

TRANSCRIPT OF PROCEEDINGS
ASSASSINATION RECORDS REVIEW BOARD

In Re:
PRESIDENT JOHN F. KENNEDY:

ORAL DEPOSITION
OF

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

Uncorrected Copy

Pages 1 through 121 Dallas, Texas
August 27, 1998

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WITNESSES PAGE

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

EXAMINATION
BY: MR. GUNN 5

EXHIBIT INDEX

EXHIBITS	DESCRIPTION	IDENTIFIED
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.

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

APPEARANCES

MR. T. JEREMY GUNN
Executive Director and General Counsel
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FOR THE ASSASSINATION RECORDS REVIEW BOARD

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

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

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

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

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

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

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1 photographs.

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

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

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

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

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

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

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

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

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

19 MR. GUNN: Sure. Sure.
 20 (Off the record.)

21 MR. GUNN: Back on the record.
 22 I've handed each of you a packet
 23 that has the testimony of witnesses before the
 24 Warren Commission. These are all Dallas doctors.
 25 In addition to those of you who are here today,

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

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

12 It is my own understanding in
 13 reading the testimony that you have offered that
 14 the question about the significance of the wound
 15 to the head was not focused on by the Warren
 16 Commission. Arlen Specter, who took your
 17 depositions, did not particularly focus on it.

18 Each of you made references to the wound on the
 19 head, and I found that in the testimony. I'd
 20 like to draw your attention to that, and if we
 21 can go through those quickly, and then I'd like
 22 to get your observations. We'll start with where
 23 you were in the hospital -- or in trauma room
 24 No. 1 and then talk about these.

25 But if we can start with

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

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

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

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

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

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

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1 Going back to Dr. Carrico --
 2 and, again, this one is not present for you -- he
 3 said to the House Select Committee on
 4 Assassinations that there was a large wound in
 5 the right side of the head in the
 6 parieto-occipital area. One could see blood and
 7 brains, both cerebral and cerebrum fragments in
 8 that wound.
 9 Let me -- let me read this
 10 again. He said both cerebellum and cerebrum
 11 fragments in that wound. I stated that
 12 incorrectly.
 13 Later he said -- this -- still
 14 to the House Select Committee on
 15 Assassinations -- "The head wound was much larger
 16 wound than the neck wound. It was five by seven
 17 centimeters, something like that, two-and-a-half
 18 by three inches, ragged, had blood and hair all
 19 around it, located in the part of the
 20 parieto-occipital region, and there was brain
 21 tissue showing through."
 22 The next testimony comes from
 23 Dr. Clark. This is MD 37. And in a summary that
 24 was typed up -- this is on Commission Exhibit
 25 392 -- again, part of the package that I have

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

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

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1 later, there was a large defect in the back side
 2 of the head.
 3 And then in -- again, in
 4 testimony to the Warren Commission on Page 56 he
 5 said that there appeared to be an exit wound in
 6 the posterior portion of the skull. And, again,
 7 Mr. Specter referred to that as the top of the
 8 President's head.
 9 And finally in handwritten
 10 comment -- this is on the last page of the packet
 11 that I have given to you. It says there was a
 12 small -- that just refers to the -- to the neck
 13 wound. I won't read that.
 14 Then Dr. McClelland in his
 15 testimony to the Warren Commission said, "I noted
 16 that the right posterior portion of the skull had
 17 been extremely blasted. It had been shattered
 18 apparently by the force of the shot so that the
 19 parietal bone was protruded up through the scalp
 20 and seemed to be fractured almost along its right
 21 posterior half, as well as some of the occipital
 22 bone being fractured in its lateral half. And
 23 this sprung open the bones that I had mentioned
 24 in such a way that you could actually look down
 25 into the skull cavity itself and see that

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1 probably a third or so, at least, of the brain
 2 tissue, posterior cerebral tissue and some of the
 3 cerebellar tissue had been blasted out."
 4 That was from Page 33 if I
 5 didn't mention that. Then on Page 34 he also
 6 mentions loss of cerebral and cerebellar tissue.
 7 From Dr. Perry in handwritten
 8 notes on Page -- excuse me, from Packet MD 57, he
 9 refers to a right posterior cranium -- excuse me,
 10 "a large wound of the right posterior cranium was
 11 noted, exposing severely lacerated brain."
 12 On Page 9 of his testimony to
 13 Mr. Specter he refers to the large wound of the
 14 right posterior parietal area. And on Page 11 of
 15 the same testimony he refers to a large avulsive
 16 injury of the right occipitoparietal area. And
 17 then on Page 372 -- and this would be testimony
 18 to the Warren Commission itself -- unless I'm
 19 mistaken -- the Warren Commission itself. "I
 20 noted a large avulsive wound of the right
 21 parieto-occipital area in which both scalp and
 22 portions of the skull were absent, and there was
 23 a severe laceration of underlying brain tissue.
 24 And finally with Dr. Peters --
 25 last but not least, of course. This is from

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1 MD 40, testimony to Mr. Specter of the Warren
 2 Commission. On Page 71 he says that he noticed
 3 there was a large defect in the occiput.
 4 Dr. Peters then says, "It seemed to me that in
 5 the right occipitoparietal area that there was a
 6 large defect. There appeared to be bone loss and
 7 brain loss in the area." He goes on to say, "We
 8 saw the wound of" -- I'm sorry, that refers just
 9 to the throat wound.
 10 In my very lay sense -- and I am
 11 not a doctor -- there seems to be a fair degree
 12 of coherence among the testimony that you offered
 13 about the location of the wound. There, of
 14 course, is a difference in the way that you said
 15 it, as would be expected in any case.
 16 I'd like to start out -- and
 17 that's the last major part that I hope to play in
 18 this discussion. I'd like to start out, if we
 19 could -- and maybe just start with Dr. Jones and
 20 then just go down the room -- of first where you
 21 were in trauma room No. 1 and what kind of view
 22 you had of President Kennedy in trauma room
 23 No. 1.
 24 Dr. Jones.
 25 DR. JONES: I was on his left

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1 side below the left arm looking to my right;
 2 could easily see the neck wound; could not see in
 3 much detail the posterior wound, but did not see
 4 any flap of skull or anything laying out to the
 5 right side; saw relaxation of the facial tissues
 6 and perhaps of the hair, and I remained on the
 7 President's right side during the entire
 8 resuscitation attempt.
 9 MR. GUNN: Did you ever go
 10 around and observe the left side?
 11 DR. JONES: Left side. Excuse,
 12 was on the left side.
 13 MR. GUNN: Okay.
 14 DR. JONES: Was I saying right
 15 side?
 16 MR. GUNN: So all of your view
 17 was of the left side?
 18 DR. JONES: All my view was from
 19 the President's left side.
 20 MR. GUNN: Okay. Did you ever
 21 go around and observe the right side of the --
 22 DR. JONES: I did not go around
 23 to the right side.
 24 MR. GUNN: Could you observe any
 25 posterior wound on -- of the head from the left

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1 side where you were?
 2 DR. JONES: At one point after
 3 we had completed the insertion of the test tubes,
 4 IV, and tracheotomy, I looked up over the top of
 5 the President's head and from that view was all
 6 that I saw. But with him flat on the table,
 7 could not appreciate the size of that wound but
 8 did not see a lot of skull or brain tissue on the
 9 table, some maybe, but not just a tremendous
 10 amount and certainly did not see a flap turned on
 11 the right side.
 12 MR. GUNN: Were you yourself
 13 able to identify any cerebellum or cerebrum
 14 tissue on the table?
 15 DR. JONES: If there was, I
 16 thought -- from my vantage point, I thought that
 17 it was a very small amount.
 18 MR. GUNN: And were you able to
 19 identify one form of brain tissue versus another?
 20 DR. JONES: No --
 21 MR. GUNN: Okay.
 22 DR. JONES: -- but did see the
 23 very small wound which I thought was an entrance
 24 wound to the head. That was pretty clear.
 25 MR. GUNN: Okay. Dr. Perry?

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1 DR. PERRY: As I testified, I
 2 made only a cursory examination of the head, and
 3 the only person that made the really detailed
 4 examination, as far as I know, is Dr. Clark. And
 5 I didn't -- like Dr. Jones, I didn't look at it.
 6 I was in some kind of a hurry.
 7 The neck wound -- very few
 8 people saw that. I didn't even wipe the blood
 9 off on the right side, so I estimated it at five
 10 millimeters or so of exuding blood and I cut
 11 right through it, as Dr. Jones knows, so nobody
 12 else saw it after that. It was small. I didn't
 13 look at the head. As I said, I didn't examine
 14 it. I could see that he had one. I mentioned
 15 the avulsive wound to the head and what appeared
 16 to be some brain tissue and that was during the
 17 course of the resuscitation, but I didn't examine
 18 it.
 19 MR. GUNN: Where were you
 20 standing and if you moved around --
 21 DR. PERRY: Well, I was just to
 22 Dr. Jones' right because I was on the left side
 23 of the President, but I did the tracheostomy and
 24 the cardiac massage.
 25 MR. GUNN: Could you describe

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1 about how big the tracheostomy wound was that you
 2 cut?
 3 DR. PERRY: I've been asked this
 4 a lot. Of course, some of them said it was too
 5 big for a surgeon but my reply to that is it was
 6 big enough.
 7 There are only two medical
 8 emergencies, airway and bleeding. Everything
 9 else can wait. This just couldn't wait, and I
 10 have no idea how big it was. I made it big
 11 enough. At that time we used old metal flange
 12 tracheostomy tubes and quite large with a cuff on
 13 them. And when I made the incision through the
 14 wound, I made it big enough where I could do a
 15 tracheostomy without trouble. I also made it big
 16 enough that I could look to either side of the
 17 trachea. There was blood in the trachea through
 18 the end -- when I looked through the
 19 pharyngoscope and attempted to put in the
 20 tracheal tube with blood inside the trachea.
 21 There was hair in the
 22 mediastinum, and I didn't know whether I was
 23 going to encounter carotid arteries or whatever.
 24 But the path of the bullet clearly put those
 25 vessels at risk as well as the trachea, so I made

