could in terms of the medical evidence with the focus having been particularly on the autopsy at Bethesda.

I wanted to talk with you today. This will not be in a typical deposition style format. I'd like to have somewhat more of a

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discussion among you. Because there are four of you, and we hope soon to be five of you, it's important that you not talk at the same time so that the reporter is able to get the words down. I'm sure she's very good, but she cannot do two people at the same time, so please try to be alert for that.

I want to tell you a little bit in brief about some of the work that we have done to give you a sense of why we thought it might be useful to conduct this discussion today. I have myself deposed all of the autopsy doctors -- Doctors Humes, Fink, and Boswell -- and so we have their testimony under oath. And I took their testimony for the first time in the presence of the original autopsy materials at Bethesda, now at the National Archives. I also took the depositions of Dr. -- or Mr. Stringer, who was the autopsy photographer, as well as his assistant, Floyd Riebe.

I'd like to just advise you that each of those people confirmed that the photographs were authentic photographs. They were the photographs that were taken with one exception that is worth noting, and that is that

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there was a question in the mind of Dr. -- or Mr. Stringer about whether the supplemental brain photographs were, in fact, the photographs that he took. The photographs, as they appear, do not conform with his recollection of how he did it or the kind of film that he used or the prints that were used to develop them subsequently, so there was a question raised about that.

I took the deposition of Dr. Boswell, as I mentioned, and he made some drawings on a basically life-size human skull, which I have brought here today and would like to make reference to, and so I will be showing you that in a moment.

One other thing that I would like to just advise you on briefly is we identified the person who had developed autopsy photographs from President Kennedy. She's a witness who had not previously been identified before. Her name is Sandra Spencer and she worked at the Naval Photographic Center -- National Photographic Center in Washington. She, in the course of her work, typically did White House photography. She also said that shortly after the assassination she developed

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photographs.

The photographs that she says that she developed did not correspond with those that were in the National Archives. So according to her testimony, there was some photographs that she herself developed that showed a wound in the occipitoparietal area.

The occipitoparietal wound, for those of you who have seen the photos, does not appear to be of any significant size. There's the possibility of an entrance wound there, but the wounds that she identified from the photographs that she developed were different from the ones that appear in the National Archives.

Now, as is always the case, memories fade, memories are distorted, and one needs to take all recollections with a grain of salt, particularly after 35 years. So we're very aware of that and we understand that, but I would like to talk to you a little bit about some of the issues partly in light of the information that we've had before.

But, again, let me thank you for taking time out of your busy schedules. We

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appreciate your doing this and I think that we should be able to complete this within a couple of hours.

What I'd like to do is hand each of you a packet of materials, which you are free to keep after the deposition. You are free to -- you should feel free to look at them, to not look at them, whichever you would most prefer to do. But what I would like to do is make reference to some of the statements that previously were made.

Oh, each of -- each of you has a stack with everyone's statements in them. They should all be correct.

What I have done is gone through these depositions -- yes?

DR. PETERS: Maybe I could ask my secretary to see if she can find where Dr. Baxter is.

MR. GUNN: Sure. Sure.

(Off the record.)

MR. GUNN: Back on the record.

I've handed each of you a packet that has the testimony of witnesses before the Warren Commission. These are all Dallas doctors. In addition to those of you who are here today,

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there's also the testimony of Doctors Clark and Jenkins. I have a copy of the testimony of Dr. Carrico with me, but I don't -- have not distributed a set of that. It just didn't make it through.

What I'd like to do is talk with you for a few minutes about the description of the wound as you saw it -- of the head wound as you saw it in Dallas. Obviously, as you know, there has been some discussion about the location of the wound on the head.

It is my own understanding in reading the testimony that you have offered that the question about the significance of the wound to the head was not focused on by the Warren Commission. Arlen Specter, who took your depositions, did not particularly focus on it. Each of you made references to the wound on the head, and I found that in the testimony. I'd like to draw your attention to that, and if we can go through those quickly, and then I'd like to get your observations. We'll start with where you were in the hospital -- or in trauma room No. 1 and then talk about these.

But if we can start with

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Dr. Baxter -- this is, for the record, MD 97.

On the first page of the packet that I have given to you, handwritten notes, he refers to what appears to me to be temporal and occipital bones -- it's about six or seven ways down. It says, "Temporal and occipital bones were missing and the brain was lying on the table."

Further in his testimony to the Warren Commission -- this is on Page 41 -- he says, and I quote, "Literally the right side of his head had been blown off. With this and the observation that the cerebellum was present -- a large quantity of brain was present on the cart, well -- we felt that such an additional heroic attempt was not warranted."

He then farther down on Page 41 refers to the temporal parietal plate of bone laid outward to the side. Mr. Specter in the page following refers to what he -- what Dr. Baxter had referred to as temporal and occipital as the top of the head. Later on Page 44 there's a reference to "the temporal and parietal bones were missing and the brain was lying on the table with extensive lacerations and

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contusions."
In the second packet of materials that comes from -- which is labeled MD 39, which, again, is the one you don't have from Dr. Carrico, he refers in his handwriting to oozing from cerebral and cerebellar tissue.
He then on Page 3 of his Warren Commission testimony states the skull was fragmented and bleeding cerebral and cerebellar tissue.
On page 6 he refers to about a five- to seven-centimeter in size more or less circular injury of the right occipitoparietal area.
Doctors Carrico and Perry went to Washington, D.C., and testified to the Warren Commission, and from his testimony to the Commission itself he says on Page 361 that there was -- and I'm going to read this the way that it appears in the transcript, and there obviously is an error in the transcript. But he says, "This was a 5 by 71 centimeter defect in the posterior skull, the occipital region. There was an absence of calvarium, or skull, in this area."

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Dr. Carrico was subsequently interviewed by the House Select Committee.
(Dr. Baxter enters the deposition room.)
(Off-the-record discussion.)
MR. GUNN: I'm happy to report that Dr. Baxter is with us, and if Dr. Baxter -- if you wouldn't mind swearing --
THE COURT REPORTER: Dr. Baxter, do you solemnly swear to tell the truth, the whole truth, and nothing but the truth so help you God?
DR. BAXTER: I do.
THE COURT REPORTER: Thank you.
MR. GUNN: Dr. Baxter, I've given the other doctors a little bit of background, and during a break I can talk to you about what we have said before and if you have any questions, don't hesitate to ask. This will not be a typical deposition format, but I'd like to have a discussion.
At this point I just want to briefly refer to previous statements that had been made by you and the other doctors regarding the wound to President Kennedy's head.

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Going back to Dr. Carrico -- and, again, this one is not present for you -- he said to the House Select Committee on Assassinations that there was a large wound in the right side of the head in the parieto-occipital area. One could see blood and brains, both cerebral and cerebrum fragments in that wound.
Let me -- let me read this again. He said both cerebellum and cerebrum fragments in that wound. I stated that incorrectly.
Later he said -- this -- still to the House Select Committee on Assassinations -- "The head wound was much larger wound than the neck wound. It was five by seven centimeters, something like that, two-and-a-half by three inches, ragged, had blood and hair all around it, located in the part of the parieto-occipital region, and there was brain tissue showing through."
The next testimony comes from Dr. Clark. This is MD 37. And in a summary that was typed up -- this is on Commission Exhibit 392 -- again, part of the package that I have

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given to you -- he refers to there was a wound, one in the lower third of the anterior neck, the other in the occipital region of the skull. And then on the second page Dr. Clark referred to "there was a large wound in the right occipitoparietal region."
Then in his testimony to the Warren Commission he refers on Page 20 to a large gaping wound in the right posterior part with cerebral -- excuse me -- cerebral and cerebellar tissue being damaged and exposed.
On Page 29 he says that there was a much larger wound in the right occipital region of the President's skull from which consider -- considerable blood loss had occurred, which stained the back of his head, neck, and upper shoulders.
Then to Dr. Jenkins he refers -- this is from packet MD 96. He refers to a great laceration on the right side of the head, temporal and occipital. He also says the cerebellum had protruded from the wound.
In his testimony to the Warren Commission he said that -- on Page 48 he thought that this wound in the head was a wound of exit,

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although he wasn't sure. He said, quote, "I really think part of the cerebellum, as I recognized it, was herniated from the wound." He then said that, "I thought there was a wound on the left temporal area right in the hairline and right above the zygomatic process."
From Page 51 of his Warren Commission testimony he says, "Because the wound with the exploded area of the scalp, as I interpreted it being exploded, I would interpret it being a wound of exit, and the appearance of the wound in the neck, and I also thought it was a wound of exit."
Finally in his testimony to the House Select Committee on Assassinations he said, There was one segment of bone blown out. It was a segment of occipital or temporal bone. He noted that a portion of the cerebellum, lower rear brain, was hanging out from the hole in the right rear of the head.
Then Dr. Jones in his testimony to the Warren Commission -- this is Packet MD 98. On Page 53 he says there was a small wound at the midline of the neck and a large wound in the right posterior side of the head, a large --

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later, there was a large defect in the back side of the head.
And then in -- again, in testimony to the Warren Commission on Page 56 he said that there appeared to be an exit wound in the posterior portion of the skull. And, again, Mr. Specter referred to that as the top of the President's head.
And finally in handwritten comment -- this is on the last page of the packet that I have given to you. It says there was a small -- that just refers to the -- to the neck wound. I won't read that.
Then Dr. McClelland in his testimony to the Warren Commission said, "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 had mentioned in such a way that you could actually look down into the skull cavity itself and see that

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probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out."

That was from Page 33 if I didn't mention that. Then on Page 34 he also mentions loss of cerebral and cerebellar tissue.

From Dr. Perry in handwritten notes on Page -- excuse me, from Packet MD 57, he refers to a right posterior cranium -- excuse me, "a large wound of the right posterior cranium was noted, exposing severely lacerated brain."

On Page 9 of his testimony to Mr. Specter he refers to the large wound of the right posterior parietal area. And on Page 11 of the same testimony he refers to a large avulsive injury of the right occipitoparietal area. And then on Page 372 -- and this would be testimony to the Warren Commission itself -- unless I'm mistaken -- the Warren Commission itself. "I noted a large avulsive wound of the right parieto-occipital area in which both scalp and portions of the skull were absent, and there was a severe laceration of underlying brain tissue.

And finally with Dr. Peters -- last but not least, of course. This is from

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MD 40, testimony to Mr. Specter of the Warren Commission. On Page 71 he says that he noticed there was a large defect in the occiput. Dr. Peters then says, "It seemed to me that in the right occipitoparietal area that there was a large defect. There appeared to be bone loss and brain loss in the area." He goes on to say, "We saw the wound of" -- I'm sorry, that refers just to the throat wound.

