

REPORT OF  
THE PRESIDENT'S COMMISSION ON THE  
ASSASSINATION OF  
President John F. Kennedy



UNITED STATES  
GOVERNMENT PRINTING OFFICE  
WASHINGTON, D.C.

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PARKLAND MEMORIAL HOSPITAL

ADMISSION NOTE

DATE AND HOUR: Nov. 22, 1963 4:45 P.M. DOCTOR: Robert N. McClelland

Statement Regarding Assassination of  
President Kennedy

At approximately 12:45 P.M. on the above date I was called from the second floor of Parkland Hospital and went immediately to the Emergency Operating Room. When I arrived President Kennedy was being attended by Drs. Malcolm Perry, Charles Baxter, James Corico and Ronald Jones. The President was at that time comatose from a massive gunshot wound of the head with a fragment wound of the trachea. An endotracheal tube and assisted respiration were started immediately by Dr. Corico on duty in the EOR when the President arrived. Dr. Perry, Baxter and I then performed a tracheotomy for respiratory distress and tracheal injury and Drs. Jones and Paul Peters inserted bilateral anterior chest tubes for pneumothoraces secondary to the tracheomediastinal injury. Simultaneously Dr. Jones had started 3 cut-downs giving blood and fluids immediately. In spite of this, at 12:55 he was pronounced dead by Dr. Perry Clark the neurosurgeon and professor of neurosurgery who arrived immediately after I did. The

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(OVER)

COMMISSION EXHIBIT No. 392—Continued

ADMISSION NOTE I

cause of death was due to massive head  
and brain injury from a gunshot wound of  
the left temple. He was pronounced dead after  
external cardiac massage failed & ECG activity was  
gone.

Robert M. Williams, M.D.  
Asst. Prof. of Surgery  
Southwestern Med.  
School of Univ. of Tex.  
Dallas, Texas

COMMISSION EXHIBIT No. 392—Continued

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INVESTIGATION OF  
THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

HEARINGS  
Before the President's Commission  
on the Assassination  
of President Kennedy

PURSUANT TO EXECUTIVE ORDER 11130, an Executive order creating a Commission to ascertain, evaluate, and report upon the facts relating to the assassination of the late President John F. Kennedy and the subsequent violent death of the man charged with the assassination and S.J. RES. 137, 88TH CONGRESS, a concurrent resolution conferring upon the Commission the power to administer oaths and affirmations, examine witnesses, receive evidence, and issue subpoenas

*Volume*

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"How did the practitioner who signed the death certificate of the President fail to take the trouble to turn him over?"

Of course, that refers to you and will you give me your answer to that question, as the news media has posed it?

Dr. CLARK. Quite simply, as I previously stated, the duration of time the President was alive was occupied by attempts to save his life. When these failed, further examination of the patient's body was not done, as it was felt that little could be gained or learned that would be helpful in deciding the course of events leading up to his assassination, that is, examination by me, as I knew an autopsy would be performed which would be far more meaningful and revealing than any cursory external examination conducted in the emergency room by me.

Mr. SPECTER. Now, was the action taken by you in signing the death certificate based upon the examination which you made in accordance with what you believed to be good medical practice?

Dr. CLARK. Yes, sir.

Mr. SPECTER. So that the characterization here of "L' Express" that the failure to turn the President over would not constitute gross negligence in your professional judgment, as they have characterized it here.

Dr. CLARK. No, sir. One other point, if I may here?

Mr. SPECTER. Yes.

Dr. CLARK. In order to move the President's body to Bethesda where the autopsy was to be performed, a death certificate had to be filled out in conformance with Texas State law to allow the body to be transported. This is the second part of the signing of the death certificate.

Mr. SPECTER. Do you have anything to add, Dr. Clark, which you think might be helpful at all in the inquiry being made by the President's Commission?

Dr. CLARK. No; I don't think so.

Mr. SPECTER. And did you and I chat for just a moment or two about the questions I would ask you on this supplemental deposition before it went on the record?

Dr. CLARK. Yes, sir.

Mr. SPECTER. And have you talked to any representative of the Federal Government between the time I took your deposition last Saturday and this Wednesday morning?

Dr. CLARK. No, sir.

Mr. SPECTER. Thank you very much, Dr. Clark.