Page 25

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

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

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

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

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

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

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1 DR. PETERS: -- have happened
 2 since that time or shall we go on to maybe see
 3 what Dr. Baxter says?
 4 MR. GUNN: Let -- please, I
 5 would like to come back to that so if I forget,
 6 please remind me because I would like to deal
 7 with as much as we can today.
 8 DR. PETERS: And then I said,
 9 well, looks like we have to declare the President
 10 dead and where's Mrs. Kennedy. And she was
 11 standing right beside me as close as Bob, and so
 12 I give that as evidence that we were pretty
 13 clearly focused.
 14 As Malcolm said, we were pretty
 15 busy. We were concentrating on what we were
 16 doing. I think the President received excellent
 17 resuscitative efforts by current standards, let
 18 alone the standards of 1963. And I think that
 19 was the right choice to give it the maximum
 20 effort even though he appeared extremis.
 21 MR. GUNN: Dr. Baxter, where
 22 were you standing, first?
 23 DR. BAXTER: well, everything
 24 happened awfully fast, as you can imagine. You
 25 know, I forget exactly when I got there, what I

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1 did other than go straight to the airway with
 2 Dr. Carrico. And -- well, we did a few things,
 3 get Mrs. Kennedy out of the room, asked the nurse
 4 to take her out, looked at what the vital signs
 5 were, what was going IV, what catheter was in his
 6 urinary bladder, tube down his throat.
 7 Everything had been done including the --
 8 Dr. Carrico had already given him corticosteroids
 9 because of his history of being an Addisonian.
 10 As is already been mentioned, airway
 11 was a problem. Dr. Carrico said, I just can't
 12 ventilate him, and Mack and I started working on
 13 what -- you know, what the problem was, the
 14 airway. None us at that time, I don't think,
 15 were in any position to view the head injury.
 16 And, in fact, I never saw anything above the
 17 scalp line, forehead line that I could comment
 18 on.
 19 The other thing that was
 20 outstanding about it is he had huge hemorrhages
 21 around his eyes, black eyes, if you will, from
 22 the force of the injury, and he had exophthalmos.
 23 His eyes were bulging and blood had gone into the
 24 periorbital tissue. And we immediately were
 25 working on why we couldn't ventilate him, and Ron

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1 was putting in a chest tube on one side. On the
 2 other side we stuck a needle in. A little air
 3 was obtained. We didn't know -- the only thing
 4 we could figure -- without knowing how bad this
 5 head injury was, we were doing all the
 6 resuscitative things to give him a chance to
 7 live, in essence.
 8 And so we decided that we had to
 9 do a trach, and we moved in to do that.
 10 Immediately a chest tube was being put on the
 11 left side as we were doing the trach. I think
 12 Dr. Peters was doing that while we were working
 13 to get the trach in.
 14 The wound that was in his neck,
 15 as I recall it, was the size that Dr. Perry
 16 described. I didn't remember when we got the
 17 incision made and going down that there was any
 18 striking tissue damage. Maybe that's just not a
 19 good recall, but I didn't think that -- the
 20 tissues didn't look like to me -- or I don't
 21 recall them looking like anything had much gone
 22 through there.
 23 And we got the trach in as has
 24 been described, and about that time his pulse
 25 began to rapidly go down and the, quote, cardiac

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1 arrest -- the stoppage of the heart occurred very
 2 shortly after that.
 3 And I think I was probably
 4 negligent in not looking at the whole situation,
 5 including the head injury, but struck with the --
 6 what it all meant. I think all of us just kind
 7 of backed off, and I never examined him any
 8 further than that; went out and got Mrs. Kennedy
 9 and brought her in and had to tell her that her
 10 husband was dead and that we agreed not to
 11 pronounce him until the priest arrived and gave
 12 him last rites as is Catholic procedure, I
 13 understand. And that's all I really saw and did
 14 in the whole thing.
 15 MR. GUNN: I would like all of
 16 you to feel free to please make comments about
 17 other observations to the extent that you
 18 disagree with them. That would be helpful to put
 19 in the record. As is always the case on
 20 something like this, people are going to see it
 21 differently and remember it differently, and I
 22 don't see that as being anything unusual. So
 23 please don't hesitate to do it. I know my wife
 24 and I frequently have very different perceptions
 25 of the same --

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1 DR. JONES: Comment on one
 2 thing. I don't recall that we had any vital
 3 signs -- measurable vital signs. I don't recall
 4 that we had any pulse, and when an EKG --
 5 portable EKG machine was brought in from another
 6 room, it was a straight line. I'm not aware that
 7 we ever had evidence of pulse or life other than
 8 what Dr. Carrico had said that he thought there
 9 were agonal respirations before Dr. Perry and I
 10 walked in, so I don't think we had any direct
 11 evidence of life.
 12 DR. PERRY: That's correct. I
 13 pushed the Ace bandage which was wrapped around
 14 his waist and leg and pushed it up and he had no
 15 femoral pulse when I arrived. He had agonal
 16 respiration but no detectable pulse.
 17 As Dr. Jones said, when we got
 18 him hooked up to a monitor, straight line, that's
 19 when I started closed-chest massage.
 20 MR. GUNN: Does -- did the
 21 bubbling around the throat suggest life in and of
 22 itself or is that not --
 23 DR. PERRY: It -- as I said, the
 24 wound was exuding blood slowly, but Dr. Baxter
 25 mentioned about ineffective attempts to bag him

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1 because of the position of the wound in the
 2 trachea. And when I opened the neck, there was
 3 an injury to the trachea on the right lateral
 4 side. There was air and blood in that area of
 5 the mediastinum. That's when I asked that a
 6 chest tube be put in place because I didn't know
 7 how many times he'd been shot or from what
 8 direction. And, of course, the assumption was
 9 that he might have a chest wound as well when I
 10 saw the hair around the trachea -- the injury to
 11 the trachea, which I subsequently enlarged for
 12 the tracheostomy tube.
 13 But I asked the chest tubes be
 14 put in because once you start pressure-assisted
 15 respiration, if he had a chest tube he might have
 16 tension pneumothorax. And not knowing the extent
 17 of his head injury with any certainty, as
 18 Dr. Jones said, we didn't look at that. We were
 19 trying to get an airway.
 20 And so as it turned out, the
 21 chest tubes were not necessary. There was no
 22 injury to the chest cavity, but I didn't know
 23 that at the time. Not knowing how many shots
 24 there were and what was going on, as Dr. Baxter
 25 said, put the full-court press on; otherwise, we

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

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1 know if there's some --
 2 DR. PERRY: Two of us.
 3 DR. PETERS: That's right. Mack
 4 Perry and Bob McClelland.
 5 MR. GUNN: So are you both Mack?
 6 DR. PERRY: Well, nicknames,
 7 yes.
 8 MR. GUNN: Okay. Dr. Peters?
 9 DR. PETERS: (To Dr. McClelland)
 10 Well, you're next. Did you want to say
 11 something?
 12 DR. MCCLELLAND: No.
 13 DR. PETERS: Only thing I want
 14 to say is I remember very well when Mack said --
 15 MR. GUNN: And which Mack is
 16 this?
 17 DR. PETERS: Mack Perry.
 18 MR. GUNN: Okay.
 19 DR. PETERS: Dr. Perry said, I
 20 think there may be some air in the chest. Let's
 21 put in chest tubes, and I remember cutting
 22 President Kennedy's chest on the right side and
 23 noticing that the blood was -- there was no pulse
 24 flow from the wound. And I agree with what
 25 Dr. Perry said and Dr. Jones, that the EKG was a

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1 straight line all the time it was on.
 2 After Dr. Perry was -- or while
 3 he was giving external compression, I could feel
 4 a pulse consummate with the pressure he applied
 5 in the right femoral artery, but I saw no
 6 evidence of a spontaneous heartbeat. And I have
 7 asked many people over the years, Did you really
 8 see the President take a breath, and Dr. Baxt --
 9 or Dr. Jenkins and Dr. Carrico both said they
 10 thought they saw an agonal respiration.
 11 DR. PERRY: So did I.
 12 DR. MCCLELLAND: I did, too.
 13 DR. BAXTER: I think we all did.
 14 DR. MCCLELLAND: Yeah. When I
 15 came in the room, the very first thing --
 16 DR. PETERS: Well, that's --
 17 DR. MCCLELLAND: -- that hit me
 18 was --
 19 DR. PERRY: Had he not --
 20 DR. MCCLELLAND: -- he did that.
 21 DR. PERRY: In the absence of a
 22 pulse and the absence of detectable pressures and
 23 everything, had he not had that, I would not have
 24 done the trach.
 25 MR. GUNN: Dr. Peters, there was

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

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

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

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1 that? Come over Monday morning and I'll let you
 2 look at them.
 3 And so that's what he did. He
 4 looked at them and he's the one who told me he
 5 wasn't sure the cerebellum had been injured as I
 6 had testified that I thought it was. And having
 7 viewed the pictures at the National Archives, I
 8 still feel it was. It was certainly displaced,
 9 if not lacerated.
 10 DR. MCCLELLAND: Well, I know it
 11 was. I don't often say that but I didn't just
 12 glance at it. I looked at it for several
 13 minutes, and it was clearly cerebellum. There's
 14 no question about it, and I could look down into
 15 the skull. In fact, I made that point there.
 16 DR. PETERS: Right.
 17 DR. MCCLELLAND: There was
 18 nothing in the -- in the area where the
 19 cerebellum usually sits.
 20 And as I said, most of it was
 21 probably gone when I first began to look down
 22 into the wound, and then as I stood there,
 23 probably just maybe a minute after I came in,
 24 another large portion of it, which I thought -- I
 25 remember thinking now, well, that's the rest of