In my very lay sense -- and I am not a doctor -- there seems to be a fair degree of coherence among the testimony that you offered about the location of the wound. There, of course, is a difference in the way that you said it, as would be expected in any case.

I'd like to start out -- and that's the last major part that I hope to play in this discussion. I'd like to start out, if we could -- and maybe just start with Dr. Jones and then just go down the room -- of first where you were in trauma room No. 1 and what kind of view you had of President Kennedy in trauma room No. 1.

Dr. Jones.

DR. JONES: I was on his left

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side below the left arm looking to my right; could easily see the neck wound; could not see in much detail the posterior wound, but did not see any flap of skull or anything laying out to the right side; saw relaxation of the facial tissues and perhaps of the hair, and I remained on the President's right side during the entire resuscitation attempt.

MR. GUNN: Did you ever go around and observe the left side?

DR. JONES: Left side. Excuse, was on the left side.

MR. GUNN: Okay.

DR. JONES: Was I saying right side?

MR. GUNN: So all of your view was of the left side?

DR. JONES: All my view was from the President's left side.

MR. GUNN: Okay. Did you ever go around and observe the right side of the --

DR. JONES: I did not go around to the right side.

MR. GUNN: Could you observe any posterior wound on -- of the head from the left

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side where you were?

DR. JONES: At one point after we had completed the insertion of the test tubes, IV, and tracheotomy, I looked up over the top of the President's head and from that view was all that I saw. But with him flat on the table, could not appreciate the size of that wound but did not see a lot of skull or brain tissue on the table, some maybe, but not just a tremendous amount and certainly did not see a flap turned on the right side.

MR. GUNN: Were you yourself able to identify any cerebellum or cerebrum tissue on the table?

DR. JONES: If there was, I thought -- from my vantage point, I thought that it was a very small amount.

MR. GUNN: And were you able to identify one form of brain tissue versus another?

DR. JONES: No --

MR. GUNN: Okay.

DR. JONES: -- but did see the very small wound which I thought was an entrance wound to the head. That was pretty clear.

MR. GUNN: Okay. Dr. Perry?

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DR. PERRY: As I testified, I made only a cursory examination of the head, and the only person that made the really detailed examination, as far as I know, is Dr. Clark. And I didn't -- like Dr. Jones, I didn't look at it. I was in some kind of a hurry.

The neck wound -- very few people saw that. I didn't even wipe the blood off on the right side, so I estimated it at five millimeters or so of exuding blood and I cut right through it, as Dr. Jones knows, so nobody else saw it after that. It was small. I didn't look at the head. As I said, I didn't examine it. I could see that he had one. I mentioned the avulsive wound to the head and what appeared to be some brain tissue and that was during the course of the resuscitation, but I didn't examine it.

MR. GUNN: Where were you standing and if you moved around --

DR. PERRY: Well, I was just to Dr. Jones' right because I was on the left side of the President, but I did the tracheostomy and the cardiac massage.

MR. GUNN: Could you describe

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about how big the tracheostomy wound was that you cut?

DR. PERRY: I've been asked this a lot. Of course, some of them said it was too big for a surgeon but my reply to that is it was big enough.

There are only two medical emergencies, airway and bleeding. Everything else can wait. This just couldn't wait, and I have no idea how big it was. I made it big enough. At that time we used old metal flange tracheostomy tubes and quite large with a cuff on them. And when I made the incision through the wound, I made it big enough where I could do a tracheostomy without trouble. I also made it big enough that I could look to either side of the trachea. There was blood in the trachea through the end -- when I looked through the pharyngoscope and attempted to put in the tracheal tube with blood inside the trachea.

There was hair in the mediastinum, and I didn't know whether I was going to encounter carotid arteries or whatever. But the path of the bullet clearly put those vessels at risk as well as the trachea, so I made

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the wound big enough to do that.
How big it was, I don't know. I'm sure Dr. Humes measured it to see when they got there. When he found out it was a tracheostomy, he measured. But since I made the transverse incision, went right through it, I made it big enough to control an underlying bleeding blood vessel if necessary and big enough to do a trach.
How big it was, who knows. Ron might know, but I don't know. Big enough.
DR. JONES: I was busy putting in the left chest tube and doing a cut down on the left arm and I was not paying a lot of attention to that.
DR. PERRY: We were all --
DR. JONES: I thought it was about an average size incision. I didn't see anything abnormally large or abnormal length of the incision.
DR. PERRY: It was bigger than I would make for an elective situation. In a patient that's not in extremis where you're doing an elective tracheostomy, you make a nice tiny skin line incision in order to minimize the

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subsequent scarring. In an emergency situation, you make an incision adequate to accomplish the job, and in this case it was going to take more.
After I'd made the incision, Dr. McClelland arrived and his hands came in to help me with the tracheostomy, but I'd made the incision at that time but Bob may recall how big it was because he held the retractors for it. It was big enough for me to control the trachea, and if necessary, to do a little more.
THE COURT REPORTER: Dr. Perry, can you speak up just a little bit more?
DR. PERRY: Pardon me?
THE COURT REPORTER: Can you speak up just a little louder?
DR. PERRY: I'm sorry.
THE COURT REPORTER: That's okay.
DR. PERRY: Did you get that?
THE COURT REPORTER: Yes.
DR. PERRY: Okay. These things tend to make me a little quieter and more somber.
MR. GUNN: Dr. McClelland, where were you standing, first of all?
DR. MCCLELLAND: I was standing

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at the head of -- Dr. Perry, as he said, I arrived and I walked by the left side of the cart and walked around to the head and was standing at the right of Dr. Jenkins. And I got an Army/Navy, which is a particular name you apply to a commonly used retractor, and leaned over the President's head to help retract while Dr. Baxter and Dr. Perry were finishing up the tracheostomy.
So I was standing where I was looking down intently in the wound and really had nothing to do but that because I -- it didn't take much attention to pull the retractor. And so I could clearly see what the wound looked like over a good period of time.
MR. GUNN: Excuse me. When you refer -- when you're referring to the wound, are you referring to what I'll call the head wound --
DR. MCCLELLAND: Right.
MR. GUNN: -- not the throat?
DR. MCCLELLAND: Right.
MR. GUNN: Okay.
DR. MCCLELLAND: And I think as I said in my testimony that this wound looked pretty much like everybody else has described it here. It was a very large wound and I would

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agree that it was at least seven or eight centimeters in diameter and was mostly really in the occipital part of the skull.
And as I was looking at it, a fairly large portion of the cerebellum fell out of the skull. There was already some brain there, but during the tracheostomy more fell out and that was clearly cerebellum. I mean, there was no doubt about it, and I was that far from it (indicating).
MR. GUNN: When you say "that far," you're putting your hands about twelve inches apart?
DR. MCCLELLAND: Twelve to 18 inches.
MR. GUNN: About how long were you at the head of the table?
DR. MCCLELLAND: Oh, till they finished up the tracheostomy. I don't know exactly how long that would be, but I guess, you know, it had to be an absolute minimum of five minutes and probably somewhere between five and ten, but that's just a rough guess. But it was certainly more than just a, you know, transient view of it. It was a concentrated view.

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MR. GUNN: Okay. Dr. Peters, where were you standing?
DR. PETERS: Well, I got there about, from what I've been able to determine, about 40 seconds later, and Dr. Perry was already there and taking charge and giving the directions. And he was over the President's chest on the President's left side. Dr. Baxter was up in the right side in the axillary area and so I stepped in about the level of the belly button on the right side.
Mack said -- helped Charlie sort out one of these trach tubes, which I did then and gave Charlie the one that looked like it was an appropriate size, and he and Malcolm put it in. And we continued the resuscitative efforts. A lot of things were going on simultaneously. Jim had tubed the President, and then when he tried to bag him, there was a big air leak, and so they decided they would put the tracheostomy tube in through the wound in the neck and that sort of caused Malcolm to enlarge that.
And they -- we got the right sized tube, slid it into place, and Malcolm continued external compression. I guess Ron in

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the meantime had done a cutdown and was giving blood to the President. And Max said, I wonder if we should open the chest and squeeze the heart and somebody else was standing there and said no, no, don't do that. Hopkins two weeks ago reported this study where you just ended up putting your fingers through the ventricle after a short period of time and you could get effective enough resuscitation through the closed chest. And then Dr. Jenkins said, boys, before you think about opening the chest, you'd better step up here and look at this brain.
And so at that point I did step around Dr. Baxter and looked in the President's head, and I reported to the Warren Commission that there was about a seven-centimeter hole in the occipitoparietal area that there was obviously quite a bit of brain missing. Some brain was hanging down in the wound, and I thought the cerebellum had been injured as well as the cerebral cortex. That's what I said at the time.
Now, could I bring up some controversies that --
MR. GUNN: Sure.

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DR. PETERS: -- have happened since that time or shall we go on to maybe see what Dr. Baxter says?

MR. GUNN: Let -- please, I would like to come back to that so if I forget, please remind me because I would like to deal with as much as we can today.

DR. PETERS: And then I said, well, looks like we have to declare the President dead and where's Mrs. Kennedy. And she was standing right beside me as close as Bob, and so I give that as evidence that we were pretty clearly focused.

As Malcolm said, we were pretty busy. We were concentrating on what we were doing. I think the President received excellent resuscitative efforts by current standards, let alone the standards of 1963. And I think that was the right choice to give it the maximum effort even though he appeared extremis.

MR. GUNN: Dr. Baxter, where were you standing, first?

DR. BAXTER: Well, everything happened awfully fast, as you can imagine. You know, I forget exactly when I got there, what I

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did other than go straight to the airway with Dr. Carrico. And -- well, we did a few things, get Mrs. Kennedy out of the room, asked the nurse to take her out, looked at what the vital signs were, what was going IV, what catheter was in his urinary bladder, tube down his throat. Everything had been done including the -- Dr. Carrico had already given him corticosteroids because of his history of being an Addisonian.

As is already been mentioned, airway was a problem. Dr. Carrico said, I just can't ventilate him, and Mack and I started working on what -- you know, what the problem was, the airway. None us at that time, I don't think, were in any position to view the head injury. And, in fact, I never saw anything above the scalp line, forehead line that I could comment on.

The other thing that was outstanding about it is he had huge hemorrhages around his eyes, black eyes, if you will, from the force of the injury, and he had exophthalmos. His eyes were bulging and blood had gone into the periorbital tissue. And we immediately were working on why we couldn't ventilate him, and Ron

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was putting in a chest tube on one side. On the other side we stuck a needle in. A little air was obtained. We didn't know -- the only thing we could figure -- without knowing how bad this head injury was, we were doing all the resuscitative things to give him a chance to live, in essence.

And so we decided that we had to do a trach, and we moved in to do that. Immediately a chest tube was being put on the left side as we were doing the trach. I think Dr. Peters was doing that while we were working to get the trach in.