Dr. CLARK. All right.

*Robert M. McClelland*

*Robert N. McClelland*

TESTIMONY OF DR. ROBERT NELSON McCLELLAND

The testimony of Dr. Robert Nelson McClelland was taken on March 21, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. Will you raise your right hand?

Dr. McCLELLAND. Yes.

Mr. SPECTER. Do you solemnly swear that the testimony you give in these proceedings will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. McCLELLAND. I do.

Mr. SPECTER. Dr. McClelland, the purpose of this proceeding is to take your deposition in connection with an investigation which is being conducted by the President's Commission on the Assassination of President Kennedy, and the specific purpose of our requesting you to answer questions relates to the topic of the medical care which President Kennedy received at Parkland Memorial Hospital.

Dr. McClelland, will you tell us your full name for the record, please?

Dr. McCLELLAND. Robert Nelson McClelland.

Mr. SPECTER. Have you received a letter from the Commission which enclosed a copy of the Executive order creating the Commission, and a copy of the Congressional Resolution pertaining to the Commission, and a copy of the procedures for taking testimony under the Commission?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And is it satisfactory with you to answer these questions for us today, even though you haven't had the 3 days between the time of the receipt of the letter and today?

Dr. McCLELLAND. Yes.

Mr. SPECTER. What is your profession, Doctor?

Dr. McCLELLAND. I am a doctor of medicine.

Mr. SPECTER. Would you outline briefly your educational background, starting with your graduation from college, please?

Dr. McCLELLAND. Since graduation from college I attended medical school at the University of Texas, medical branch in Galveston, Tex., and received the M.D. degree from that school in 1954. I then went to Kansas City, Kans., where I did a rotating internship at the University of Kansas Medical Center from June 1954 to June 1955. Following that period I was a general medical officer in the Air Force for 2 years in Germany, and subsequent to my release from active duty, I became a general surgery resident at Parkland Memorial Hospital in Dallas in August of 1957. I remained at Parkland from that date to August 1959, at which time I entered private practice for ten months, and then reentered my general surgery training program at Parkland in June 1960. I completed my 4 years of general surgical training in June 1962. Following that time I became a full-time instructor of surgery on the staff of the University of Texas, Southwestern Medical School, and I am at the present time an associate professor of surgery at that school.

Mr. SPECTER. Dr. McClelland, in connection with your duties at Parkland Hospital, or before, have you had any experience with gunshot wounds?

Dr. McCLELLAND. Yes.

Mr. SPECTER. Where in your background did you acquire that experience?

Dr. McCLELLAND. Largely during residency training and subsequent to that in my capacity here on the staff.

Mr. SPECTER. And what has provided the opportunity for your experience here at Parkland in residency training and on the staff with respect to acquiring knowledge of gunshot wounds?

Dr. McCLELLAND. Largely this has been related to the type of hospital which Parkland is; namely, City-County Hospital which receives all of the indigent patients of this county, many of whom are involved frequently in shooting altercations, so that we do see a large number of that type patient almost daily.

Mr. SPECTER. Could you approximate for me the total number of gunshot wounds which you have had an opportunity to observe?

Dr. McCLELLAND. I would estimate that it would be in excess of 200.

Mr. SPECTER. What was your duty assignment back on November 22, 1963?

Dr. McCLELLAND. At that time I was showing a film on surgical techniques to a group of students and residents on the second floor of Parkland Hospital in the surgical suite, where I was notified of the fact that President Kennedy was being brought to the Parkland emergency room after having been shot.

Mr. SPECTER. And what action, if any, did you take following that notification?

Dr. McCLELLAND. Immediately upon hearing that, I accompanied the Resident, Dr. Crenshaw, who brought this news to me, to the emergency room, and down to the trauma room 1 where President Kennedy had been taken immediately upon arrival.

Mr. SPECTER. And approximately what time did you arrive in Emergency Room 1?

Dr. McCLELLAND. This is a mere approximation, but I would approximate or estimate, rather, about 12:40.

Mr. SPECTER. And who was present, if anyone, at the time of your arrival?

Dr. McCLELLAND. At the time I arrived, Dr. Perry—would you like the full names of all these?

Mr. SPECTER. That would be fine, I would appreciate that.