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1 the cerebellum oozed out into the table. So it's
 2 not, well, I kind of think it was. It was.
 3 MR. GUNN: I'd like to hand out
 4 a document to each of you that first appeared in
 5 a book by Josiah Thompson, which I assume that
 6 y'all are familiar with. We can mark this as
 7 Exhibit Number 264.
 8 (Exhibit Number MD 264 marked.)
 9 DR. PETERS: I think when
 10 Mr. Posner is looking at it, it was the 707, so
 11 I'm not sure I've seen Mr. Thompson's.
 12 DR. MCCLELLAND: And you got a
 13 copy of it?
 14 DR. PETERS: No. You can be the
 15 spokesman.
 16 DR. PERRY: Who is Josiah
 17 Thompson?
 18 DR. MCCLELLAND: He's a private
 19 investigator now, but he was a professor of
 20 history at this time --
 21 MR. GUNN: Professor of
 22 philosophy at --
 23 DR. MCCLELLAND: -- somewhere in
 24 Pennsylvania.
 25 MR. GUNN: -- Temple or

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1 Villanova. I'm forgetting which.
 2 There's a picture on Page 107 of
 3 Exhibit 264. I'd like to ask those of you who
 4 saw the head wound if this corresponds to what
 5 you observed or if any of you has -- based upon
 6 your own observations, it seems inaccurate in any
 7 way. Obviously, it's a drawing and so there will
 8 be a problem with it, but just your observations
 9 on it for those of you who observed the head
 10 wound.
 11 Does this look like what you saw
 12 in Parkland Memorial Hospital?
 13 DR. MCCLELLAND: I told him when
 14 he was asking me to describe that picture from
 15 which you reviewed this that the first thing I
 16 saw when I came in the room in addition to that
 17 attempted agonal respiration was the edge of the
 18 parietal bone was sticking up through the scalp.
 19 And that's not on this picture, but what we were
 20 trying to depict here was what the posterior part
 21 of the wound looked like. In other words, this
 22 is not the entire wound. It's simply the
 23 posterior part of it and what I thought of as the
 24 critical part of it at that time and still do.
 25 MR. GUNN: Does any of you have

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1 any --
 2 DR. PETERS: I think that pretty
 3 much corresponds to what I said,
 4 occipitoparietal. It looks a little further down
 5 on the occiput in this picture, I think, but it
 6 was pretty far posteriorly because you had to be
 7 able to see the cerebellum --
 8 DR. MCCLELLAND: Yeah.
 9 DR. PETERS: -- and --
 10 DR. MCCLELLAND: Yeah, I agree,
 11 Paul. I think that this is a little bit lower or
 12 it doesn't indicate that there was still a -- you
 13 know, maybe a shelf of bone left below that --
 14 DR. PETERS: Yeah.
 15 DR. MCCLELLAND: -- but not much
 16 of one, and that did allow me to look down into
 17 the -- see the inside of the skull --
 18 DR. PETERS: Right. I agree
 19 with you.
 20 DR. MCCLELLAND: -- just like --
 21 you know, just like it would be if you took a
 22 skull like you may have as you see here and there
 23 was nothing in it. I mean, not down in that
 24 part. There was no tentorium.
 25 DR. PETERS: The X rays of

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1 President Kennedy's skull, which we were
 2 privileged to see later, showed dramatically how
 3 large the fragmentation of the skull was and was
 4 easily compatible with what Bob saw originally.
 5 There was a big hunk of bone sticking up there in
 6 the parietal area.
 7 And along with what Dr. Baxter
 8 said describing the effects of fracture of the
 9 cribriform plate of the skull, Abraham Lincoln
 10 who was shot on one side with a fairly large
 11 caliber bullet had black eyes on both sides and
 12 fractures of the cribriform plate on both sides.
 13 Both sides had hemorrhage around the orbits with
 14 a much less velocity wound than President Kennedy
 15 suffered.
 16 DR. JONES: I might comment on
 17 the -- on the eyes. The eyes were open, but I
 18 didn't remember hemorrhage around the eyes. I
 19 remember the eyes were open. It was just a
 20 straight stare. I didn't remember all the black
 21 discoloration --
 22 DR. PETERS: No.
 23 DR. JONES: -- around the eyes.
 24 DR. PETERS: I didn't either.
 25 DR. JONES: This drawing, I

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1 could not look over and around so I couldn't
 2 speak exactly to this, but it seems to me from
 3 this drawing that, Bob, you must have been
 4 looking down tangentially at it because with this
 5 below the ear and if you're flat, that's going to
 6 be on the table.
 7 DR. MCCLELLAND: Well, that's
 8 what I'm saying. This is a little bit farther
 9 back, but I was looking straight into it, not
 10 tangentially but right into it.
 11 I would also comment about one
 12 other thing. When we went to the National
 13 Archives ten years ago to look at these pictures,
 14 they were videotaping that for the Nova program,
 15 and we each one went in and looked separately at
 16 the photographs. And I can't remember the exact
 17 sequence, but when we came back out of the room
 18 where we'd been, each one of us made a comment
 19 about what we had seen and said, yes, that seemed
 20 to agree with things and I said -- I volunteered
 21 that, well, one of the wounds had caused some
 22 comment in different things I had read and heard
 23 on, you know, television a time or two; and that
 24 they had noted in one of the pictures that there
 25 was hair covering all of this area where you see

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1 this large hole.
 2 MR. GUNN: When you say -- I'm
 3 sorry. If I can interrupt for a second, when you
 4 say the large hole, you're referring to --
 5 DR. MCCLELLAND: This --
 6 MR. GUNN: -- something like the
 7 picture --
 8 DR. MCCLELLAND: This one
 9 here --
 10 MR. GUNN: -- on Exhibit 264.
 11 DR. MCCLELLAND: There was no
 12 hole on that picture that looked like that. And
 13 I said, Well, I think I know why that is. I
 14 think it may be because if you'll notice there
 15 are some fingers at the top of the photograph
 16 apparently pulling a flap of scalp forward, and I
 17 think the flap was being pulled over that opening
 18 when they took the pictures.
 19 Several years later I was told
 20 by one of the people who took some of the
 21 photographs that that was not the case; that that
 22 hand in the picture was not pulling any flap of
 23 scalp up over the skull.
 24 MR. GUNN: Do you remember who
 25 it was who told you that?

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1 DR. MCCLELLAND: It was one of
 2 the men who was taking the photographs. I met
 3 him here in Dallas when this fellow who's written
 4 these kind of, I think, crazy books, David
 5 Livingston, The High Treason and The High Treason
 6 II, he had a --
 7 MR. GUNN: It's Harry
 8 Livingston.
 9 DR. MCCLELLAND: Harry
 10 Livingston, yeah. He had a -- David Livingston
 11 was the guy in Africa, yeah.
 12 DR. PETERS: I presume.
 13 DR. MCCLELLAND: Anyway, he had
 14 a group of us here and videotaped us at one of
 15 the hotels here. We spent all Saturday morning
 16 down there so I met this photographer. And at
 17 that time -- I can't remember his name now.
 18 MR. GUNN: Would that be
 19 Stringer or Riebe?
 20 DR. MCCLELLAND: It's one or the
 21 other, uh-huh, and he said that that was not what
 22 was being done. I had always assumed it was
 23 because I knew what the -- that the hole was
 24 there.
 25 DR. PETERS: Right.

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

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

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

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1 like that and, again, pointing out that it was
 2 covered with some blood and I looked at it and it
 3 would be about five millimeters and then I cut
 4 it.
 5 MR. GUNN: Does any of you have
 6 a recollection that differs from that basically
 7 small, not jagged edges, five centimeter --
 8 millimeters in size?
 9 DR. BAXTER: No.
 10 DR. PETERS: I think you've
 11 heard the best comment.
 12 DR. BAXTER: I think you could
 13 sum up all of our comments on that wound that it
 14 would -- it appeared to be an insignificant wound
 15 and --
 16 DR. PERRY: Except for where it
 17 was.
 18 DR. BAXTER: Yeah.
 19 DR. PERRY: There's a lot of
 20 material in there.
 21 DR. JONES: when Dr. Perry and I
 22 went back upstairs into the OR after this had
 23 happened, I think we both -- we were both talking
 24 in terms that this was an entrance wound, my
 25 impression when I saw it in the emergency room.