The wound that was in his neck, as I recall it, was the size that Dr. Perry described. I didn't remember when we got the incision made and going down that there was any striking tissue damage. Maybe that's just not a good recall, but I didn't think that -- the tissues didn't look like to me -- or I don't recall them looking like anything had much gone through there.

And we got the trach in as has been described, and about that time his pulse began to rapidly go down and the, quote, cardiac

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arrest -- the stoppage of the heart occurred very shortly after that.

And I think I was probably negligent in not looking at the whole situation, including the head injury, but struck with the -- what it all meant. I think all of us just kind of backed off, and I never examined him any further than that; went out and got Mrs. Kennedy and brought her in and had to tell her that her husband was dead and that we agreed not to pronounce him until the priest arrived and gave him last rites as is Catholic procedure, I understand. And that's all I really saw and did in the whole thing.

MR. GUNN: I would like all of you to feel free to please make comments about other observations to the extent that you disagree with them. That would be helpful to put in the record. As is always the case on something like this, people are going to see it differently and remember it differently, and I don't see that as being anything unusual. So please don't hesitate to do it. I know my wife and I frequently have very different perceptions of the same --

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DR. JONES: Comment on one thing. I don't recall that we had any vital signs -- measurable vital signs. I don't recall that we had any pulse, and when an EKG -- portable EKG machine was brought in from another room, it was a straight line. I'm not aware that we ever had evidence of pulse or life other than what Dr. Carrico had said that he thought there were agonal respirations before Dr. Perry and I walked in, so I don't think we had any direct evidence of life.

DR. PERRY: That's correct. I pushed the Ace bandage which was wrapped around his waist and leg and pushed it up and he had no femoral pulse when I arrived. He had agonal respiration but no detectable pulse.

As Dr. Jones said, when we got him hooked up to a monitor, straight line, that's when I started closed-chest massage.

MR. GUNN: Does -- did the bubbling around the throat suggest life in and of itself or is that not --

DR. PERRY: It -- as I said, the wound was exuding blood slowly, but Dr. Baxter mentioned about ineffective attempts to bag him

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because of the position of the wound in the trachea. And when I opened the neck, there was an injury to the trachea on the right lateral side. There was air and blood in that area of the mediastinum. That's when I asked that a chest tube be put in place because I didn't know how many times he'd been shot or from what direction. And, of course, the assumption was that he might have a chest wound as well when I saw the hair around the trachea -- the injury to the trachea, which I subsequently enlarged for the tracheostomy tube.

But I asked the chest tubes be put in because once you start pressure-assisted respiration, if he had a chest tube he might have tension pneumothorax. And not knowing the extent of his head injury with any certainty, as Dr. Jones said, we didn't look at that. We were trying to get an airway.

And so as it turned out, the chest tubes were not necessary. There was no injury to the chest cavity, but I didn't know that at the time. Not knowing how many shots there were and what was going on, as Dr. Baxter said, put the full-court press on; otherwise, we

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might lose him.
THE COURT REPORTER: Put the full what, Doctor?
DR. PERRY: You start -- huh?
THE COURT REPORTER: Put the full what?
DR. PERRY: I'm sorry, basketball term, full-court press.
But when you -- when you start pressure-assisted respiration, if there's an injury to the lung, you're liable to induce the tension pneumothorax, which causes a catastrophic cardiopulmonary collapse, so that's the reason I asked for chest tubes to be put in.
Dr. Jones inserted one on the left and I guess Paul on the right side. It turned out those were unnecessary, but that was my request at that time. And the reason they were put in was because I asked for them.
MR. GUNN: Perhaps one thing I should state here is a few times Dr. McClelland has been referred to as "Mack." Is that correct?
DR. PERRY: Yes.
MR. GUNN: Just for the historical record, if somebody later wants to

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know if there's some --
DR. PERRY: Two of us.
DR. PETERS: That's right. Mack Perry and Bob McClelland.
MR. GUNN: So are you both Mack?
DR. PERRY: Well, nicknames, yes.
MR. GUNN: Okay. Dr. Peters?
DR. PETERS: (To Dr. McClelland) Well, you're next. Did you want to say something?
DR. McCLELLAND: No.
DR. PETERS: Only thing I want to say is I remember very well when Mack said --
MR. GUNN: And which Mack is this?
DR. PETERS: Mack Perry.
MR. GUNN: Okay.
DR. PETERS: Dr. Perry said, I think there may be some air in the chest. Let's put in chest tubes, and I remember cutting President Kennedy's chest on the right side and noticing that the blood was -- there was no pulse flow from the wound. And I agree with what Dr. Perry said and Dr. Jones, that the EKG was a

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straight line all the time it was on.
After Dr. Perry was -- or while he was giving external compression, I could feel a pulse consummate with the pressure he applied in the right femoral artery, but I saw no evidence of a spontaneous heartbeat. And I have asked many people over the years, Did you really see the President take a breath, and Dr. Baxt -- or Dr. Jenkins and Dr. Carrico both said they thought they saw an agonal respiration.
DR. PERRY: So did I.
DR. McCLELLAND: I did, too.
DR. BAXTER: I think we all did.
DR. McCLELLAND: Yeah. When I came in the room, the very first thing --
DR. PETERS: Well, that's --
DR. McCLELLAND: -- that hit me was --
DR. PERRY: Had he not --
DR. McCLELLAND: -- he did that.
DR. PERRY: In the absence of a pulse and the absence of detectable pressures and everything, had he not had that, I would not have done the trach.
MR. GUNN: Dr. Peters, there was

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something that you had said that you had wanted to talk about.
DR. PETERS: Well, it was concerning the injury to the cerebellum. I thought that at that time when I looked in his skull after Dr. Jenkins said, Boys, you better come up here and take a look at this brain before you do anything as heroic as opening the chest and massaging the heart directly, and I thought the cerebellum was injured and, of course, it was obvious there was quite a bit of the cerebral cortex missing. And I looked at it for a moment, and so when I was interviewed a few days later by Mr. Specter, I said I thought the cerebellum was injured.
Dr. John Lattimer is a good friend of mine from Columbia University in New York. He's a historian and has written a text on the Kennedy and Lincoln assassinations, comparing them.
J. Edgar Hoover was a good friend of his and let him look at the assassination pictures. That was going to be about 25 years before I was going to get to look at them, and he told me he thought the tentorium

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was intact over the cerebellum, and that concerned me a little bit.
Well, when I went to view the National Archives autopsy pictures, I saw that the cerebellum was indeed injured and shoved way down on that right side compared to its mate on the left on the pictures of the brain that they showed me at the National Archives. And it was compatible with being President Kennedy's brain based on the lacerations in it that I saw in the photo.
But the cerebellum was pushed down quite a bit, and I felt pretty good about that then that my original observation was that the cerebellum had been injured. Dr. Lattimer didn't think that it had, but it would certainly be feasible to think that it was with the tremendous pressure that must have existed for a moment in that side of the head when that bullet struck its occipitoparietal area.
And so I asked if I could see the brain at the National Archives and not just the photos and they said the brain has been made unavailable by Mr. Robert Kennedy, who was Attorney General at the time, and so I never did

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really get to see the actual brain itself. All I had was the pictures.
But I -- it was interesting to me this morning hearing these men recount their remembrances of the actual care at that time noting that the cerebellum did appear to be injured, so that remains a little controversy in my mind.
MR. GUNN: If I can ask you one side question regarding Dr. Lattimer, did he say to you that he had seen autopsy photos that J. Edgar Hoover had in his possession?
DR. PETERS: That's what he led me to believe if off the record I could say a word about that.
MR. GUNN: Go ahead.
DR. PETERS: Dr. Lattimer took care of J. Edgar Hoover, and so he was a historian and quite interested in things, so he went to Mr. Hoover and asked him if he could see the photos. And Mr. Hoover, who didn't like Bobby Kennedy very well, said, Oh, John, those won't be available for 10 or 15 years when they're released. And he said, Well, that's what Bobby said you would say. Oh, did Bobby say

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that? Come over Monday morning and I'll let you look at them.

And so that's what he did. He looked at them and he's the one who told me he wasn't sure the cerebellum had been injured as I had testified that I thought it was. And having viewed the pictures at the National Archives, I still feel it was. It was certainly displaced, if not lacerated.

DR. McCLELLAND: Well, I know it was. I don't often say that but I didn't just glance at it. I looked at it for several minutes, and it was clearly cerebellum. There's no question about it, and I could look down into the skull. In fact, I made that point there.

DR. PETERS: Right.

DR. McCLELLAND: There was nothing in the -- in the area where the cerebellum usually sits.

And as I said, most of it was probably gone when I first began to look down into the wound, and then as I stood there, probably just maybe a minute after I came in, another large portion of it, which I thought -- I remember thinking now, well, that's the rest of

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the cerebellum oozed out into the table. So it's not, well, I kind of think it was. It was.

MR. GUNN: I'd like to hand out a document to each of you that first appeared in a book by Josiah Thompson, which I assume that y'all are familiar with. We can mark this as Exhibit Number 264.

(Exhibit Number MD 264 marked.)

DR. PETERS: I think when Mr. Posner is looking at it, it was the 707, so I'm not sure I've seen Mr. Thompson's.

DR. McCLELLAND: And you got a copy of it?

DR. PETERS: No. You can be the spokesman.

DR. PERRY: Who is Josiah Thompson?

DR. McCLELLAND: He's a private investigator now, but he was a professor of history at this time --

MR. GUNN: Professor of philosophy at --

DR. McCLELLAND: -- somewhere in Pennsylvania.

MR. GUNN: -- Temple or

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Villanova. I'm forgetting which.

There's a picture on Page 107 of Exhibit 264. I'd like to ask those of you who saw the head wound if this corresponds to what you observed or if any of you has -- based upon your own observations, it seems inaccurate in any way. Obviously, it's a drawing and so there will be a problem with it, but just your observations on it for those of you who observed the head wound.

Does this look like what you saw in Parkland Memorial Hospital?

DR. McCLELLAND: I told him when he was asking me to describe that picture from which you reviewed this that the first thing I saw when I came in the room in addition to that attempted agonal respiration was the edge of the parietal bone was sticking up through the scalp. And that's not on this picture, but what we were trying to depict here was what the posterior part of the wound looked like. In other words, this is not the entire wound. It's simply the posterior part of it and what I thought of as the critical part of it at that time and still do.

MR. GUNN: Does any of you have

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any --

DR. PETERS: I think that pretty much corresponds to what I said, occipitoparietal. It looks a little further down on the occiput in this picture, I think, but it was pretty far posteriorly because you had to be able to see the cerebellum --

DR. McCLELLAND: Yeah.