Dr. McCLELLAND. Dr. Malcolm Perry, Dr. Charles Baxter, Dr. Charles Creshaw, Dr. James Carrico, Dr. Paul Peters.

Mr. SPECTER. Were they all present at the time you arrived?

Dr. McCLELLAND. They were not present when I arrived.

Mr. SPECTER. Will you start with the ones who were present?

Dr. McCLELLAND. Starting with the ones who were present, I'm sorry, the ones who were present when I arrived were Drs. Carrico, Perry and Baxter. The others I mentioned arrived subsequently or about the same time that I did.

Mr. SPECTER. Then, what other doctors, if any, arrived after you did, in addition to those whom you have already mentioned?

Dr. McCLELLAND. In addition, the ones that arrived afterwards, were I and Kenneth Salyer.

Mr. SPECTER. S-a-l-y-e-r?

Dr. McCLELLAND. S-a-l-y-e-r, Dr. Fouad, F-o-u-a-d Bashour, Dr. Donald S. Salyer—

Mr. SPECTER. S-e-l-d-i-n?

Dr. McCLELLAND. S-e-l-d-i-n—I believe that's all.

Mr. SPECTER. What did you observe as to President Kennedy's condition at that time?

Dr. McCLELLAND. Well, on initially coming into the room and inspecting him from a distance of only 2 or 3 feet as I put on a pair of surgical gloves, it was obvious that he had sustained a probably mortal head injury, and that his face was extremely swollen and suffused with blood appeared cyanotic—

Mr. SPECTER. "Cyanotic"—may I interrupt—just what do you mean by that in lay terms?

Dr. McCLELLAND. This means bluish discoloration, bluish-black discoloration of the tissue. The eyes were somewhat protuberant, which is usually seen after massive head injuries denoting increased intracranial pressure, and it seemed that he perhaps was not making, at the time at least, spontaneous respiratory movements, but was receiving artificial respiration from a machine, and an anesthesia machine.

Mr. SPECTER. Who was operating that machine?

Dr. McCLELLAND. The machine—there was a changeover, just as I came in, one of the doctors in the room, I don't recall which one, had been operating what we call an intermittent positive pressure breathing machine.

Mr. SPECTER. Had that machine been utilized prior to your arrival?

Dr. McCLELLAND. It was in use as I arrived, yes, and about the same time I arrived—this would be one other doctor who came in the room that I forgot about—Dr. Jenkins, M. T. Jenkins, professor of anesthesiology, came in the room with a larger anesthesia machine, which is a better type machine with which to maintain control of respiration, and this was then attached to the tube in the President's tracheotomy; anyway, respiratory movements were being made for him with these two machines, which were in the process of being changed when I came in.

Then, as I took my post to help with the tracheotomy, I was standing at the end of the stretcher on which the President was lying, immediately behind his head, for purposes of holding a tracheotomy, or a retractor in the neck line.

Mr. SPECTER. What did you observe, if anything, as to the status of the neck wound when you first arrived?

Dr. McCLELLAND. The neck wound, when I first arrived, was at that time converted into a tracheotomy incision. The skin incision had been made by Dr. Perry, and he told me—although I did not see that—that he had made the incision through a very small, perhaps less than one quarter inch in diameter wound in the neck.

Mr. SPECTER. Do you recall whether he described it any more precisely than that?

Dr. McCLELLAND. He did not at that time.

Mr. SPECTER. Has he ever described it any more precisely for you?

Dr. McCLELLAND. He has since that time.

Mr. SPECTER. And what description has he given of it since that time?

Dr. McCLELLAND. As well as I can recall, the description that he gave was essentially as I have just described, that it was a very small injury, with clear

Charles Cren-

cut, although somewhat irregular margins of less than a quarter inch in diameter, with minimal tissue damage surrounding it on the skin.

Mr. SPECTER. Now, was there anything left for you to observe of that bullet wound, or had the incision obliterated it?

Dr. McCLELLAND. The incision had obliterated it, essentially, the skin portion, that is.

Mr. SPECTER. Before proceeding to describe what you did in connection with the tracheostomy, will you more fully describe your observation with respect to the head wound?