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1 It never crossed my mind it was anything but an
 2 entrance wound. Without having any history to go
 3 by, I thought it was an entrance wound.
 4 DR. PERRY: Had we known, things
 5 would have been different; incomplete
 6 information. You learn a great deal, and I
 7 learned a great deal in two days. One is never
 8 allow yourself to be thrown into speculation with
 9 the press, bad mistake. At 34 and naive, I
 10 thought the truth would suffice. That is not the
 11 case.
 12 Secondly, do not speculate about
 13 anything public ever. I learned that after
 14 operating on Oswald on Sunday when I went down to
 15 repeat the press conference again, I went with a
 16 typed statement. I answered no questions, and I
 17 didn't get into a bit of trouble. I learned a
 18 great deal in two days.
 19 DR. PETERS: Great advice. Put
 20 that in for the future guys to read.
 21 One thing could I say about
 22 that?
 23 MR. GUNN: Sure.
 24 DR. PETERS: I think most of us
 25 thought at first that day in the first few

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1 minutes that, boy, it might have gone in through
 2 the neck and out the back of the head, which
 3 would have been a big exit wound and a small
 4 entrance wound.
 5 And I was talking to one of the
 6 State policemen that day from the Texas
 7 Department of Law Enforcement, and he said, you
 8 know, Doctor, he said, I could make a hollow
 9 point bullet. If I shoot at a crow in a tree and
 10 I hit him, all you'll see fall is a beak and two
 11 legs.
 12 He said, If I miss him, if I hit
 13 a leaf in front of him, I'll miss him. You can,
 14 you know, hone it down and make it that
 15 sensitive, but it seemed at that time without
 16 knowing about the hole back here that had gone
 17 through, it seemed it could have gone in there
 18 and hit the cervical spine, gone out through the
 19 occiput. Seemed very logical.
 20 DR. PERRY: One has to be
 21 careful about extrapolating the behavior of
 22 full-jacketed and military bullets with hunting
 23 bullets. Although I don't hunt anymore because I
 24 don't want to kill anything -- I haven't killed
 25 anything in 25 years -- I still like to shoot and

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1 have done some competitive shooting and
 2 hand-loading for a number of guns, my son and I.
 3 And the bullet is the quickest
 4 element in this thing about what happens to it.
 5 And, of course, as you know by the Geneva
 6 Convention, wartime you're not supposed to have
 7 so-called dum-dums with the points off. It's
 8 just a full-jacketed and gilding metal all around
 9 them. And we found out in Korea and other places
 10 where the other people cut their noses off
 11 causing more damage. The bullet expands. All
 12 hunting bullets are designed to expand.
 13 Obviously, if a bullet goes all
 14 the way through an object and hits the hill
 15 behind it, that doesn't cause as much damage as a
 16 bullet that hits a person or an animal and
 17 expends all of its energy within that target;
 18 makes a lot of difference.
 19 So the idea is to have bullets
 20 that expand and all their energy is inflicted on
 21 the target, the way hunting bullets are.
 22 Unfortunately, we're seeing it in wartime now and
 23 despite the Geneva Convention which were deformed
 24 into every turn, but the full-jacketed and
 25 military bullets would not be deformed.

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1 And unless they keyhole or turn,
 2 entrance and exit wounds would be essentially the
 3 same if the bullet has -- in the vernacular, has
 4 gone to sleep; that it is rotating. And if it's
 5 a stable bullet that's rotating, they look the
 6 same. Anyone who's hunted big game knows that.
 7 of course, or who has been in wartime situation.
 8 If you don't have that information, it's easy to
 9 be confused about what they do.
 10 As Dr. Peters also pointed out,
 11 all of us at this table have learned that the
 12 vagaries of trajectories cannot be predicted.
 13 We've seen all kinds of strange trajectories.
 14 When the bullet is near the end of its life,
 15 we've had -- go into the peritoneal cavity and
 16 drop into the pelvis without injury to anything;
 17 get shot in the buttocks and the bullet came up
 18 behind the ankle; shot in the forehead and it
 19 ends up in the neck as it traverses the skull.
 20 We've seen all kinds of strange things, so
 21 there's no way to predict the trajectory of the
 22 given bullet.
 23 MR. GUNN: In the first --
 24 DR. PERRY: That may be more
 25 than you wanted to know, by the way.

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1 MR. GUNN: In the first two or
 2 three days after the assassination, did you meet
 3 together at all and talk about it and try and put
 4 the pieces together of what you had observed and
 5 what you were hearing from the press?
 6 DR. JONES: I don't think as a
 7 group that I remember everyone sitting down
 8 putting all this together. I don't remember us
 9 all sitting down like today, which is one of the
 10 nice things to be able to come together today,
 11 because I don't remember that we ever sat down as
 12 a group of five and discussed this.
 13 Individually, something this
 14 dramatic, you're going to intermittently exchange
 15 comments with one another, but I don't think we
 16 tried to sit down and put it together.
 17 DR. MCCLELLAND: Talked about it
 18 a lot informally because at that time all of our
 19 offices were in very close connection with one
 20 another, so we just kind of while going to the
 21 rest room or going down to get a cup of coffee,
 22 you sort of informally talked here, there, and
 23 yonder, but we didn't say let's have a meeting
 24 and review.
 25 MR. GUNN: With the exception of

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1 Dr. Perry -- and I'll come back to him in just a
 2 moment -- did any of you talk with any of the
 3 autopsy doctors in Bethesda in the first week or
 4 so after the assassination?
 5 DR. JONES: No, I didn't.
 6 MR. GUNN: You're all shaking
 7 your head. If you can --
 8 DR. MCCLELLAND: Dr. Perry and I
 9 officed together. I remember him getting the
 10 call and listening to him talk to him.
 11 MR. GUNN: Dr. Perry, there was
 12 obviously a controversy at the time of your
 13 deposition by doc -- or by Mr. Specter regarding
 14 whether you had received the call in the evening
 15 of the 22nd or the following morning.
 16 I know that memory does not
 17 improve with age, but I'm just wondering if you
 18 have had any subsequent thoughts that help you
 19 place that telephone call better?
 20 DR. PERRY: I thought we settled
 21 that. We talked to Dr. Humes. There was a lot
 22 of stuff going on, but I thought he said he'd
 23 call me the next morning now that I recall.
 24 DR. MCCLELLAND: Yeah, that's
 25 what it was. No question.

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1 DR. PERRY: And I may have
 2 said -- there was a lot of stuff happening on
 3 Friday, of course, but as I recall, he called me
 4 the next morning and, of course, he did not know
 5 about the trach that I'd done, and he did not
 6 know about the anterior wound in the neck since I
 7 disfigured it somewhat with the incision. And
 8 when he inquired about that, things really fell
 9 into place then because he had a wound in the
 10 posterior to account for that one. So things
 11 kind of came together.
 12 MR. GUNN: Dr. McClelland, you
 13 said there was no doubt about the timing of that
 14 and that's because you were in the office
 15 yourself?
 16 DR. MCCLELLAND: I was as far as
 17 I am from you.
 18 MR. GUNN: So ten feet or so?
 19 DR. MCCLELLAND: Yeah.
 20 DR. PERRY: It was Saturday
 21 morning sometime, but I don't know what time.
 22 DR. MCCLELLAND: Uh-huh, middle
 23 of the morning sometime.
 24 DR. PERRY: Huh?
 25 DR. MCCLELLAND: Middle of the

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1 morning sometime.
 2 DR. PERRY: There was a
 3 scheduled conference -- press conference on
 4 Saturday morning and I'd asked Dr. Shires to
 5 accompany me to it. And I'd asked Dr. Clark to
 6 accompany me to those press conferences for the
 7 same reason. And this was conducted in
 8 Mr. Price's office and had to do -- I think --
 9 THE COURT REPORTER: Can you
 10 speak up, Doctor?
 11 DR. PERRY: I'm sorry. It was
 12 conducted in Mr. Price's office, who was
 13 administrator there at Parkland and there Jimmy
 14 Breslin and Richard Valeriani and a group of
 15 media were there and they wanted to talk about
 16 it, and that was Saturday morning sometime.
 17 And I asked Dr. Shires to
 18 accompany me there; that I was not willing to go
 19 to the press conference unassisted as it was
 20 without senior counsel, if you will, having had a
 21 really bad experience the day before. And so --
 22 but I don't know what relation that was to the
 23 phone call before or after -- this must have been
 24 after because I think it terminated about noon.
 25 I don't recall exactly.

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1 DR. JONES: You had --
 2 DR. MCCLELLAND: Well, it
 3 wasn't --
 4 DR. JONES: You had talked to
 5 me. We were making rounds, as I recall. There
 6 was three or four of us and we were going through
 7 the hall into the back side of the cafeteria
 8 Saturday morning, as I recall, and you had
 9 mentioned at that point that you had received a
 10 call.
 11 DR. PERRY: So it was early?
 12 DR. JONES: It must have been
 13 before the -- your conference.
 14 DR. PERRY: Yeah, I think so.
 15 DR. JONES: -- because I know
 16 it --
 17 DR. PERRY: That sounds about
 18 right.
 19 DR. JONES: Earlier in the
 20 morning I was --
 21 DR. PERRY: You know, as you
 22 might expect, Mr. Gunn, those of us who are
 23 involved in our end of the business don't keep
 24 those kind of logs. You recognize the importance
 25 of exact time and date with respect to things --

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1 in the legal profession you do, but we don't
 2 think that way.
 3 MR. GUNN: I can tell you part
 4 of the significance of this, and this has emerged
 5 in the -- in the depositions itself -- in the
 6 deposition of Dr. Humes he acknowledged that he
 7 wrote a draft of the autopsy report which he then
 8 burned. He also burned his notes from the
 9 autopsy, which was not exactly what he had told
 10 to the Warren Commission. And one could put
 11 together that the original draft does not have
 12 any reference to the bullet wound in the neck and
 13 the subsequent draft does have that in it, but
 14 that can be a reason the timing was important.
 15 DR. PERRY: Those of us who do
 16 medical writing or writing of any kind, we
 17 generally would be reluctant to let anybody see
 18 our first draft. It often is for content and we
 19 come back for organization and syntax later but,
 20 you know, you often throw those things away
 21 because they're kind of kaleidoscopic, if you
 22 will --
 23 MR. GUNN: Uh-huh.
 24 DR. PERRY: -- and you wouldn't
 25 keep them. You don't recognize they have any

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1 value till you -- because they contain all kinds
 2 of random thoughts.
 3 MR. GUNN: Now, one of the very
 4 obvious issues that surrounds the story of what
 5 you observed in your initial impressions was that
 6 there were suggestions both in the press
 7 conference and the observations that President
 8 Kennedy had been shot from the front. It
 9 subsequently turned out that many people came to
 10 believe that President Kennedy was shot from
 11 behind, and I'm sure you-all have your opinions
 12 on that in the sense that's not the purpose of
 13 what we're doing here. But there became a
 14 concern about what your observations were versus
 15 what certainly the Government ended up concluding
 16 later.
 17 The question I have for all of
 18 you is: Did anyone from the government ever put
 19 any pressure on you or try to convince you
 20 against your will to either change your story or
 21 make a different sort of observation or to turn
 22 your observations at all?
 23 DR. JONES: I'll comment first.
 24 MR. GUNN: Dr. Jones?
 25 DR. JONES: If you read my