DR. PETERS: -- and --

DR. McCLELLAND: Yeah, I agree, Paul. I think that this is a little bit lower or it doesn't indicate that there was still a -- you know, maybe a shelf of bone left below that --

DR. PETERS: Yeah.

DR. McCLELLAND: -- but not much of one, and that did allow me to look down into the -- see the inside of the skull --

DR. PETERS: Right. I agree with you.

DR. McCLELLAND: -- just like -- you know, just like it would be if you took a skull like you may have as you see here and there was nothing in it. I mean, not down in that part. There was no tentorium.

DR. PETERS: The X rays of

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President Kennedy's skull, which we were privileged to see later, showed dramatically how large the fragmentation of the skull was and was easily compatible with what Bob saw originally. There was a big hunk of bone sticking up there in the parietal area.

And along with what Dr. Baxter said describing the effects of fracture of the cribriform plate of the skull, Abraham Lincoln who was shot on one side with a fairly large caliber bullet had black eyes on both sides and fractures of the cribriform plate on both sides. Both sides had hemorrhage around the orbits with a much less velocity wound than President Kennedy suffered.

DR. JONES: I might comment on the -- on the eyes. The eyes were open, but I didn't remember hemorrhage around the eyes. I remember the eyes were open. It was just a straight stare. I didn't remember all the black discoloration --

DR. PETERS: No.

DR. JONES: -- around the eyes.

DR. PETERS: I didn't either.

DR. JONES: This drawing, I

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could not look over and around so I couldn't speak exactly to this, but it seems to me from this drawing that, Bob, you must have been looking down tangentially at it because with this below the ear and if you're flat, that's going to be on the table.

DR. McCLELLAND: Well, that's what I'm saying. This is a little bit farther back, but I was looking straight into it, not tangentially but right into it.

I would also comment about one other thing. When we went to the National Archives ten years ago to look at these pictures, they were videotaping that for the Nova program, and we each one went in and looked separately at the photographs. And I can't remember the exact sequence, but when we came back out of the room where we'd been, each one of us made a comment about what we had seen and said, yes, that seemed to agree with things and I said -- I volunteered that, well, one of the wounds had caused some comment in different things I had read and heard on, you know, television a time or two; and that they had noted in one of the pictures that there was hair covering all of this area where you see

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this large hole.
MR. GUNN: When you say -- I'm sorry. If I can interrupt for a second, when you say the large hole, you're referring to --
DR. McCLELLAND: This --
MR. GUNN: -- something like the picture --
DR. McCLELLAND: This one here --
MR. GUNN: -- on Exhibit 264.
DR. McCLELLAND: There was no hole on that picture that looked like that. And I said, Well, I think I know why that is. I think it may be because if you'll notice there are some fingers at the top of the photograph apparently pulling a flap of scalp forward, and I think the flap was being pulled over that opening when they took the pictures.
Several years later I was told by one of the people who took some of the photographs that that was not the case; that that hand in the picture was not pulling any flap of scalp up over the skull.
MR. GUNN: Do you remember who it was who told you that?

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DR. McCLELLAND: It was one of the men who was taking the photographs. I met him here in Dallas when this fellow who's written these kind of, I think, crazy books, David Livingston, The High Treason and The High Treason II, he had a --
MR. GUNN: It's Harry Livingston.
DR. McCLELLAND: Harry Livingston, yeah. He had a -- David Livingston was the guy in Africa, yeah.
DR. PETERS: I presume.
DR. McCLELLAND: Anyway, he had a group of us here and videotaped us at one of the hotels here. We spent all Saturday morning down there so I met this photographer. And at that time -- I can't remember his name now.
MR. GUNN: Would that be Stringer or Riebe?
DR. McCLELLAND: It's one or the other, uh-huh, and he said that that was not what was being done. I had always assumed it was because I knew what the -- that the hole was there.
DR. PETERS: Right.

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DR. McCLELLAND: So it wasn't a -- well, maybe I'm wrong. I mean, not unless I've taken a leave of my senses entirely. There was a hole there and so my explanation of what was happening is here's this hand up in the wound and they sort of pulled it up for some reason. I don't know why, but that was sort of an interesting sequence of events separated by several years.
MR. GUNN: Dr. Peters, you've been nodding your head.
DR. PETERS: Well, I would certainly agree with what Bob said. It was my thought exactly that they just kind of pulled that flap back into place and took a picture so they could show how it looked with things restored as much as possible and it just -- a flap just kind of -- had been torn back and now they were just kind of putting it back and snapping a picture. For what reason, I don't know.
But I'm certain there was a hole there, too. I walked around right and looked in his head. You could look directly into the cranial vault and see cerebral injury to the

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cerebral cortex and I thought at the time to the cerebellum. So I know the hole was big enough to look into. I estimated it at seven centimeters at that time, and I don't know what the actual measurements were when they took the radiographs, but I thought just exactly what Bob did. They were probably making a series of pictures and they had just pulled that flap back up there to cover it up and took a picture of that to show the head with the flap restored, so to speak, for whatever reason. I'm sure there were many other pictures that were made at the same time.
MR. GUNN: Could we talk about the neck wound for a minute?
DR. JONES: You want to take a break before we get started?
MR. GUNN: Sure. That's fine.
(Recess taken.)
MR. GUNN: Talk briefly about the neck wound, if we could.
Dr. Perry, do you think that you were the one who probably had the best view of the neck wound?
DR. PERRY: I'm the one that stuck my foot in my mouth, but actually it looked

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like an entrance wound and the bullet appeared to be coming at him and I based that mainly on the fact it was a small wound to the neck and without any other information.
I prefaced those comments at the press conference both before and after by saying that neither Dr. Clark nor I knew how many bullets there were or where they came from. Unfortunately, my comment said it's an entrance wound, and that was taken out of context of the others, but I did say that small wound.
As I mentioned earlier, however, I didn't take any measurements. I didn't wipe the blood off. I just went through it and it was the thing to do at the time; had no concept about legal things. We did what we were trained to do.
MR. GUNN: For my purposes today, the question is not with any of these whether you conclude that they were an entrance wound or an exit wound. Those are all --
DR. PERRY: Small like that.
MR. GUNN: So those are --
DR. PERRY: And I estimated, as I recall, about five millimeters like a pencil eraser I think I used as an example, something

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like that and, again, pointing out that it was covered with some blood and I looked at it and it would be about five millimeters and then I cut it.
MR. GUNN: Does any of you have a recollection that differs from that basically small, not jagged edges, five centimeter -- millimeters in size?
DR. BAXTER: No.
DR. PETERS: I think you've heard the best comment.
DR. BAXTER: I think you could sum up all of our comments on that wound that it would -- it appeared to be an insignificant wound and --
DR. PERRY: Except for where it was.
DR. BAXTER: Yeah.
DR. PERRY: There's a lot of material in there.
DR. JONES: When Dr. Perry and I went back upstairs into the OR after this had happened, I think we both -- we were both talking in terms that this was an entrance wound, my impression when I saw it in the emergency room.

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It never crossed my mind it was anything but an entrance wound. Without having any history to go by, I thought it was an entrance wound.

DR. PERRY: Had we known, things would have been different; incomplete information. You learn a great deal, and I learned a great deal in two days. One is never allow yourself to be thrown into speculation with the press, bad mistake. At 34 and naive, I thought the truth would suffice. That is not the case.

Secondly, do not speculate about anything public ever. I learned that after operating on Oswald on Sunday when I went down to repeat the press conference again, I went with a typed statement. I answered no questions, and I didn't get into a bit of trouble. I learned a great deal in two days.

DR. PETERS: Great advice. Put that in for the future guys to read.

One thing could I say about that?

MR. GUNN: Sure.

DR. PETERS: I think most of us thought at first that day in the first few

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minutes that, boy, it might have gone in through the neck and out the back of the head, which would have been a big exit wound and a small entrance wound.

And I was talking to one of the State policemen that day from the Texas Department of Law Enforcement, and he said, you know, Doctor, he said, I could make a hollow point bullet. If I shoot at a crow in a tree and I hit him, all you'll see fall is a beak and two legs.

He said, If I miss him, if I hit a leaf in front of him, I'll miss him. You can, you know, hone it down and make it that sensitive, but it seemed at that time without knowing about the hole back here that had gone through, it seemed it could have gone in there and hit the cervical spine, gone out through the occiput. Seemed very logical.

DR. PERRY: One has to be careful about extrapolating the behavior of full-jacketed and military bullets with hunting bullets. Although I don't hunt anymore because I don't want to kill anything -- I haven't killed anything in 25 years -- I still like to shoot and

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have done some competitive shooting and hand-loading for a number of guns, my son and I.

And the bullet is the quickest element in this thing about what happens to it. And, of course, as you know by the Geneva Convention, wartime you're not supposed to have so-called dum-dums with the points off. It's just a full-jacketed and gilding metal all around them. And we found out in Korea and other places where the other people cut their noses off causing more damage. The bullet expands. All hunting bullets are designed to expand.

Obviously, if a bullet goes all the way through an object and hits the hill behind it, that doesn't cause as much damage as a bullet that hits a person or an animal and expends all of its energy within that target; makes a lot of difference.

So the idea is to have bullets that expand and all their energy is inflicted on the target, the way hunting bullets are. Unfortunately, we're seeing it in wartime now and despite the Geneva Convention which were deformed into every turn, but the full-jacketed and military bullets would not be deformed.

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And unless they keyhole or turn, entrance and exit wounds would be essentially the same if the bullet has -- in the vernacular, has gone to sleep; that it is rotating. And if it's a stable bullet that's rotating, they look the same. Anyone who's hunted big game knows that, of course, or who has been in wartime situation. If you don't have that information, it's easy to be confused about what they do.

As Dr. Peters also pointed out, all of us at this table have learned that the vagaries of trajectories cannot be predicted. We've seen all kinds of strange trajectories. When the bullet is near the end of its life, we've had -- go into the peritoneal cavity and drop into the pelvis without injury to anything; get shot in the buttocks and the bullet came up behind the ankle; shot in the forehead and it ends up in the neck as it traverses the skull. We've seen all kinds of strange things, so there's no way to predict the trajectory of the given bullet.

MR. GUNN: In the first --

DR. PERRY: That may be more than you wanted to know, by the way.

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MR. GUNN: In the first two or three days after the assassination, did you meet together at all and talk about it and try and put the pieces together of what you had observed and what you were hearing from the press?

DR. JONES: I don't think as a group that I remember everyone sitting down putting all this together. I don't remember us all sitting down like today, which is one of the nice things to be able to come together today, because I don't remember that we ever sat down as a group of five and discussed this.

Individually, something this dramatic, you're going to intermittently exchange comments with one another, but I don't think we tried to sit down and put it together.