Dr. McCLELLAND. As I took the position at the head of the table that I have already described, to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out. There was a large amount of bleeding which was occurring mainly from the large venous channels in the skull which had been blasted open.

Mr. SPECTER. Was he alive at the time you first saw him?

Dr. McCLELLAND. I really couldn't say, because as I mentioned in the hectic activity—I really couldn't say what his blood pressure was or what his pulse was or anything of that sort. The only thing I could say that would perhaps give evidence—this is not vital activity—at most, is that maybe he made one or two spontaneous respiratory movements but it would be difficult to say, since the machine was being used on him, whether these were true spontaneous respirations or not.

Mr. SPECTER. Would you now describe the activity and part that you performed in the treatment which followed your arrival?

Dr. McCLELLAND. Yes; as I say, all I did was simply assist Dr. Perry and Dr. Baxter in doing the tracheotomy. All three of us worked together in making an incision in the neck, retracting the neck muscles out of the way, and making a small opening into the trachea near the spot where the trachea had already been blasted or torn open by the fragment of the bullet, and inserting a large metal tracheotomy tube into this hole, and after this the breathing apparatus was attached to this instead of the previous tube which had been placed here.

Mr. SPECTER. In conducting that operation, did you observe any interior damage to the President?

Dr. McCLELLAND. Yes.

Mr. SPECTER. Will you describe that for me, please?

Dr. McCLELLAND. That damage consisted mainly of a large amount of contusion and hematoma formation in the tissue lateral to the right side of the trachea and the swelling and bleeding around this site was to such extent that the trachea was somewhat deviated to the left side, not a great deal, but to a degree at least that it required partial cutting of some of the neck muscles in order to get good enough exposure to put in the tracheotomy tube, but there was a good deal of soft tissue damage and damage to the trachea itself where apparently the missile had gone between the trachea on the right side and the strap muscles which were applied closely to it.

Mr. SPECTER. What other treatment was given to President Kennedy at the time you were performing the procedures you have just described?

Dr. McCLELLAND. To the best of my knowledge, the other treatment had consisted of the placement of cutdown sites in his extremities, namely, the making of incisions over large veins in the arms and, I believe, in the leg; however, I'm not sure about that, since I was not paying too much attention to that part of the activity, and large plastic tubes were placed into these veins for the giving of blood and fluids, and as I recall, he received a certain amount of blood, but I don't know exactly how much, since I was not actually giving the blood.



In addition to that, of course, while we were working on the tracheotomy incision, the other physicians that I have mentioned were attaching the President rapidly to a cardiac monitor, that is to say, an electrocardiogram, for checking the presence of cardiac activity, and in addition, chest tubes were being placed in the right and left chest—both, as I recall.

Mr. SPECTER. Do you recall who was placing those tubes?

Dr. McCLELLAND. One of the tubes, I believe, was placed by Dr. Peters. The other one, I'm not right certain, I don't really recall—I perhaps better not say.

Mr. SPECTER. Do you know about how long that took in placing those chest tubes?

Dr. McCLELLAND. As well as I am aware, the tubes were both placed in. What this involves is simply putting a trocar, a large hollow tube, and that is put into the small incision, into the anterior chest wall and slipping the tube into the chest between a group of ribs for purposes of relieving any collection of air or fluid which is present in the lungs. The reason this was done was because it was felt that there was probably quite possibly a mediastinal injury with perhaps suffusion of blood and air into one or both pleural cavities.

Mr. SPECTER. What effect did this medical treatment have on President Kennedy?

Dr. McCLELLAND. As near as we could tell, unfortunately, none. We felt that from the time we saw him, most of us agreed, all of us agreed rather, that this was a mortal wound, but that in spite of this feeling that all attempts possible should be made to revive him, as far as establishing the airway breathing for him, and replacing blood and what not, but unfortunately the loss of blood and the loss of cerebral and cerebellar tissues were so great that the efforts were of no avail.

Mr. SPECTER. Was he conscious at that time that you saw him?

Dr. McCLELLAND. No.

Mr. SPECTER. And, at what time did he expire?

Dr. McCLELLAND. He was pronounced dead at 1 p.m. on November 22.

Mr. SPECTER. What was the cause of death in your opinion?