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1 testimony that was taken in Dallas by Arlen
 2 Specter, who was one of the counselors, you will
 3 see that I alluded to an entrance wound several
 4 times and he questioned me about my expertise in
 5 missiles. And I may as well just go ahead and
 6 say -- bring two or three things together at
 7 once.
 8 When my -- during my testimony,
 9 I think you can see down here that it says,
 10 Dr. Jones -- Mr. Specter had said, "Would it be
 11 consistent, then, with an exit wound but of low
 12 velocity, as you put it? And I said, "Yes, of
 13 very low velocity to the point that you might
 14 think that this bullet barely made it through the
 15 soft tissues and just enough to drop out of the
 16 skin in the opposite side." In other words, if
 17 this thing was coming out instead of in, there
 18 sure wasn't much blast effect as Dr. Baxter
 19 alluded to. And so I mentioned that it just
 20 maybe had dropped out.
 21 Well, as you probably know,
 22 about two weeks ago in The Dallas Morning News
 23 there was an article concerning the Assassination
 24 Records Review Committee and that they had found
 25 a missile -- a bullet in the seat of a limousine,

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1 which just sparked some interest on my part
 2 reading that because, number one, I had not known
 3 until two weeks ago that there was a bullet in
 4 the seat of the limousine. So that was one
 5 thing.
 6 When I completed my testimony,
 7 Arlen Specter followed me out in the hall and he
 8 said, I want to tell you something that I don't
 9 want you to say anything about. He said, We have
 10 people who will testify that they saw the
 11 President shot from the front. He said, You can
 12 always get people to testify about something.
 13 But he said, We are pretty
 14 convinced that he was shot from the back. And
 15 that implied that although some of us thought
 16 that might initially have been an entrance wound,
 17 that, you know, that's the end of the discussion
 18 and we do have people who will testify to that.
 19 I don't know whether you
 20 construe that as pressure or not, but certainly I
 21 was surprised that he said don't say about --
 22 anything about that to anyone.
 23 A young resident 31 years old,
 24 you're not going to say about that episode to
 25 anybody because at that time I think we were

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1 all -- the whole country was -- I mean, you
 2 didn't joke about anything, and there were jokes
 3 going around about what happened at the time of
 4 the assassination. But we were very serious
 5 about that. I thought that was a little unusual.
 6 MR. GUNN: Did anyone else have
 7 an experience of that sort with Mr. Specter or
 8 with --
 9 DR. PETERS: I'd like to ask a
 10 question about that. Now, as we've constructed
 11 it many times over the years, the first bullet
 12 that was fired was supposed to have missed. The
 13 second bullet went through the President and
 14 Governor Connally, and the third bullet hit
 15 President Kennedy in the skull. That's the way I
 16 think it's been explained to us over the years.
 17 Now, like Ron, I had never heard
 18 about this other bullet. There's been a lot
 19 written about the so-called pristine bullet and
 20 the -- Dr. Lattimer and the FBI fired bullets
 21 into 15 feet of pine board showing there was
 22 almost no deformity. And if you laid the
 23 pristine bullet on a flat surface such as this,
 24 it would roll irregularly showing it was really a
 25 little deformed. And I understood that the

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1 amount of lead missing from it actually equaled
 2 the calculated weight of lead from -- measured
 3 from President Kennedy's X rays, Governor
 4 Connally's arm, and the bullet fragments taken
 5 from his thigh, suggesting that it was indeed the
 6 same bullet that hit President Kennedy and
 7 Governor Connally but --
 8 DR. MCCLELLAND: Mr. Weis thinks
 9 that's a bunch of --
 10 DR. PETERS: Who?
 11 MR. GUNN: The forensic
 12 pathologist.
 13 DR. PETERS: Oh, yeah, the guy
 14 from Pittsburgh or something.
 15 DR. MCCLELLAND: He's pretty --
 16 DR. PETERS: But, you know, if
 17 there really was another bullet, was it of the
 18 same caliber and I'd like to know what's known
 19 about that. I couldn't contribute anything, but
 20 it's just of interest. It makes it, as Ron said,
 21 a little more complex thing to have another
 22 bullet available in addition to the bullet that
 23 was found in the car. Isn't that correct?
 24 MR. GUNN: This is a bullet
 25 fragment, so this is not --

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1 DR. PETERS: Oh.
 2 MR. GUNN: -- not a bullet.
 3 It's a small fragment.
 4 DR. PERRY: At the time of the
 5 Warren Commission -- it's in those 26 volumes
 6 somewhere -- they took that limousine apart
 7 completely and put it back together. I was told
 8 that in Washington and at the time of my
 9 testimony. And it was interesting several of the
 10 members of the committee did not know that they
 11 had done that, and there was gilding metal found
 12 on the inside of the windshield in that
 13 limousine, which was fragment, too, which had to
 14 come from behind because there was no hole in the
 15 windshield. But they took that whole thing
 16 apart, as you know, Mr. Gunn, and put it back
 17 together, so it was carefully looked at.
 18 Apropos what you asked
 19 Dr. Jones, I had exactly the opposite experience.
 20 I was advised by almost everybody I talked to,
 21 Secret Service, FBI, and the Warren Commission
 22 counsel to tell the truth as best I knew it in
 23 its entirety and to hold nothing back on every
 24 occasion, and that occurred on a number of
 25 occasions that they asked me to be sure that it

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1 was everything as best I knew it no matter what.
 2 So I can say at least for me they seemed to make
 3 every effort to get at --
 4 MR. GUNN: Uh-huh.
 5 DR. PERRY: -- the truth.
 6 DR. PETERS: I certainly agree
 7 with that.
 8 (To Dr. McClelland) What did
 9 you want to bring up about William --
 10 DR. BAXTER: I was never
 11 pressured. I think all five of us ought to be in
 12 that record --
 13 MR. GUNN: Okay.
 14 DR. BAXTER: -- about the
 15 (inaudible).
 16 THE COURT REPORTER: Hang on.
 17 One at a time.
 18 DR. MCCLELLAND: Let me just
 19 tell you that Paul brought it up.
 20 Dr. Jenkins, when I came in the
 21 room, told me as I walked by to come up to the
 22 head of the table and he said, Bob, there's a
 23 wound in the left temple there. And so I went to
 24 the table and I thought, you know, knowing
 25 nothing else about any of the circumstances,

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1 that's like that (indicating).
 2 MR. GUNN: Just for the record,
 3 you're pointing in with your --
 4 DR. MCCLELLAND: Yeah, the left
 5 temple --
 6 MR. GUNN: -- finger at the left
 7 temple and now the back of the head.
 8 DR. MCCLELLAND: -- came out the
 9 back. And there was a lot of blood on the left
 10 temple. There was blood everywhere, but there
 11 was a lot of blood on the left temple, so I
 12 didn't question that.
 13 And in fact, in something
 14 else -- Pepper testified somewhere else, he
 15 denied that he said that to me in the Warren
 16 Commission. And I told him -- I said, Pepper,
 17 don't you remember? No, I never said that, Bob,
 18 and I never said the cerebellum fell out. Well,
 19 yes, you did, too, but I didn't argue with him.
 20 But the upshot of it is what
 21 that led to was Mr. Garrison's case in
 22 New Orleans, and he put together a scenario where
 23 he thought someone -- because of what I had said
 24 about the left temple bullet -- was in the storm
 25 sewer on the left side of the car and fired this

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1 bullet that killed the President, another gunman.
 2 He didn't say that Oswald was not there. He just
 3 said there was another gunman. And so he never
 4 contact -- Garrison never contacted me until it
 5 was essentially time to have the case in court.
 6 DR. PETERS: Clay Shaw.
 7 DR. MCCLELLAND: Right. And so
 8 I got a call one morning and it was from his
 9 office -- one of the people in Garrison's office,
 10 and he wanted to know if I would come to
 11 New Orleans and testify. And I said, Well, you
 12 know, it's odd that none of you had talked to me
 13 before this. I've been hearing something about
 14 it on television and whatnot.
 15 And they said, Well, we assumed
 16 that you still believed that the course of the
 17 bullet was as you said in your written testimony
 18 right after, and I said no. And his voice went
 19 up about three octaves and he said, What? And I
 20 said no, and I explained to him that I had
 21 learned other things about the circumstances at
 22 the time and that Dr. Jenkins had told me I
 23 didn't see any wound here. I was just stating
 24 what I had been told and that I wrote that down
 25 in my written statement right after the

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1 assassination. And so that was -- kind of took
 2 the wind out of the sails in that particular
 3 prosecution.
 4 DR. JONES: I have two comments
 5 relating to this, what's just been said and my
 6 comment. The afternoon of the assassination we
 7 were up in the OR and Lito Puerto -- I think it's
 8 L-i-t-o, Puerto, P-u-e-r-t-o -- was in the OR --
 9 DR. PETERS: Neurosurgeon.
 10 DR. JONES: -- and he said he
 11 was -- that he referred to the President --
 12 because he had been down there and he said, I put
 13 my -- he was shot in the leg. I said, he was
 14 shot in the left temple. He said, I put my
 15 finger in the hole, and I think that was part
 16 of --
 17 DR. MCCLELLAND: I never heard
 18 that. That's news to me.
 19 DR. JONES: And so -- in fact, I
 20 told Mr. Haron the other day -- I gave him Lito
 21 Puerto's name and his telephone number. I said,
 22 you know, if you're going to have the group down
 23 here, why don't you get Puerto down here to
 24 clarify that comment, if indeed that were the
 25 case or it's not the case. But I think that was