DR. McCLELLAND: Talked about it a lot informally because at that time all of our offices were in very close connection with one another, so we just kind of while going to the rest room or going down to get a cup of coffee, you sort of informally talked here, there, and yonder, but we didn't say let's have a meeting and review.

MR. GUNN: With the exception of

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Dr. Perry -- and I'll come back to him in just a moment -- did any of you talk with any of the autopsy doctors in Bethesda in the first week or so after the assassination?

DR. JONES: No, I didn't.

MR. GUNN: You're all shaking your head. If you can --

DR. McCLELLAND: Dr. Perry and I officed together. I remember him getting the call and listening to him talk to him.

MR. GUNN: Dr. Perry, there was obviously a controversy at the time of your deposition by doc -- or by Mr. Specter regarding whether you had received the call in the evening of the 22nd or the following morning.

I know that memory does not improve with age, but I'm just wondering if you have had any subsequent thoughts that help you place that telephone call better?

DR. PERRY: I thought we settled that. We talked to Dr. Humes. There was a lot of stuff going on, but I thought he said he'd call me the next morning now that I recall.

DR. McCLELLAND: Yeah, that's what it was. No question.

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DR. PERRY: And I may have said -- there was a lot of stuff happening on Friday, of course, but as I recall, he called me the next morning and, of course, he did not know about the trach that I'd done, and he did not know about the anterior wound in the neck since I disfigured it somewhat with the incision. And when he inquired about that, things really fell into place then because he had a wound in the posterior to account for that one. So things kind of came together.

MR. GUNN: Dr. McClelland, you said there was no doubt about the timing of that and that's because you were in the office yourself?

DR. McCLELLAND: I was as far as I am from you.

MR. GUNN: So ten feet or so?

DR. McCLELLAND: Yeah.

DR. PERRY: It was Saturday morning sometime, but I don't know what time.

DR. McCLELLAND: Uh-huh, middle of the morning sometime.

DR. PERRY: Huh?

DR. McCLELLAND: Middle of the

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morning sometime.

DR. PERRY: There was a scheduled conference -- press conference on Saturday morning and I'd asked Dr. Shires to accompany me to it. And I'd asked Dr. Clark to accompany me to those press conferences for the same reason. And this was conducted in Mr. Price's office and had to do -- I think --

THE COURT REPORTER: Can you speak up, Doctor?

DR. PERRY: I'm sorry. It was conducted in Mr. Price's office, who was administrator there at Parkland and there Jimmy Breslin and Richard Valeriani and a group of media were there and they wanted to talk about it, and that was Saturday morning sometime.

And I asked Dr. Shires to accompany me there; that I was not willing to go to the press conference unassisted as it was without senior counsel, if you will, having had a really bad experience the day before. And so -- but I don't know what relation that was to the phone call before or after -- this must have been after because I think it terminated about noon. I don't recall exactly.

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DR. JONES: You had --

DR. McCLELLAND: Well, it wasn't --

DR. JONES: You had talked to me. We were making rounds, as I recall. There was three or four of us and we were going through the hall into the back side of the cafeteria Saturday morning, as I recall, and you had mentioned at that point that you had received a call.

DR. PERRY: So it was early?

DR. JONES: It must have been before the -- your conference.

DR. PERRY: Yeah, I think so.

DR. JONES: -- because I know it --

DR. PERRY: That sounds about right.

DR. JONES: Earlier in the morning I was --

DR. PERRY: You know, as you might expect, Mr. Gunn, those of us who are involved in our end of the business don't keep those kind of logs. You recognize the importance of exact time and date with respect to things --

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in the legal profession you do, but we don't think that way.

MR. GUNN: I can tell you part of the significance of this, and this has emerged in the -- in the depositions itself -- in the deposition of Dr. Humes he acknowledged that he wrote a draft of the autopsy report which he then burned. He also burned his notes from the autopsy, which was not exactly what he had told to the Warren Commission. And one could put together that the original draft does not have any reference to the bullet wound in the neck and the subsequent draft does have that in it, but that can be a reason the timing was important.

DR. PERRY: Those of us who do medical writing or writing of any kind, we generally would be reluctant to let anybody see our first draft. It often is for content and we come back for organization and syntax later but, you know, you often throw those things away because they're kind of kaleidoscopic, if you will --

MR. GUNN: Uh-huh.

DR. PERRY: -- and you wouldn't keep them. You don't recognize they have any

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value till you -- because they contain all kinds of random thoughts.

MR. GUNN: Now, one of the very obvious issues that surrounds the story of what you observed in your initial impressions was that there were suggestions both in the press conference and the observations that President Kennedy had been shot from the front. It subsequently turned out that many people came to believe that President Kennedy was shot from behind, and I'm sure you-all have your opinions on that in the sense that's not the purpose of what we're doing here. But there became a concern about what your observations were versus what certainly the Government ended up concluding later.

The question I have for all of you is: Did anyone from the government ever put any pressure on you or try to convince you against your will to either change your story or make a different sort of observation or to turn your observations at all?

DR. JONES: I'll comment first.

MR. GUNN: Dr. Jones?

DR. JONES: If you read my

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testimony that was taken in Dallas by Arlen Specter, who was one of the counselors, you will see that I alluded to an entrance wound several times and he questioned me about my expertise in missiles. And I may as well just go ahead and say -- bring two or three things together at once.

When my -- during my testimony, I think you can see down here that it says, Dr. Jones -- Mr. Specter had said, "Would it be consistent, then, with an exit wound but of low velocity, as you put it? And I said, "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 in the opposite side." In other words, if this thing was coming out instead of in, there sure wasn't much blast effect as Dr. Baxter alluded to. And so I mentioned that it just maybe had dropped out.

Well, as you probably know, about two weeks ago in The Dallas Morning News there was an article concerning the Assassination Records Review Committee and that they had found a missile -- a bullet in the seat of a limousine,

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which just sparked some interest on my part reading that because, number one, I had not known until two weeks ago that there was a bullet in the seat of the limousine. So that was one thing.

When I completed my testimony, Arlen Specter followed me out in the hall and he said, I want to tell you something that I don't want you to say anything about. He said, We have people who will testify that they saw the President shot from the front. He said, You can always get people to testify about something.

But he said, We are pretty convinced that he was shot from the back. And that implied that although some of us thought that might initially have been an entrance wound, that, you know, that's the end of the discussion and we do have people who will testify to that.

I don't know whether you construe that as pressure or not, but certainly I was surprised that he said don't say about -- anything about that to anyone.

A young resident 31 years old, you're not going to say about that episode to anybody because at that time I think we were

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all -- the whole country was -- I mean, you didn't joke about anything, and there were jokes going around about what happened at the time of the assassination. But we were very serious about that. I thought that was a little unusual.

MR. GUNN: Did anyone else have an experience of that sort with Mr. Specter or with --

DR. PETERS: I'd like to ask a question about that. Now, as we've constructed it many times over the years, the first bullet that was fired was supposed to have missed. The second bullet went through the President and Governor Connally, and the third bullet hit President Kennedy in the skull. That's the way I think it's been explained to us over the years.

Now, like Ron, I had never heard about this other bullet. There's been a lot written about the so-called pristine bullet and the -- Dr. Lattimer and the FBI fired bullets into 15 feet of pine board showing there was almost no deformity. And if you laid the pristine bullet on a flat surface such as this, it would roll irregularly showing it was really a little deformed. And I understood that the

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amount of lead missing from it actually equaled the calculated weight of lead from -- measured from President Kennedy's X rays, Governor Connally's arm, and the bullet fragments taken from his thigh, suggesting that it was indeed the same bullet that hit President Kennedy and Governor Connally but --

DR. McCLELLAND: Mr. Weis thinks that's a bunch of --

DR. PETERS: Who?

MR. GUNN: The forensic pathologist.

DR. PETERS: Oh, yeah, the guy from Pittsburgh or something.

DR. McCLELLAND: He's pretty --

DR. PETERS: But, you know, if there really was another bullet, was it of the same caliber and I'd like to know what's known about that. I couldn't contribute anything, but it's just of interest. It makes it, as Ron said, a little more complex thing to have another bullet available in addition to the bullet that was found in the car. Isn't that correct?

MR. GUNN: This is a bullet fragment, so this is not --

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DR. PETERS: Oh.

MR. GUNN: -- not a bullet. It's a small fragment.

DR. PERRY: At the time of the Warren Commission -- it's in those 26 volumes somewhere -- they took that limousine apart completely and put it back together. I was told that in Washington and at the time of my testimony. And it was interesting several of the members of the committee did not know that they had done that, and there was gilding metal found on the inside of the windshield in that limousine, which was fragment, too, which had to come from behind because there was no hole in the windshield. But they took that whole thing apart, as you know, Mr. Gunn, and put it back together, so it was carefully looked at.

Apropos what you asked Dr. Jones, I had exactly the opposite experience. I was advised by almost everybody I talked to, Secret Service, FBI, and the Warren Commission counsel to tell the truth as best I knew it in its entirety and to hold nothing back on every occasion, and that occurred on a number of occasions that they asked me to be sure that it

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was everything as best I knew it no matter what. So I can say at least for me they seemed to make every effort to get at --

MR. GUNN: Uh-huh.

DR. PERRY: -- the truth.

DR. PETERS: I certainly agree with that.

(To Dr. McClelland) What did you want to bring up about William --

DR. BAXTER: I was never pressured. I think all five of us ought to be in that record --

MR. GUNN: Okay.

DR. BAXTER: -- about the (inaudible).

THE COURT REPORTER: Hang on. One at a time.

DR. McCLELLAND: Let me just tell you that Paul brought it up.

Dr. Jenkins, when I came in the room, told me as I walked by to come up to the head of the table and he said, Bob, there's a wound in the left temple there. And so I went to the table and I thought, you know, knowing nothing else about any of the circumstances,

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that's like that (indicating).

MR. GUNN: Just for the record, you're pointing in with your --

DR. McCLELLAND: Yeah, the left temple --

MR. GUNN: -- finger at the left temple and now the back of the head.

DR. McCLELLAND: -- came out the back. And there was a lot of blood on the left temple. There was blood everywhere, but there was a lot of blood on the left temple, so I didn't question that.

And in fact, in something else -- Pepper testified somewhere else, he denied that he said that to me in the Warren Commission. And I told him -- I said, Pepper, don't you remember? No, I never said that, Bob, and I never said the cerebellum fell out. Well, yes, you did, too, but I didn't argue with him.

But the upshot of it is what that led to was Mr. Garrison's case in New Orleans, and he put together a scenario where he thought someone -- because of what I had said about the left temple bullet -- was in the storm sewer on the left side of the car and fired this

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bullet that killed the President, another gunman. He didn't say that Oswald was not there. He just said there was another gunman. And so he never contact -- Garrison never contacted me until it was essentially time to have the case in court.