Dr. McCLELLAND. The cause of death, I would say, would be massive head injuries with loss of large amounts of cerebral and cerebellar tissues and massive blood loss.

Mr. SPECTER. Did you observe anything in the nature of a wound on his body other than that which you have already described for me?

Dr. McCLELLAND. No.

Mr. SPECTER. In what position was President Kennedy maintained from the time you saw him until the pronouncement of death?

Dr. McCLELLAND. On his back on the cart.

Mr. SPECTER. On his what?

Dr. McCLELLAND. On his back on the stretcher.

Mr. SPECTER. Was he on the stretcher at all times?

Dr. McCLELLAND. Yes.

Mr. SPECTER. In the trauma room No. 1 you described, is there any table onto which he could be placed from the stretcher?

Dr. McCLELLAND. No; generally we do not move patients from the stretcher until they are ready to go into the operating room and then they are moved onto the operating table.

Mr. SPECTER. Well, in fact, was he left on the stretcher all during the course of these procedures until he was pronounced dead?

Dr. McCLELLAND. That's right.

Mr. SPECTER. Then, at any time was he positioned in a way where you could have seen the back of his body?

Dr. McCLELLAND. No.

Mr. SPECTER. Did you observe any gunshot wound on his back?

Dr. McCLELLAND. No.

Mr. SPECTER. Have you had discussions with the other doctors who attended President Kennedy as to the possible nature of the wound which was inflicted on him?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And what facts did you have available either to you or to the

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other doctors whom you talked this over with, with respect to the nature of the wound, source of the wounds, and that sort of thing?

Dr. McCLELLAND. Immediately we had essentially no facts. We knew nothing of the number of bullets that had supposedly been fired. We knew nothing of the site from which the bullet had been fired, essentially none of the circumstances in the first few minutes, say, 20 or 30 minutes after the President was brought in, so that our initial impressions were based upon extremely incomplete information.

Mr. SPECTER. What were your initial impressions?

Dr. McCLELLAND. The initial impression that we had was that perhaps the wound in the neck, the anterior part of the neck, was an entrance wound and that it had perhaps taken a trajectory off the anterior vertebral body and again into the skull itself, exiting out the back, to produce the massive injury in the head. However, this required some straining of the imagination to imagine that this would happen, and it was much easier to explain the apparent trajectory by means of two bullets, which we later found out apparently had been fired, than by just one then, on which basis we were originally taking to explain it.

Mr. SPECTER. Through the use of the pronoun "we" in your last answer, to whom do you mean by "we"?

Dr. McCLELLAND. Essentially all of the doctors that have previously been mentioned here.

Mr. SPECTER. Did you observe the condition of the back of the President's head?

Dr. McCLELLAND. Well, partially; not, of course, as I say, we did not lift his head up since it was so greatly damaged. We attempted to avoid moving him any more than it was absolutely necessary, but I could see, of course, all the extent of the wound.

Mr. SPECTER. You saw a large opening which you have already described?

Dr. McCLELLAND. I saw the large opening which I have described.

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

Dr. McCLELLAND. No.

Mr. SPECTER. Did you observe a small gunshot wound below the large opening on the back of the head?

Dr. McCLELLAND. No.

Mr. SPECTER. Based on the experience that you have described for us with gunshot wounds and your general medical experience, would you characterize the description of the wound that Dr. Perry gave you as being a wound of entrance or a wound of exit, or was the description which you got from Dr. Perry and Dr. Baxter and Dr. Carrico who were there before, equally consistent with whether or not it was a wound of entrance or a wound of exit, or how would you characterize it in your words?

Dr. McCLELLAND. I would say it would be equally consistent with either type wound, either an entrance or an exit type wound. It would be quite difficult to say—impossible.

Mr. SPECTER. Dr. McClelland, I show you now a statement or a report which has been furnished to the Commission by Parkland Hospital and has been identified in a previous Commission hearing as Commission Exhibit No. 392, and I direct your attention specifically to a page, "Third Report", which was made by you, and I would ask you first of all if this is your signature which appears at the bottom of Page 2, and next, whether in fact you did make this report and submit it to the authorities at Parkland Hospital?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And are all the facts set forth true and correct to the best of your knowledge, information and belief?

Dr. McCLELLAND. To the best of my knowledge, yes.