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1 part of where some of that came from.
 2 The other comment that -- to
 3 clarify what I said regarding Arlen Specter, I'm
 4 saying that he pressured me because that was
 5 after the testimony that I had given. I think
 6 what he was implying was that --
 7 DR. PERRY: Discretion.
 8 DR. JONES: -- that you -- you
 9 could get people to testify that the President
 10 had been shot from the front.
 11 DR. PERRY: He was asking you to
 12 be discreet --
 13 DR. JONES: I think that's
 14 right.
 15 DR. PERRY: -- not to -- not to
 16 talk too much.
 17 DR. JONES: Not to talk about --
 18 he didn't say don't --
 19 DR. PERRY: He didn't know you
 20 weren't going to talk about it.
 21 DR. JONES: -- don't say what
 22 you think, but he suggested that I not talk about
 23 what he was telling me.
 24 MR. GUNN: Okay.
 25 DR. PERRY: He didn't know you

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1 weren't going to talk about it anyway.
 2 DR. JONES: Not for 35 years.
 3 MR. GUNN: I think that each of
 4 you now has responded to the question about
 5 whether you had felt any pressure except for
 6 Dr. McClelland unless I missed that.
 7 DR. MCCLELLAND: I felt no
 8 pressure.
 9 MR. GUNN: No pressure?
 10 Did anytime -- anything ever
 11 happen subsequently to the Warren Commission
 12 where you felt any pressure from anyone, the
 13 Government, to testify one way or the other about
 14 this?
 15 DR. MCCLELLAND: No.
 16 DR. JONES: No.
 17 MR. GUNN: You're all shaking
 18 your heads.
 19 Dr. Peters, is that --
 20 DR. PETERS: No, I've never felt
 21 any pressure. The only -- well, fine.
 22 DR. MCCLELLAND: when did Lito
 23 say he did that?
 24 DR. JONES: It was that
 25 afternoon.

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1 DR. MCCLELLAND: That afternoon.
 2 DR. JONES: It was my -- it was
 3 that afternoon, and I believe we were upstairs,
 4 but he had mentioned that he had put his finger
 5 into the -- and he was sort of known as the guy
 6 that went down and put his fingers in missile --
 7 or bullet --
 8 DR. PETERS: Brains.
 9 DR. JONES: -- wounds, and that
 10 was his comment at the time.
 11 DR. PETERS: Where's he
 12 practicing now?
 13 DR. BAXTER: Arlington.
 14 DR. JONES: I believe he's in
 15 Arlington. I don't know if he's in active
 16 practice but he's listed -- still listed in the
 17 state medical association.
 18 DR. BAXTER: He is. He's still
 19 in practice.
 20 MR. GUNN: Is the name Jane
 21 Carolyn Wester --
 22 DR. MCCLELLAND: Oh, yeah.
 23 MR. GUNN: -- familiar to any of
 24 you?
 25 DR. BAXTER: Sure.

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1 DR. JONES: Yeah.
 2 DR. PETERS: Yes, Janie Wester.
 3 MR. GUNN: All right. Do you
 4 know what her position was in 1963 -- November
 5 '63?
 6 DR. BAXTER: She was the
 7 assistant supervisor of the operating room.
 8 DR. PETERS: Yeah, that's what I
 9 would say.
 10 MR. GUNN: I'd like to hand you
 11 a copy of --
 12 DR. PETERS: (inaudible.)
 13 MR. GUNN: -- her testimony to
 14 the Warren Commission and just ask you one
 15 question about that.
 16 (Discussion off the record.)
 17 MR. GUNN: You're all welcome to
 18 read this if you wish or not read this if you
 19 wish, but I'm going to be making a reference to
 20 this and ask a question. This is in Volume VI of
 21 the Warren hearings.
 22 She says -- and this is on
 23 Page 121 -- "I received a phone call from the
 24 emergency room asking us to set up for a
 25 craniotomy." And Mr. Specter says, "And what is

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1 a craniotomy in lay language?" "MS. WESTER:
 2 That's an exploration of the head."
 3 "MR. SPECTER: Was there any other request made
 4 at that time?" "MS. WESTER: Yes -- well --
 5 immediately following, following that I received
 6 a call to set up for a thoracotomy" (phonetic) --
 7 DR. PETERS: Thoracotomy.
 8 MR. GUNN: Thoracotomy, excuse
 9 me -- "which is an exploration of the chest."
 10 "MR. SPECTER: And were those two setups made in
 11 accordance with the request you received?"
 12 "MS. WESTER: Yes. I immediately assigned
 13 personnel to set up these two rooms for these two
 14 cases." "MR. SPECTER: And what room was used
 15 for the craniotomy?" "MS. WESTER: The
 16 craniotomy was set up in Room 7."
 17 Question for you: Does any of you
 18 recall whether you made a call to Ms. Wester to
 19 set up a craniotomy in conjunction with
 20 President Kennedy?
 21 DR. PETERS: Malcolm, do you --
 22 DR. JONES: Was that a question?
 23 MR. GUNN: Yes.
 24 DR. JONES: I was reading here.
 25 DR. BAXTER: What was the

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1 question?
 2 MR. GUNN: Let me try the
 3 question again.
 4 Does any of you recall calling
 5 Ms. Wester in regard to setting up a craniotomy
 6 for President Kennedy?
 7 DR. JONES: No.
 8 DR. PERRY: No.
 9 DR. MCCLELLAND: No.
 10 DR. BAXTER: No.
 11 DR. PETERS: No.
 12 MR. GUNN: Does any of you have
 13 any light to shed on this observation that she
 14 made?
 15 DR. BAXTER: I think the only
 16 light you could shed on it is that somebody --
 17 maybe Doris Nelson, the head nurse in the
 18 emergency room -- she was in the room with us all
 19 of the time that I recall, but she might have
 20 initiated the call. Someone -- anybody on
 21 emergency room staff with a head injury would
 22 call up and say, be prepared. So I think it's
 23 totally insignificant the fact that she testified
 24 to that, and it just has no meaning except be
 25 prepared.

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1 DR. PERRY: We set up a lot of
 2 rooms we don't necessarily execute.
 3 DR. BAXTER: Yeah, all the time.
 4 DR. PETERS: Yeah.
 5 DR. MCCLELLAND: What is this --
 6 I noticed Ms. Wester said what -- or Mr. Specter
 7 said, "What else, if anything, was on that
 8 stretcher?" And Ms. Wester: "There were several
 9 glassine packets, small packets of hypodermic
 10 needles -- well, packed in and sterilized in.
 11 There were several others -- some alcohol
 12 sponges and a roll of one-inch tape. Those
 13 things, I definitely know, were on the cart, and
 14 the sheets, of course."
 15 MR. GUNN: Does that mean
 16 anything to you?
 17 DR. MCCLELLAND: No. I mean --
 18 DR. BAXTER: What is a glassine
 19 packet?
 20 DR. MCCLELLAND: Oh, that's a
 21 little -- little plastic things they use to put
 22 those ampules in.
 23 THE COURT REPORTER: Those what?
 24 MR. GUNN: Ampules.
 25 DR. MCCLELLAND: Ampule,

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1 a-m-p-o-u-l-e.
 2 MR. GUNN: As a former stamp
 3 collector, I remember them for places where you
 4 put stamps.
 5 DR. MCCLELLAND: Right.
 6 MR. GUNN: Have you-all seen the
 7 autopsy protocol that was drafted by Doctors
 8 Humes, Boswell, and Fink?
 9 DR. JONES: I don't recall that
 10 I have.
 11 DR. PERRY: (Nods
 12 affirmatively.)
 13 DR. MCCLELLAND: (Nods
 14 affirmatively.)
 15 MR. GUNN: Dr. Perry, what -- do
 16 you remember how soon it was that you saw the
 17 report after the assassination? Dr. --
 18 DR. PERRY: You know, this -- we
 19 went down this road two or three times about
 20 the -- on several occasions and talked about that
 21 report, but I don't remember the details
 22 surrounding it.
 23 MR. GUNN: Dr. McClelland,
 24 you --
 25 DR. MCCLELLAND: It was a number

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

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

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

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

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

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

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

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

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1 whether this would seem to correspond with what
 2 you were in a position to be able to observe or
 3 not.
 4 DR. JONES: Well, we can go
 5 around the room again, the -- if this is a skin
 6 laceration or a skin destruction --
 7 MR. GUNN: That's --
 8 DR. JONES: I'm pointing to
 9 the -- from the skull down along the right eye.
 10 MR. GUNN: Line 2 on Exhibit 74.
 11 DR. JONES: And if -- to my
 12 recollection, that skin was intact. There was no
 13 facial injury on the right side that extended all
 14 the way down to the eye. And I feel like I did
 15 have enough view from my stance to see that.
 16 Secondly, I thought the skin
 17 over the top of the head was intact from what I
 18 saw, but I don't know what was under the skin and
 19 whether the skull was there or not. As I
 20 mentioned earlier this morning, my initial
 21 impression in looking at the President was that
 22 he did not look like I had thought he would, and
 23 my earlier testimony before the Warren Commission
 24 was that he had facial relaxation of tissue --
 25 seemed to be relaxation of tissue and I suppose

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1 that that could possibly be accounted for by loss
 2 of skull and allowing the tissue to relax.
 3 DR. MCCLELLAND: Well, as I
 4 understand that oblique line going across the top
 5 of the skull --
 6 MR. GUNN: Line 2.
 7 DR. MCCLELLAND: Right -- that's
 8 consistent with the parietal bone sticking out
 9 through the laceration just in that position
 10 and -- but I'm not quite sure I understand from
 11 the drawing how much of the skull is missing in
 12 relation to those lines.
 13 MR. GUNN: What Dr. Boswell
 14 suggested is these lines are all approximates --
 15 and he wanted that to be stressed -- that the
 16 skull itself was missing here (indicating). The
 17 scalp was not missing but the scalp could -- was
 18 torn and lacerated in different places. So it's
 19 conceivable that it could have been pulled up in
 20 one part or pulled up in another part at any time
 21 after the assassination.
 22 DR. MCCLELLAND: Yeah.
 23 MR. GUNN: But the skull itself
 24 was missing underneath.
 25 DR. MCCLELLAND: Well, that's

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1 consistent, you know, but the only thing that I
 2 might think is that it was more posterior, more
 3 down on the occipital bone than I'm understanding
 4 from the skull here.
 5 DR. PETERS: Had a little bulge
 6 in the back there --
 7 DR. MCCLELLAND: Yeah.
 8 DR. PETERS: -- towards the --
 9 right almost -- yeah.
 10 MR. GUNN: Down in there --
 11 DR. PETERS: Yeah.
 12 DR. MCCLELLAND: -- is where it
 13 was.
 14 DR. PETERS: A little opening
 15 there.
 16 DR. MCCLELLAND: Uh-huh.
 17 MR. GUNN: The part I'm pointing
 18 now to what I'm understanding to be the occipital
 19 bone on --
 20 DR. MCCLELLAND: That's right.
 21 MR. GUNN: -- on the skull, and
 22 that is part of what he has missing in his --
 23 DR. MCCLELLAND: Right.
 24 MR. GUNN: -- in his drawing.
 25 DR. MCCLELLAND: I've seen that.