DR. PETERS: Clay Shaw.

DR. MCCLELLAND: Right. And so I got a call one morning and it was from his office -- one of the people in Garrison's office, and he wanted to know if I would come to New Orleans and testify. And I said, Well, you know, it's odd that none of you had talked to me before this. I've been hearing something about it on television and whatnot.

And they said, Well, we assumed that you still believed that the course of the bullet was as you said in your written testimony right after, and I said no. And his voice went up about three octaves and he said, What? And I said no, and I explained to him that I had learned other things about the circumstances at the time and that Dr. Jenkins had told me I didn't see any wound here. I was just stating what I had been told and that I wrote that down in my written statement right after the

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assassination. And so that was -- kind of took the wind out of the sails in that particular prosecution.

DR. JONES: I have two comments relating to this, what's just been said and my comment. The afternoon of the assassination we were up in the OR and Lito Puerto -- I think it's L-i-t-o, Puerto, P-u-e-r-t-o -- was in the OR --

DR. PETERS: Neurosurgeon.

DR. JONES: -- and he said he was -- that he referred to the President -- because he had been down there and he said, I put my -- he was shot in the leg. I said, he was shot in the left temple. He said, I put my finger in the hole, and I think that was part of --

DR. MCCLELLAND: I never heard that. That's news to me.

DR. JONES: And so -- in fact, I told Mr. Haron the other day -- I gave him Lito Puerto's name and his telephone number. I said, you know, if you're going to have the group down here, why don't you get Puerto down here to clarify that comment, if indeed that were the case or it's not the case. But I think that was

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part of where some of that came from.

The other comment that -- to clarify what I said regarding Arlen Specter, I'm saying that he pressured me because that was after the testimony that I had given. I think what he was implying was that --

DR. PERRY: Discretion.

DR. JONES: -- that you -- you could get people to testify that the President had been shot from the front.

DR. PERRY: He was asking you to be discreet --

DR. JONES: I think that's right.

DR. PERRY: -- not to -- not to talk too much.

DR. JONES: Not to talk about -- he didn't say don't --

DR. PERRY: He didn't know you weren't going to talk about it.

DR. JONES: -- don't say what you think, but he suggested that I not talk about what he was telling me.

MR. GUNN: Okay.

DR. PERRY: He didn't know you

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weren't going to talk about it anyway.

DR. JONES: Not for 35 years.

MR. GUNN: I think that each of you now has responded to the question about whether you had felt any pressure except for Dr. McClelland unless I missed that.

DR. MCCLELLAND: I felt no pressure.

MR. GUNN: No pressure?

Did anytime -- anything ever happen subsequently to the Warren Commission where you felt any pressure from anyone, the Government, to testify one way or the other about this?

DR. MCCLELLAND: No.

DR. JONES: No.

MR. GUNN: You're all shaking your heads.

Dr. Peters, is that --

DR. PETERS: No, I've never felt any pressure. The only -- well, fine.

DR. MCCLELLAND: When did Lito say he did that?

DR. JONES: It was that afternoon.

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DR. MCCLELLAND: That afternoon.

DR. JONES: It was my -- it was that afternoon, and I believe we were upstairs, but he had mentioned that he had put his finger into the -- and he was sort of known as the guy that went down and put his fingers in missile -- or bullet --

DR. PETERS: Brains.

DR. JONES: -- wounds, and that was his comment at the time.

DR. PETERS: Where's he practicing now?

DR. BAXTER: Arlington.

DR. JONES: I believe he's in Arlington. I don't know if he's in active practice but he's listed -- still listed in the state medical association.

DR. BAXTER: He is. He's still in practice.

MR. GUNN: Is the name Jane Carolyn Wester --

DR. MCCLELLAND: Oh, yeah.

MR. GUNN: -- familiar to any of you?

DR. BAXTER: Sure.

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DR. JONES: Yeah.

DR. PETERS: Yes, Janie Wester.

MR. GUNN: All right. Do you know what her position was in 1963 -- November '63?

DR. BAXTER: She was the assistant supervisor of the operating room.

DR. PETERS: Yeah, that's what I would say.

MR. GUNN: I'd like to hand you a copy of --

DR. PETERS: (Inaudible.)

MR. GUNN: -- her testimony to the Warren Commission and just ask you one question about that.

(Discussion off the record.)

MR. GUNN: You're all welcome to read this if you wish or not read this if you wish, but I'm going to be making a reference to this and ask a question. This is in Volume VI of the Warren hearings.

She says -- and this is on Page 121 -- "I received a phone call from the emergency room asking us to set up for a craniotomy." And Mr. Specter says, "And what is

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a craniotomy in lay language?" "MS. WESTER: That's an exploration of the head." "MR. SPECTER: Was there any other request made at that time?" "MS. WESTER: Yes -- well -- immediately following, following that I received a call to set up for a thoractomy" (phonetic) --
DR. PETERS: Thoracotomy.
MR. GUNN: Thoracotomy, excuse me -- "which is an exploration of the chest." "MR. SPECTER: And were those two setups made in accordance with the request you received?" "MS. WESTER: Yes. I immediately assigned personnel to set up these two rooms for these two cases." "MR. SPECTER: And what room was used for the craniotomy?" "MS. WESTER: The craniotomy was set up in Room 7."
Question for you: Does any of you recall whether you made a call to Ms. Wester to set up a craniotomy in conjunction with President Kennedy?
DR. PETERS: Malcolm, do you --
DR. JONES: Was that a question?
MR. GUNN: Yes.
DR. JONES: I was reading here.
DR. BAXTER: What was the

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question?
MR. GUNN: Let me try the question again.
Does any of you recall calling Ms. Wester in regard to setting up a craniotomy for President Kennedy?
DR. JONES: No.
DR. PERRY: No.
DR. McCLELLAND: No.
DR. BAXTER: No.
DR. PETERS: No.
MR. GUNN: Does any of you have any light to shed on this observation that she made?
DR. BAXTER: I think the only light you could shed on it is that somebody -- maybe Doris Nelson, the head nurse in the emergency room -- she was in the room with us all of the time that I recall, but she might have initiated the call. Someone -- anybody on emergency room staff with a head injury would call up and say, be prepared. So I think it's totally insignificant the fact that she testified to that, and it just has no meaning except be prepared.

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DR. PERRY: We set up a lot of rooms we don't necessarily execute.
DR. BAXTER: Yeah, all the time.
DR. PETERS: Yeah.
DR. McCLELLAND: What is this -- I noticed Ms. Wester said what -- or Mr. Specter said, "What else, if anything, was on that stretcher?" And Ms. Wester: "There were several glassine packets, small packets of hypodermic needles -- well, packed in and sterilized in. There were several others -- some alcohol sponges and a roll of one-inch tape. Those things, I definitely know, were on the cart, and the sheets, of course."
MR. GUNN: Does that mean anything to you?
DR. McCLELLAND: No. I mean --
DR. BAXTER: What is a glassine packet?
DR. McCLELLAND: Oh, that's a little -- little plastic things they use to put those ampules in.
THE COURT REPORTER: Those what?
MR. GUNN: Ampules.
DR. McCLELLAND: Ampule,

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a-m-p-o-u-l-e.
MR. GUNN: As a former stamp collector, I remember them for places where you put stamps.
DR. McCLELLAND: Right.
MR. GUNN: Have you all seen the autopsy protocol that was drafted by Doctors Humes, Boswell, and Fink?
DR. JONES: I don't recall that I have.
DR. PERRY: (Nods affirmatively.)
DR. McCLELLAND: (Nods affirmatively.)
MR. GUNN: Dr. Perry, what -- do you remember how soon it was that you saw the report after the assassination? Dr. --
DR. PERRY: You know, this -- we went down this road two or three times about the -- on several occasions and talked about that report, but I don't remember the details surrounding it.
MR. GUNN: Dr. McClelland, you --
DR. McCLELLAND: It was a number

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of years.
MR. GUNN: Later?
DR. McCLELLAND: Yeah.
DR. PETERS: I saw it at the National Archives, and I always wondered if it really was accurate because when it came to adrenals, (inaudible) because of being Addisonian.
Humes had written two or three words which were not legible at all, if that was his actual writing down as he went through the autopsy. I thought it was inaccurate for anyone else who had to transcribe it subsequently. And I asked about that at the time, and they said, well, didn't want to make too much reference to the adrenals because Robert Kennedy did not want them to say anything about the adrenals because he was going to run for president and he didn't want people to think he had congenitally acquired Addisonian disease because his brother had had it. Probably President Kennedy had developed it from tuberculosis, I think, a common cause of bilateral destruction of the adrenals in those days.
But Humes -- the autopsy report

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they showed me was terribly done. I don't know what you saw, but it was -- the writing was illegible, just some scribbling as they came to each organ. When he came to adrenals, just a little scribble. It was not legible. So I don't -- that's -- they showed that to me as -- the autopsy report by Dr. Humes. And I said, well, we had a great guy in Dallas who should have done this autopsy, Earl Rose. He was a forensic pathologist trained but didn't have a chance.
MR. GUNN: Dr. Baxter, did you see the autopsy report?
DR. BAXTER: I've never seen it. Heard a lot about it but never saw it.
DR. JONES: I think we may have seen some excerpts from it or maybe even seen a reprint of it, but I never saw the original.
DR. PETERS: No, I never either.
DR. BAXTER: No.
MR. GUNN: Would any of you have thought that it would have been appropriate for you to talk in greater depth with Doctors Humes, Fink, or Boswell about the autopsy, have a discussion either immediately after the

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assassination or at some --
DR. PETERS: Well, I understood they called Dr. Perry and Dr. Carrico, and I think they could tell them as much as any of us could. That was right at the time. I mean --
MR. GUNN: One thing, as a layperson, when I look at the autopsy protocol and at what we have called the face sheet, which I think is what Dr. Peters was referring to with the drawings -- I'm not able to identify really where the wounds are and what the scope of the wounds are. And the photographs also are somewhat difficult to interpret certainly for me and from what I have seen in talking with other doctors about this. It is often difficult for them to interpret as well to what was happening so that the physical record leaves something to be desired I think would be a probably a fair statement.
DR. PERRY: Mr. Gunn, am I in error recalling that there were precise measurements made on that posterior wound? I recall the measurements made by using the mastoid process 14 centimeters down and 10 centimeters to one side.