Mr. SPECTER. Dr. McClelland, did you and I sit down together for just a few minutes before I started to take your deposition today?

Dr. McCLELLAND. Yes, sir.

Mr. SPECTER. And I discussed this matter with you?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And, during the course of our conversations at that time, did we cover the same material in question form here and to which you have responded in answer form with the court reporter here today?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And has the information which you have given me on the record been the same as that which you gave me off of the record in advance?

Dr. McCLELLAND. Yes.

Mr. SPECTER. Do you have any interest, Dr. McClelland in reading your testimony over or signing it at the end, or would you be willing to waive any such signature of the testimony?

Dr. McCLELLAND. I would be willing to waive my signature.

Mr. SPECTER. Thank you so much for coming and giving us your deposition today.

Dr. McCLELLAND. All right, thank you.

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### TESTIMONY OF DR. ROBERT M. McCLELLAND RESUMED

The testimony of Dr. Robert M. McClelland was taken at 3:25 p.m., on March 25, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May the record show that Dr. Robert M. McClelland has returned to have a brief additional deposition concerning a translation of "L' Express" which has been called to my attention in the intervening time which has elapsed between March 21, when I took Dr. McClelland's deposition on the first occasion, and today.

Dr. McClelland, will you raise your right hand? Do you solemnly swear that the testimony you will give to the President's Commission in this deposition proceeding will be the truth, the whole truth and nothing but the truth, so help you God?

Dr. McCLELLAND. I do.

Mr. SPECTER. Dr. McClelland, I show you a translation from the French, of the magazine, "L' Express" issue of February 20, 1964, and ask you if you would read this item, with particular emphasis on a reference to a quotation or statement made by you to a reporter from the St. Louis Post Dispatch.

Dr. McCLELLAND. (Examined instrument referred to.)

Mr. SPECTER. Now, have you had an opportunity to read over that excerpt?

Dr. McCLELLAND. Yes.

Mr. SPECTER. Did you talk to a reporter from the St. Louis Post Dispatch about this matter?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And what was his name?

Dr. McCLELLAND. Richard Dudman.

Mr. SPECTER. And when did you have that conversation with Mr. Dudman?

Dr. McCLELLAND. As well as I recall, it was the day after the assassination, as nearly as I can recall, but I'm not certain about that.

Mr. SPECTER. Will you tell me as closely as you remember what he said to you and you said to him, please?

Dr. McCLELLAND. The main point he seemed to be making was to attempt to define something about the wound, the nature of the wound, and as near as I can recall, I indicated to him that the wound was a small undamaged—appearing punctate area in the skin of the neck, the anterior part of the neck, which had the appearance of the usual entrance wound of a bullet, but that this certainly could not be—you couldn't make a statement to that effect with any complete degree of certainty, though we were, as I told him, experienced in seeing wounds of this nature, and usually felt that we could tell the difference between an entrance and an exit wound, and this was, I think, in essence what I told him about the nature of the wound.

Mr. SPECTER. Now, had you actually observed the wound prior to the time the tracheotomy was performed on that neck wound?

Dr. McCLELLAND. No; my knowledge of the entrance wound, as I stated, in my former deposition, was merely from what Dr. Perry told me when I entered the room and began putting on a pair of surgical gloves to assist with the tracheotomy.

Dr. Perry looked up briefly and said that they had made an incision and were in the process of making an incision in the neck, which extended through the middle of the wound in question in the front of the neck.

Mr. SPECTER. Now, you have just characterized it in that last answer as an entrance wound.

Dr. McCLELLAND. Well, perhaps I shouldn't say the wound anyway, not the entrance wound—that might be a slip of the tongue.

Mr. SPECTER. Do you have a firm opinion at this time as to whether it is an entrance wound or exit wound or whatever?

Dr. McCLELLAND. Of course, my opinion now would be colored by everything that I've heard about it and seen since, but I'll say this, if I were simply looking at the wound again and had seen the wound in its unchanged state, and which I did not, and, of course, as I say, it had already been opened up by the tracheotomy incision when I saw the wound—but if I saw the wound in its state in which Dr. Perry described it to me, I would probably initially think this were an entrance wound, knowing nothing about the circumstances as I did at the time, but I really couldn't say—that's the whole point. This would merely be a calculated guess, and that's all, not knowing anything more than just seeing the wound itself.