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1 It was blown out onto the street, I think, wasn't
 2 it, and picked up --
 3 DR. PETERS: Yeah, a large
 4 fragment --
 5 DR. MCCLELLAND: -- the next
 6 day.
 7 DR. PETERS: -- of parietal bone
 8 was --
 9 MR. GUNN: So the occipital --
 10 DR. MCCLELLAND: Not parietal,
 11 occipital.
 12 DR. PETERS: Well, okay,
 13 occipitoparietal.
 14 DR. MCCLELLAND: It was a
 15 triangular piece of --
 16 DR. PETERS: Right.
 17 DR. MCCLELLAND: -- bone back, I
 18 imagine, where the suture is. So if he agrees
 19 that it goes back that far posterior, the loss of
 20 bone, then that would be consistent with what I
 21 saw.
 22 And as I recall from having seen
 23 on a number of occasions, this approved film,
 24 it's clear when the bullet strikes the
 25 President's head that there is a bright flash as

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1 a flap of kin is blown down kind of over the
 2 right ear.
 3 DR. PETERS: Right.
 4 DR. MCCLELLAND: And that would
 5 be consistent with there being an injury going
 6 down toward the eye, and then it probably was
 7 pulled back up in some way. It didn't continue
 8 to lie over the ear, but it did at the moment of
 9 impact -- it flew back and it was very clear that
 10 there was a flap being turned at that moment.
 11 DR. PETERS: When I first walked
 12 in the room and saw the President in a slight
 13 Trendelenburg position, I agree completely with
 14 what Dr. Jones said, his face -- it appeared --
 15 his forehead, the hair was down just a little bit
 16 like he might be frowning, but he wasn't.
 17 And the -- I agree with what Bob
 18 said about the thing being mostly posterior
 19 occipital mostly and some parietal bone missing
 20 because you can look right in and see the brain.
 21 When they showed me the autopsy
 22 reports 25 years later, there's a cut on
 23 President Kennedy's scalp coming down towards his
 24 eye, which I would swear was not there that day.
 25 I thought they probably made that, what looks

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1 like maybe an inch or inch-and-a-half extension
 2 maybe to do part of the autopsy. It looked like
 3 it were cut with a knife. It didn't look like a
 4 tear, but I suppose it could have been.
 5 MR. GUNN: So, you know, I did
 6 ask that question in the deposition and I was
 7 told repeatedly by several different witnesses
 8 that the photographs were taken before any cuts
 9 or --
 10 DR. PETERS: Manipulation.
 11 MR. GUNN: -- incisions were
 12 made to the head, so that was in a sense
 13 pristine.
 14 DR. PETERS: You can see it
 15 coming down there but it -- as you looked at his
 16 face, you didn't get the idea that there was a
 17 cut extending down onto his forehead or anything.
 18 Wouldn't you agree with that,
 19 Ron?
 20 DR. JONES: Yes, I would agree
 21 there was no facial injury whatsoever.
 22 MR. GUNN: Now, I'm approaching
 23 this as a layperson, which may be good or may be
 24 bad. I would have imagined myself if I had seen
 25 President Kennedy in Trauma Room 1 and this part

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1 of the skull -- the part that's within Line 1 of
 2 Dr. Boswell -- if this were missing, I would
 3 imagine it would be noticeable to me as a
 4 layperson that there is severe damage to the
 5 skull. Is -- would that be a misperception on my
 6 part?
 7 DR. PETERS: Depends on which
 8 angle you approached him.
 9 DR. MCCLELLAND: From the front
 10 you might not --
 11 DR. PETERS: Right.
 12 DR. MCCLELLAND: -- think that.
 13 DR. PETERS: That's right.
 14 MR. GUNN: So none of you made
 15 observations that would -- or maybe the question
 16 is: Did any of you see any appearance of damage
 17 by looking just at the scalp and just at the hair
 18 that would suggest that that much of the skull
 19 was missing, or were you even in the position to
 20 be able to --
 21 DR. JONES: Well, I think you
 22 could see the top part of the head reasonably
 23 well. He had a very thick bushy head of hair --
 24 DR. PETERS: Yeah.
 25 DR. JONES: -- and it was

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1 difficult to see down through the hair.
 2 DR. BAXTER: All --
 3 DR. JONES: I didn't see any
 4 indentation of the skull or anything like half of
 5 the top of the head was missing.
 6 DR. BAXTER: All matted with
 7 blood. Unless you were up there and directly
 8 examining it, I don't think anybody could make a
 9 statement from what I saw. I mean, it was just
 10 one mass of blood and hair.
 11 DR. PETERS: I was amazed when I
 12 saw the first X ray of the skull -- the lateral
 13 skull of the extent of the fragmentation of the
 14 skull. I did not appreciate that I think because
 15 a lot of it was covered by scalp at the time we
 16 worked on him. We were doing a resuscitation,
 17 not a forensic autopsy.
 18 MR. GUNN: Now, for many people
 19 the ultimate question is whether President
 20 Kennedy was shot from the front or from behind,
 21 and I want to avoid that sort of question not
 22 because it's unimportant but what I -- what I'm
 23 mostly interested in are the observations that
 24 you have about what you observed yourself rather
 25 than what you might imagine.

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1 But in saying that, I also don't
 2 want to cut off observations that you think,
 3 based upon your own experience and your
 4 examination of President Kennedy, that would be
 5 useful to have as part of the record.
 6 So I'm not encouraging you to
 7 give your ultimate conclusions or your beliefs,
 8 but to the extent that you think that you have
 9 something appropriate to put into the record
 10 based upon your own experience in the Trauma Room
 11 1, in your experience as medical experts, I would
 12 be interested in hearing that.
 13 Dr. Jones.
 14 DR. JONES: Your question has to
 15 do with what we saw as we walked in, which is
 16 what we've testified.
 17 DR. PETERS: Not what we've
 18 learned 30 years later?
 19 MR. GUNN: Yes.
 20 DR. JONES: And Dr. Perry and I
 21 walked in. We both looked at the president.
 22 Dr. Carrico was at the head of the table, and we
 23 both recognized probably simultaneously that it
 24 did not look like he had an airway or any IV
 25 access. And addressing the entrance wound that

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1 we -- addressing the neck wound that we initially
 2 looked at, I thought it was with very small range
 3 of a quarter of an inch or something like that
 4 and made an assumption.
 5 MR. GUNN: Again, to the --
 6 you've all made the descriptions previously about
 7 what you observed. Is there anything else that
 8 you think should be part of the record based upon
 9 your observations that I have not asked you
 10 about?
 11 DR. MCCLELLAND: Let me ask a
 12 question in regard to that. I'm -- I think my
 13 subsequent thoughts about the nature of the wound
 14 and the direction from which the bullet may have
 15 come were colored almost where you couldn't
 16 separate the two influences by what I saw of the
 17 head wound in the Trauma Room 1 and then by what
 18 I think I saw -- well, know I saw but whether I
 19 interpreted it properly is another thing on the
 20 Zapruder film, putting those two things together,
 21 and I couldn't help but put them together.
 22 And it looked to me clearly as
 23 if he were shot from the front on the film, and
 24 that was not inconsistent with what I saw as
 25 perhaps an exit wound on a bullet entering in the

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1 back of his head.
 2 And I remember I saw that one
 3 night. It was, I guess, the first time they had
 4 showed it on that Geraldo Rivera program, and
 5 when I first saw that film and his head was
 6 thrown backward, it first looked like maybe that
 7 that was because the car sped up and therefore
 8 jerked his head backward, but they replayed the
 9 film in slow motion and then several times after
 10 that I've seen the same thing. And the car
 11 didn't start moving forward rapidly until several
 12 frames after his head had been thrown backward by
 13 what strikes me as could have been the force from
 14 a bullet coming from the front. That's just my
 15 impression. That's all it is, and that's not
 16 inconsistent with my view of that wound.
 17 DR. PETERS: I think at the
 18 time, that day particularly I think is just as
 19 Dr. Perry described it. It could have been an
 20 entrance wound with a big exit wound at the back
 21 of the skull. We were to learn later he had a
 22 bullet that transversed through the back of his
 23 neck and out the front and that Malcolm would be
 24 best qualified to speak about that because he
 25 saw -- and I guess Charlie and maybe Ron, too --