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Dr. Humes made some precise measurements and he recorded that there was some discussion about that. His pictographs did not correspond with his measurements, but I don't know how the stick people were. Mine always had too long an arm or too big a head or something, and I would throw those things away, but I think there were some precise measurements made in relation to bony prominences about where those wounds were and that was recorded, was it not?
MR. GUNN: Let me give you copies of the face sheet, which is Exhibit MD 1, and the autopsy protocol, which is MD --
DR. PERRY: Is that not in there, those measurements?
MR. GUNN: We can talk about that in just a moment, yes.
DR. PERRY: Because I recall seeing those measurements early on, 14 to 10 centimeters or something like that.
MR. GUNN: (Tenders documents.)
DR. PERRY: Yeah, 14 from the -- I remember seeing that originally -- those numbers.
DR. JONES: Is this the original

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report or is this a mixed version or what?
MR. GUNN: For Exhibit 1, these are the only notes that are still in existence from those that were taken during the autopsy itself.
DR. PERRY: These were the ones I saw so many years ago because I remembered those numbers.
MR. GUNN: That's Exhibit 1 that you're referring to. And then the second one, the autopsy protocol, is Exhibit 3, so this was the report that Doctors Humes, Fink, and Boswell subsequently signed.
There is in addition to this a supplementary brain examination, which I also have a copy of. If you are interested in that, I can give that one to you as well.
If you can look at Page 2 of Exhibit 1, there's a drawing that in his deposition Dr. Boswell referred -- said that he was the one who had drawn that and who had written the markings on that.
And, again, as a layperson, when I look at this and I see a portion of it that's marked 10 by 17 with "missing" underneath it, I

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wondered what that meant, so I talked with Dr. Boswell to some extent about this during the deposition, and I asked him to mark on an anatomically correct skull -- plastic skull what the scope of the damages were, and I brought that with me today and I'd like to show that to you and see if that helps you to explain anything that you observed or if it appears to be consistent.
DR. JONES: Can you orient me? Are we looking -- which direction -- I'm assuming that as I look at this, that this is right and this is left?
MR. GUNN: That's correct, so nose is at the top.
DR. JONES: Are we interpreting this in any way or are you giving us directions?
MR. GUNN: I will -- you can take a look at that for a moment and then I will talk to you about this.
The skull that I have here is Exhibit Number 74 with the markings on this having been made by Dr. Boswell at his deposition and signed by him on February 26th, '96, down here. He identified -- going along, ask you

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about this particular question -- the entrance wound as being in approximately the location down here. And he stressed throughout that this is approximate and this cannot be considered to be accurate, but it was his best recollection so there's nothing precise about this at all.
For the line that he marked as Exhibit 1, which goes -- of this sort, this direction here which you can see, he said that the skull in that area was missing, and I'll read you the provision of the transcript from that. And he said where Line 2 is, this was a laceration in the scalp.
And if you notice here, again, looking at the plastic model, that there is a place where Line 2 intersects Line 1 and it would seem to go down to the right of the right orbit.
Dr. Boswell was not certain whether that was torn during the course of the autopsy or not, but he thought that it probably was. And, again, I have his exact words here from the deposition, if I can read these.
"Now, this suggests that a very large portion of the skull is missing at the time that the autopsy begins. Does that correspond

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with your own observations or do you feel that you're not even in a position to be able to make an observation?"
DR. JONES: What's the overlying tissue, or are we saying that the whole skin and everything is gone, or is this just skin -- is the skin over this or not over it in the autopsy report?
MR. GUNN: For practical purposes -- first, the autopsy report is not clear. The autopsy report itself is not clear on this issue, so this comes from the deposition. For the most part, the scalp was there. For the most part, the bone was missing at the time the autopsy began, although some pieces came during the course of the autopsy and they were able to fit them in. So he's not saying that all of this was missing throughout the autopsy but that this was missing at the time the autopsy began.
Now, you're obviously treating the patient in a very different perspective from a person performing the autopsy, and I understand that, and to some extent you may not have something useful to make -- observe about that or you may have something. I'm just interested in

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whether this would seem to correspond with what you were in a position to be able to observe or not.

DR. JONES: Well, we can go around the room again, the -- if this is a skin laceration or a skin destruction --

MR. GUNN: That's --

DR. JONES: I'm pointing to the -- from the skull down along the right eye.

MR. GUNN: Line 2 on Exhibit 74.

DR. JONES: And if -- to my recollection, that skin was intact. There was no facial injury on the right side that extended all the way down to the eye. And I feel like I did have enough view from my stance to see that.

Secondly, I thought the skin over the top of the head was intact from what I saw, but I don't know what was under the skin and whether the skull was there or not. As I mentioned earlier this morning, my initial impression in looking at the President was that he did not look like I had thought he would, and my earlier testimony before the Warren Commission was that he had facial relaxation of tissue -- seemed to be relaxation of tissue and I suppose

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that that could possibly be accounted for by loss of skull and allowing the tissue to relax.

DR. McCLELLAND: Well, as I understand that oblique line going across the top of the skull --

MR. GUNN: Line 2.

DR. McCLELLAND: Right -- that's consistent with the parietal bone sticking out through the laceration just in that position and -- but I'm not quite sure I understand from the drawing how much of the skull is missing in relation to those lines.

MR. GUNN: What Dr. Boswell suggested is these lines are all approximates -- and he wanted that to be stressed -- that the skull itself was missing here (indicating). The scalp was not missing but the scalp could -- was torn and lacerated in different places. So it's conceivable that it could have been pulled up in one part or pulled up in another part at any time after the assassination.

DR. McCLELLAND: Yeah.

MR. GUNN: But the skull itself was missing underneath.

DR. McCLELLAND: Well, that's

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consistent, you know, but the only thing that I might think is that it was more posterior, more down on the occipital bone than I'm understanding from the skull here.

DR. PETERS: Had a little bulge in the back there --

DR. McCLELLAND: Yeah.

DR. PETERS: -- towards the -- right almost -- yeah.

MR. GUNN: Down in there --

DR. PETERS: Yeah.

DR. McCLELLAND: -- is where it was.

DR. PETERS: A little opening there.

DR. McCLELLAND: Uh-huh.

MR. GUNN: The part I'm pointing now to what I'm understanding to be the occipital bone on --

DR. McCLELLAND: That's right.

MR. GUNN: -- on the skull, and that is part of what he has missing in his --

DR. McCLELLAND: Right.

MR. GUNN: -- in his drawing.

DR. McCLELLAND: I've seen that.

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It was blown out onto the street, I think, wasn't it, and picked up --

DR. PETERS: Yeah, a large fragment --

DR. McCLELLAND: -- the next day.

DR. PETERS: -- of parietal bone was --

MR. GUNN: So the occipital --

DR. McCLELLAND: Not parietal, occipital.

DR. PETERS: Well, okay, occipitoparietal.

DR. McCLELLAND: It was a triangular piece of --

DR. PETERS: Right.

DR. McCLELLAND: -- bone back, I imagine, where the suture is. So if he agrees that it goes back that far posterior, the loss of bone, then that would be consistent with what I saw.

And as I recall from having seen on a number of occasions, this approved film, it's clear when the bullet strikes the President's head that there is a bright flash as

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a flap of kin is blown down kind of over the right ear.

DR. PETERS: Right.

DR. McCLELLAND: And that would be consistent with there being an injury going down toward the eye, and then it probably was pulled back up in some way. It didn't continue to lie over the ear, but it did at the moment of impact -- it flew back and it was very clear that there was a flap being turned at that moment.

DR. PETERS: When I first walked in the room and saw the President in a slight Trendelenburg position, I agree completely with what Dr. Jones said, his face -- it appeared -- his forehead, the hair was down just a little bit like he might be frowning, but he wasn't.

And the -- I agree with what Bob said about the thing being mostly posterior occipital mostly and some parietal bone missing because you can look right in and see the brain.

When they showed me the autopsy reports 25 years later, there's a cut on President Kennedy's scalp coming down towards his eye, which I would swear was not there that day. I thought they probably made that, what looks

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like maybe an inch or inch-and-a-half extension maybe to do part of the autopsy. It looked like it were cut with a knife. It didn't look like a tear, but I suppose it could have been.

MR. GUNN: So, you know, I did ask that question in the deposition and I was told repeatedly by several different witnesses that the photographs were taken before any cuts or --

DR. PETERS: Manipulation.

MR. GUNN: -- incisions were made to the head, so that was in a sense pristine.

DR. PETERS: You can see it coming down there but it -- as you looked at his face, you didn't get the idea that there was a cut extending down onto his forehead or anything.

Wouldn't you agree with that, Ron?

DR. JONES: Yes, I would agree there was no facial injury whatsoever.

MR. GUNN: Now, I'm approaching this as a layperson, which may be good or may be bad. I would have imagined myself if I had seen President Kennedy in Trauma Room 1 and this part

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of the skull -- the part that's within Line 1 of Dr. Boswell -- if this were missing, I would imagine it would be noticeable to me as a layperson that there is severe damage to the skull. Is -- would that be a misperception on my part?

DR. PETERS: Depends on which angle you approached him.

DR. MCCLELLAND: From the front you might not --

DR. PETERS: Right.

DR. MCCLELLAND: -- think that.

DR. PETERS: That's right.

MR. GUNN: So none of you made observations that would -- or maybe the question is: Did any of you see any appearance of damage by looking just at the scalp and just at the hair that would suggest that that much of the skull was missing, or were you even in the position to be able to --

DR. JONES: Well, I think you could see the top part of the head reasonably well. He had a very thick bushy head of hair --

DR. PETERS: Yeah.

DR. JONES: -- and it was

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difficult to see down through the hair.

DR. BAXTER: All --

DR. JONES: I didn't see any indentation of the skull or anything like half of the top of the head was missing.

DR. BAXTER: All matted with blood. Unless you were up there and directly examining it, I don't think anybody could make a statement from what I saw. I mean, it was just one mass of blood and hair.

DR. PETERS: I was amazed when I saw the first X ray of the skull -- the lateral skull of the extent of the fragmentation of the skull. I did not appreciate that I think because a lot of it was covered by scalp at the time we worked on him. We were doing a resuscitation, not a forensic autopsy.

MR. GUNN: Now, for many people the ultimate question is whether President Kennedy was shot from the front or from behind, and I want to avoid that sort of question not because it's unimportant but what I -- what I'm mostly interested in are the observations that you have about what you observed yourself rather than what you might imagine.

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But in saying that, I also don't want to cut off observations that you think, based upon your own experience and your examination of President Kennedy, that would be useful to have as part of the record.

So I'm not encouraging you to give your ultimate conclusions or your beliefs, but to the extent that you think that you have something appropriate to put into the record based upon your own experience in the Trauma Room 1, in your experience as medical experts, I would be interested in hearing that.

Dr. Jones.

DR. JONES: Your question has to do with what we saw as we walked in, which is what we've testified.

DR. PETERS: Not what we've learned 30 years later?