Mr. SPECTER. But did you, in fact, see the wound prior to the time the incision was made?

Dr. McCLELLAND. No.

Mr. SPECTER. So that any preliminary thought you had even, would be based upon what you had been told by Dr. Perry?

Dr. McCLELLAND. That's right.

Mr. SPECTER. Now, did you tell Mr. Dudman of the St. Louis Post Dispatch that you did not in fact see the wound in the neck, but your only information of it came from what Dr. Perry had told you?

Dr. McCLELLAND. I don't recall whether I told him that or not. I really don't remember whether I said I had seen the wound myself or whether I was merely referring to our sort of collective opinion of it, or whether I told him I had not seen the wound and was merely going by Dr. Perry's report of it to me. I don't recall now, this far away in time exactly what I said to him.

Mr. SPECTER. Dr. McClelland, I want to ask you a few additional questions, and some of these questions may duplicate questions which I asked you last Saturday, and the reason for that is, we have not yet had a chance to transcribe the deposition of last Saturday, so I do not have before me the questions I asked you at that time and the answers you gave, and since last Saturday I have taken the depositions of many, many doctors on the same topics, so it is not possible for me to be absolutely certain of the specific questions which I asked you at that time, but permit me to ask you one or several more questions on the subject.

First, how many bullets do you think were involved in inflicting the wounds on President Kennedy which you observed?

Dr. McCLELLAND. At the present time, you mean, or at the immediate moment?

Mr. SPECTER. Well, take the immediate moment and then the present time.

Dr. McCLELLAND. At the moment, of course, it was our impression before we had any other information from any other source at all, when we were just confronted with the acute emergency, the brief thoughts that ran through our minds were that this was one bullet, that perhaps entered through the front of the neck and then in some peculiar fashion which we really had, as I mentioned the other day, to strain to explain to ourselves, had coursed up the front of the vertebra and into the base of the skull and out the rear of the skull.

This would have been a very circuitous route for the bullet to have made, so that when we did find later on what the circumstances were surrounding the

assassination, this was much more readily explainable to ourselves that the two wounds were made by two separate bullets.

Mr. SPECTER. And what is your view or opinion today as to how many bullets inflicted the injuries of President Kennedy?

Dr. McCLELLAND. Two.

Mr. SPECTER. Now, what would be the reason for your changing your opinion in that respect?

Dr. McCLELLAND. Oh, just simply the later reports that we heard from all sources, of all the circumstances surrounding the assassination. Certainly no further first-hand information came to me and made me change my mind in that regard.

Mr. SPECTER. Dr. McClelland, let me ask you to assume a few additional facts, and based on a hypothetical situation which I will put to you and I'll ask you for an opinion.

Assume, if you will, that President Kennedy was shot on the upper right posterior thorax just above the upper border of the scapula at a point 14 cm. from the tip of the right acromion process and 14 cm. below a tip of the right mastoid process, assume further that that wound of entry was caused by a 6.5-mm. missile shot out of a rifle having a muzzle velocity of approximately 2,000 feet per second, being located 160 to 250 feet away from President Kennedy, that the bullet entered on the point that I described on the President's back, passed between two strap muscles on the posterior aspect of the President's body and moved through the fascial channel without violating the pleura cavity, and exited in the midline lower third anterior portion of the President's neck, would the hole which Dr. Perry described to you on the front side of the President's neck be consistent with the hole which such a bullet might make in such a trajectory through the President's body?

Dr. McCLELLAND. Yes; I think so.

Mr. SPECTER. And what would your reasoning be for thinking that that would be a possible hole of exit on those factors as I have outlined them to you?

Dr. McCLELLAND. Well, I think my reasoning would be basically that the missile was traveling mainly through soft tissue, rather than exploding from a bony chamber and that by the time it reached the neck that it had already lost, because of the distance from which it was fired, even though the muzzle velocity was as you stated—would have already lost a good deal of its initial velocity and kinetic strength and therefore would have perhaps made, particularly, if it were a fragment of the bullet as bullets do sometimes fragment, could have made a small hole like this in exiting. It certainly could have done that.

Mr. SPECTER. What would have happened then to the other portion of the bullet if it had fragmented?

Dr. McCLELLAND. It might have been left along, or portions of it along the missile track—sometimes will be left scattered up and down this. Other fragments will maybe scatter in the wound and sometimes there will be multiple fragments and sometimes maybe only a small fragment out of the main bullet, sometimes a bullet will split in half—this is extremely difficult for me to say just what would happen in a case like that.

Mr. SPECTER. Well, assuming this situation—that the bullet did not fragment, because the autopsy report shows no fragmentation, that is, it cannot show the absence of fragmentation, but we do know that there were no bullets left in the body at any point, so that no fragment is left in.

Dr. McCLELLAND. I think even then you could make the statement that this wound could have resulted from this type bullet fired through this particular mass of soft tissue, losing that much velocity before it exited from the body. Where you would expect to see this really great hole that is left behind would be, for instance, from a very high velocity missile fired at close range with a heavy caliber bullet, such as a .45 pistol fired at close range, which would make a small entrance hole, relatively, and particularly if it entered some portion of the anatomy such as the head, where there was a sudden change in density from the brain to the skull cavity, as it entered. As it left the body, it would still have a great deal of force behind it and would blow up a large segment of tissue as it exited. But I don't think the bullet of this nature fired from that distance and going through this large area of homogenous soft tissue would necessarily

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make the usual kind of exit wound like I just described, with a close range high velocity heavy caliber bullet.

This is why it would be difficult to say with certainty as has been implied in some newspaper articles that quoted me, that you could tell for sure that this was an entrance or an exit wound. I think this was blown up a good deal.

Mr. SPECTER. Dr. McClelland, why wasn't the President's body turned over?

Dr. McCLELLAND. The President's body was not turned over because the initial things that were done as in all such cases of extreme emergency are to first establish an airway and second, to stop hemorrhage and replace blood, so that these were the initial things that were carried out immediately without taking time to do a very thorough physical examination, which of course would have required that these other emergency measures not be done immediately.

Mr. SPECTER. Did you make any examination of the President's back at all?

Dr. McCLELLAND. No.

Mr. SPECTER. Was any examination of the President's back made to your knowledge?

Dr. McCLELLAND. Not here—no.

Mr. SPECTER. Do you have anything to add which you think might be helpful in any way to the Commission?

Dr. McCLELLAND. No; I think not except again to emphasize perhaps that some of our statements to the press about the nature of the wound may have been misleading, possibly—probably because of our fault in telling it in such a way that they misinterpreted our certainty of being able to tell entrance from exit wounds, which as we say, we generally can make an educated guess about these things but cannot be certain about them. I think they attributed too much certainty to us about that.

Mr. SPECTER. Now, have you talked to anyone from the Federal Government about this matter since I took your deposition last Saturday?

Dr. McCLELLAND. No.

Mr. SPECTER. And did you and I chat for a moment or two with my showing you this translation of "L' Express" prior to the time we went on the record here?

Dr. McCLELLAND. Yes.

Mr. SPECTER. And is the information which you gave to me in response to my questions the same that we put on the record here?

Dr. McCLELLAND. To the best of my knowledge—yes.

Mr. SPECTER. Thank you very much, Dr. McClelland.

Dr. McCLELLAND. All right. Thank you

~~Charles R. Baxter~~  
**TESTIMONY OF DR. CHARLES RUFUS BAXTER**

The testimony of Dr. Charles Rufus Baxter was taken at 11:15 a.m., on March 24, 1964, at Parkland Memorial Hospital, Dallas, Tex., by Mr. Arlen Specter, assistant counsel of the President's Commission.

Mr. SPECTER. May the record show that Dr. Charles Baxter is present in response to a letter requesting him to appear and give his deposition. For the record I shall state that the President's Commission on the Assassination of President Kennedy is investigating all facets of the shooting, including the medical treatment performed on President Kennedy.

Dr. Baxter has been asked to give a deposition on his participation in connection with the care and medical treatment of President Kennedy, and with that statement of purpose, would you please stand up, Dr. Baxter, and raise your right hand.

Do you solemnly swear the testimony you give before the President's Commission in the course of this deposition proceeding will be the truth, the whole truth and nothing but the truth, so help you God?