MR. GUNN: Yes.

DR. JONES: And Dr. Perry and I walked in. We both looked at the president. Dr. Carrico was at the head of the table, and we both recognized probably simultaneously that it did not look like he had an airway or any IV access. And addressing the entrance wound that

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we -- addressing the neck wound that we initially looked at, I thought it was with very small range of a quarter of an inch or something like that and made an assumption.

MR. GUNN: Again, to the -- you've all made the descriptions previously about what you observed. Is there anything else that you think should be part of the record based upon your observations that I have not asked you about?

DR. MCCLELLAND: Let me ask a question in regard to that. I'm -- I think my subsequent thoughts about the nature of the wound and the direction from which the bullet may have come were colored almost where you couldn't separate the two influences by what I saw of the head wound in the Trauma Room 1 and then by what I think I saw -- well, know I saw but whether I interpreted it properly is another thing on the Zapruder film, putting those two things together, and I couldn't help but put them together.

And it looked to me clearly as if he were shot from the front on the film, and that was not inconsistent with what I saw as perhaps an exit wound on a bullet entering in the

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back of his head.

And I remember I saw that one night. It was, I guess, the first time they had showed it on that Geraldo Rivera program, and when I first saw that film and his head was thrown backward, it first looked like maybe that that was because the car sped up and therefore jerked his head backward, but they replayed the film in slow motion and then several times after that I've seen the same thing. And the car didn't start moving forward rapidly until several frames after his head had been thrown backward by what strikes me as could have been the force from a bullet coming from the front. That's just my impression. That's all it is, and that's not inconsistent with my view of that wound.

DR. PETERS: I think at the time, that day particularly I think is just as Dr. Perry described it. It could have been an entrance wound with a big exit wound at the back of the skull. We were to learn later he had a bullet that transversed through the back of his neck and out the front and that Malcolm would be best qualified to speak about that because he saw -- and I guess Charlie and maybe Ron, too --

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the wound before anything was done to it.

But Dr. Lattimer, my friend, and the FBI fired 500 shots into skulls with various contents -- liquid, plaster of Paris, so forth -- and it showed that when an individual struck from behind with a high velocity missile, the head is propelled towards the shooter. Of course, I didn't know that that day. I hadn't seen the Zapruder film yet, and all we had was the President lying before us.

But their evidence would tend to suggest that the President's head was propelled backwards because of the nature of the velocity of the bullet that struck the skull going from a harder outer cranium into a soft custard-like brain. And so that was -- that's the only evidence I know for the head going backwards.

DR. MCCLELLAND: Could I make a comment about that?

DR. PETERS: Sure.

DR. MCCLELLAND: I'm no physicist and I'm no ballistics expert, but it just seems to me -- and I would appreciate everybody else's thoughts on that -- that those are not good parallel experiments because those

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skulls were either suspended on strings or were sat on stools, not attached to anything.

The President's body was attached to a 170-some-odd-pound body and the force of that bullet was transmitted to his head as it was attached to that body. So I don't think you can say that because an unattached skull blows off like that, that that relates to anything about what --

DR. PETERS: Well, I think the forces could be applied to the skull, and Walter Alvarez, the physicist, did predict the actual behavior of the missile, you know, prior to them carrying out the experiments.

DR. McCLELLAND: Well, but what I'm saying, Paul, that you can't say that an unattached skull as opposed to a skull that's attached to a heavy body, that it could propel the skull off a stool which weighs nothing but it couldn't propel that -- with that heavy body attached to it in that direction unless the bullet were fired from the front and it carried the head and the body backward, which I think is very likely what happened. But an unattached skull sitting on a stool, I mean, you can say

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that today --

DR. PETERS: Well, but the forces directing just the head could be applied to the head regardless of what it's attached to. I mean, it's going to --

DR. McCLELLAND: It couldn't carry the body --

DR. PETERS: -- undergo a certain motion --

DR. McCLELLAND: Couldn't carry the body backward.

DR. PETERS: No, probably not. At that point --

DR. McCLELLAND: That's what I'm saying.

DR. PETERS: -- the body would come into play, I think.

DR. PERRY: May I offer one perhaps physiological explanation for your consideration?

When you pith a frog, brain stem injury, they go into marked opisthotonos. When you give electric shock to a patient, they go into marked opisthotonos and occasionally even used to fracture vertebrae and we used muscle

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relaxants.

In massive brain stem stimulation in both animals and humans causes extension of the very strong extensor muscles of the back rather than the flexor muscles of the body, and they are stronger. They hold us in the upright position. And almost all of those injuries propel the body, both animal and human, into an opisthotonos position, which is hyperextension. And it may be that the massive electrical stimulation of a brain stem injury would produce, just like electric shock does, like pithing does, opisthotonos, which would extend the back and the head and propel it backwards.

I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film.

DR. PETERS: Now, in addition to that, only a second or so before he'd been shot through the neck and he has his arms up, which people say is a reflex described in the late 1800s by a Russian neurologist, which is evidence of acute spinal cord injury with opisthotonos and

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with the arms being propelled.

And if you look closely at the pictures, his hands are not coming up as one would grasp his neck. They're coming up together above the wound, which is -- I don't remember the name of the individual who described it, but a sign of acute spinal cord injury. So he could have already had a little bit of that at the time the second bullet hit.

MR. GUNN: I don't think that there was any -- and I should stay out of this conversation mostly. But I don't think that there was any evidence of spinal cord injury in the President, though, and the autopsy doctor --

DR. PETERS: I don't know if there is a bullet showing fragmentation of the -- an injury to one of the cervical vertebrae on a lateral view, so there could have been some contusion in that area which could have been quite a stimulation to the spinal cord resulting in that reflex. I don't think it was bruised itself.

MR. GUNN: I think that that is something that some people see on the X rays, some don't.

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DR. PETERS: I see.

MR. GUNN: But there was -- but there was no evidence in the autopsy itself of any spinal cord injury as far as I understand, but the record speaks for itself.

DR. PETERS: We're getting off a little bit into what ordinary citizens might speculate about instead of what we as doctors --

DR. McCLELLAND: And it's all speculation.

DR. PETERS: -- thought that day. Yeah.

DR. JONES: In relation to the interior neck wound, one of the things that might have come out in questioning was whether or not that could even be due to a bone fragment. I don't know whether that injury was traced all the way from the back to the front for sure and demonstrated conclusively that those two wounds truly corrected -- connected. Excuse me.

DR. PERRY: And is it not a matter of record that there was also gilding metal on the knot of the tie? Isn't that correct?

MR. GUNN: On the knot of the

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tie?

DR. PERRY: On the knot of the tie? There was injury to the tie and there was some gilding metal, which is bullet jacket metal, on the knot of the tie.

MR. GUNN: I don't know.

DR. PERRY: I think that's in the record.

MR. GUNN: One of the things in the -- during the autopsy, they did not link the wound in the back to the neck. That did not come until after they spoke with Dr. Perry, so there was no tracing. There was an attempt to use the probe, and they found that the probe went in a short degree and then they could not find that it connected anywhere.

DR. PERRY: We mentioned the vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different.

MR. GUNN: Sure.

DR. PERRY: The pathway is entirely different in a person in action and one that's quiet, so it's no value to you whatsoever.

MR. GUNN: Sure. The only point

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was they did not make that determination during the course of the autopsy itself.

DR. PERRY: All of us at this table learned a long time ago that probing wounds was a fruitless exercise and sometimes dangerous.

MR. GUNN: Okay. Any other observations?

(No audible response.)

MR. GUNN: Well, then, let me thank you again for your time. I appreciate your coming here today.

DR. PERRY: Can we depend on another 30 years before we're asked anything?

MR. GUNN: My promise.

(Deposition concluded at 11:21 a.m.)

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STATE OF TEXAS *
COUNTY OF DALLAS *

This is to certify that I, Leticia Hernandez, Certified Shorthand Reporter in and for the State of Texas, certify that the foregoing deposition of CHARLES BAXTER, M.D., RONALD COY JONES, M.D., ROBERT M. MCCLELLAND, M.D., MALCOLM O. PERRY, M.D., PAUL C. PETERS, M.D., was reported stenographically by me at the time and place indicated, said witness having been placed under oath by me, and that the deposition is a true record of the testimony given by the witness.

I further certify that I am neither counsel for nor related to any party in this cause and am not financially interested in its outcome.

Given under my hand of office on this the 11th day of September, 1998.

LETICIA HERNANDEZ
Certified Shorthand Reporter
in and for the State of Texas
CSR No.: 4280
Commission Expires: 12/31/98

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Any: Mr. T. Jeremy Gunn

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C O R R I G E N D U M

The witness wishes to make the following changes or corrections in the testimony as originally given:

WITNESSES: CHARLES BAXTER, M.D.

PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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_____
CHARLES BAXTER, M.D.

STATE OF TEXAS *
COUNTY OF _____ *

Subscribed and sworn to before me by the said witness, CHARLES BAXTER, M.D., on this the ____ day of _____, 1998.

Notary Public for the State
Of County of _____
Commission Expires: _____

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C O R R I G E N D U M

The witness wishes to make the following changes or corrections in the testimony as originally given:

WITNESSES: RONALD COY JONES, M.D.

PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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RONALD COY JONES, M.D.

STATE OF TEXAS *
COUNTY OF _____ *
Subscribed and sworn to before me by the said witness, RONALD COY JONES, M.D., on this the _____ day of _____, 1998.

Notary Public for the State Of _____ County of _____
Commission Expires: _____

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CORRIGENDUM

The witness wishes to make the following changes or corrections in the testimony as originally given:
WITNESSES: ROBERT M. McCLELLAND, M.D.
PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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ROBERT M. McCLELLAND, M.D.

STATE OF TEXAS *
COUNTY OF _____ *
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Notary Public for the State Of _____ County of _____
Commission Expires: _____

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CORRIGENDUM

The witness wishes to make the following changes or corrections in the testimony as originally given:
WITNESSES: MALCOLM O. PERRY, M.D.
PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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MALCOLM O. PERRY, M.D.

STATE OF TEXAS *
COUNTY OF _____ *
Subscribed and sworn to before me by the said witness, MALCOLM O. PERRY, M.D., on this the _____ day of _____, 1998.

Notary Public for the State Of _____ County of _____
Commission Expires: _____

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CORRIGENDUM

The witness wishes to make the following changes or corrections in the testimony as originally given:
WITNESSES: PAUL C. PETERS, M.D.
PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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PAUL C. PETERS, M.D.

STATE OF TEXAS *
COUNTY OF _____ *
Subscribed and sworn to before me by the said witness, PAUL C. PETERS, M.D., on this the _____ day of _____, 1998.

Notary Public for the State Of _____ County of _____
Commission Expires: _____

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