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1 the wound before anything was done to it.
 2 But Dr. Lattimer, my friend, and
 3 the FBI fired 500 shots into skulls with various
 4 contents -- liquid, plaster of Paris, so forth --
 5 and it showed that when an individual struck from
 6 behind with a high velocity missile, the head is
 7 propelled towards the shooter. Of course, I
 8 didn't know that that day. I hadn't seen the
 9 Zapruder film yet, and all we had was the
 10 President lying before us.
 11 But their evidence would tend to
 12 suggest that the President's head was propelled
 13 backwards because of the nature of the velocity
 14 of the bullet that struck the skull going from a
 15 harder outer cranium into a soft custard-like
 16 brain. And so that was -- that's the only
 17 evidence I know for the head going backwards.
 18 DR. MCCLELLAND: Could I make a
 19 comment about that?
 20 DR. PETERS: Sure.
 21 DR. MCCLELLAND: I'm no
 22 physicist and I'm no ballistics expert, but it
 23 just seems to me -- and I would appreciate
 24 everybody else's thoughts on that -- that those
 25 are not good parallel experiments because those

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1 skulls were either suspended on strings or were
 2 sat on stools, not attached to anything.
 3 The President's body was
 4 attached to a 170-some-odd-pound body and the
 5 force of that bullet was transmitted to his head
 6 as it was attached to that body. So I don't
 7 think you can say that because an unattached
 8 skull blows off like that, that that relates to
 9 anything about what --
 10 DR. PETERS: Well, I think the
 11 forces could be applied to the skull, and Walter
 12 Alvarez, the physicist, did predict the actual
 13 behavior of the missile, you know, prior to them
 14 carrying out the experiments.
 15 DR. MCCLELLAND: Well, but what
 16 I'm saying, Paul, that you can't say that an
 17 unattached skull as opposed to a skull that's
 18 attached to a heavy body, that it could propel
 19 the skull off a stool which weighs nothing but it
 20 couldn't propel that -- with that heavy body
 21 attached to it in that direction unless the
 22 bullet were fired from the front and it carried
 23 the head and the body backward, which I think is
 24 very likely what happened. But an unattached
 25 skull sitting on a stool, I mean, you can say

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1 that today --
 2 DR. PETERS: Well, but the
 3 forces directing just the head could be applied
 4 to the head regardless of what it's attached to.
 5 I mean, it's going to --
 6 DR. MCCLELLAND: It couldn't
 7 carry the body --
 8 DR. PETERS: -- undergo a
 9 certain motion --
 10 DR. MCCLELLAND: Couldn't carry
 11 the body backward.
 12 DR. PETERS: No, probably not.
 13 At that point --
 14 DR. MCCLELLAND: That's what I'm
 15 saying.
 16 DR. PETERS: -- the body would
 17 come into play, I think.
 18 DR. PERRY: May I offer one
 19 perhaps physiological explanation for your
 20 consideration?
 21 When you pith a frog, brain stem
 22 injury, they go into marked opisthotonos. When
 23 you give electric shock to a patient, they go
 24 into marked opisthotonos and occasionally even
 25 used to fracture vertebrae and we used muscle

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1 relaxants.
 2 In massive brain stem
 3 stimulation in both animals and humans causes
 4 extension of the very strong extensor muscles of
 5 the back rather than the flexor muscles of the
 6 body, and they are stronger. They hold us in the
 7 upright position. And almost all of those
 8 injuries propel the body, both animal and human,
 9 into an opisthotonos position, which is
 10 hyperextension. And it may be that the massive
 11 electrical stimulation of a brain stem injury
 12 would produce, just like electric shock does,
 13 like pithing does, opisthotonos, which would
 14 extend the back and the head and propel it
 15 backwards.
 16 I don't know if it's true or
 17 not, but I offer it for consideration as a
 18 possible physiologic explanation, what one sees
 19 on that film.
 20 DR. PETERS: Now, in addition to
 21 that, only a second or so before he'd been shot
 22 through the neck and he has his arms up, which
 23 people say is a reflex described in the late
 24 1800s by a Russian neurologist, which is evidence
 25 of acute spinal cord injury with opisthotonos and

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1 with the arms being propelled.
 2 And if you look closely at the
 3 pictures, his hands are not coming up as one
 4 would grasp his neck. They're coming up together
 5 above the wound, which is -- I don't remember the
 6 name of the individual who described it, but a
 7 sign of acute spinal cord injury. So he could
 8 have already had a little bit of that at the time
 9 the second bullet hit.
 10 MR. GUNN: I don't think that
 11 there was any -- and I should stay out of this
 12 conversation mostly. But I don't think that
 13 there was any evidence of spinal cord injury in
 14 the President, though, and the autopsy doctor --
 15 DR. PETERS: I don't know if
 16 there is a bullet showing fragmentation of the --
 17 an injury to one of the cervical vertebrae on a
 18 lateral view, so there could have been some
 19 contusion in that area which could have been
 20 quite a stimulation to the spinal cord resulting
 21 in that reflex. I don't think it was bruised
 22 itself.
 23 MR. GUNN: I think that that is
 24 something that some people see on the X rays,
 25 some don't.

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1 DR. PETERS: I see.
 2 MR. GUNN: But there was -- but
 3 there was no evidence in the autopsy itself of
 4 any spinal cord injury as far as I understand,
 5 but the record speaks for itself.
 6 DR. PETERS: We're getting off a
 7 little bit into what ordinary citizens might
 8 speculate about instead of what we as doctors --
 9 DR. MCCLELLAND: And it's all
 10 speculation.
 11 DR. PETERS: -- thought that
 12 day. Yeah.
 13 DR. JONES: In relation to the
 14 interior neck wound, one of the things that might
 15 have come out in questioning was whether or not
 16 that could even be due to a bone fragment. I
 17 don't know whether that injury was traced all the
 18 way from the back to the front for sure and
 19 demonstrated conclusively that those two wounds
 20 truly corrected -- connected. Excuse me.
 21 DR. PERRY: And is it not a
 22 matter of record that there was also gilding
 23 metal on the knot of the tie? Isn't that
 24 correct?
 25 MR. GUNN: On the knot of the

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1 tie?
 2 DR. PERRY: On the knot of the
 3 tie? There was injury to the tie and there was
 4 some gilding metal, which is bullet jacket metal,
 5 on the knot of the tie.
 6 MR. GUNN: I don't know.
 7 DR. PERRY: I think that's in
 8 the record.
 9 MR. GUNN: One of the things in
 10 the -- during the autopsy, they did not link the
 11 wound in the back to the neck. That did not come
 12 until after they spoke with Dr. Perry, so there
 13 was no tracing. There was an attempt to use the
 14 probe, and they found that the probe went in a
 15 short degree and then they could not find that it
 16 connected anywhere.
 17 DR. PERRY: We mentioned the
 18 vagaries of trajectory, but when you put in a
 19 probe in someone who's flaccid and someone who's
 20 moving, entirely different.
 21 MR. GUNN: Sure.
 22 DR. PERRY: The pathway is
 23 entirely different in a person in action and one
 24 that's quiet, so it's no value to you whatsoever.
 25 MR. GUNN: Sure. The only point

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1 was they did not make that determination during
 2 the course of the autopsy itself.
 3 DR. PERRY: All of us at this
 4 table learned a long time ago that probing wounds
 5 was a fruitless exercise and sometimes dangerous.
 6 MR. GUNN: Okay. Any other
 7 observations?
 8 (No audible response.)
 9 MR. GUNN: Well, then, let me
 10 thank you again for your time. I appreciate your
 11 coming here today.
 12 DR. PERRY: Can we depend on
 13 another 30 years before we're asked anything?
 14 MR. GUNN: My promise.
 15 (Deposition concluded at
 16 11:21 a.m.)
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C O R R I G E N D U M

1 The witness wishes to make the following
 2 changes or corrections in the testimony as
 3 originally given:
 4 WITNESSES: CHARLES BAXTER, M.D.
 5 PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
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1 STATE OF TEXAS *
 2 COUNTY OF DALLAS *
 3 This is to certify that I, Leticia
 4 Hernandez, Certified Shorthand Reporter in and
 5 for the State of Texas, certify that the
 6 foregoing deposition of CHARLES BAXTER, M.D.,
 7 RONALD COY JONES, M.D., ROBERT M. MCCLELLAND,
 8 M.D., MALCOLM O. PERRY, M.D., PAUL C. PETERS,
 9 M.D., was reported stenographically by me at the
 10 time and place indicated, said witness having
 11 been placed under oath by me, and that the
 12 deposition is a true record of the testimony
 13 given by the witness.
 14 I further certify that I am neither counsel
 15 for nor related to any party in this cause and am
 16 not financially interested in its outcome.
 17 Given under my hand of office on this the
 18 11th day of September, 1998.
 19
 20
 21
 22
 23
 24
 25

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

JILL JOHNSON COURT REPORTING
 8016 Keller Springs Road
 Dallas, Texas 75248
 (972) 267-1576

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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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1 Taxable cost of original charged to Assassination
 2 Records Review Board:
 3 Atty: Mr. T. Jeremy Gunn
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C O R R I G E N D U M

1 The witness wishes to make the following
 2 changes or corrections in the testimony as
 3 originally given:
 4 WITNESSES: RONALD COY JONES, M.D.
 5 PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
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 10 _____
 11 _____
 12 STATE OF TEXAS *
 13 COUNTY OF _____ *
 14 Subscribed and sworn to before me by the
 15 said witness, RONALD COY JONES, M.D., on this the
 16 _____ day of _____, 1998.
 17 _____
 18 Notary Public for the State _____
 19 Of County of _____
 20 Commission Expires: _____
 21 _____
 22 _____
 23 _____
 24 _____
 25 _____

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C O R R I G E N D U M

1 The witness wishes to make the following
 2 changes or corrections in the testimony as
 3 originally given:
 4 WITNESSES: MALCOLM O. PERRY, M.D.
 5 PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
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C O R R I G E N D U M

1 The witness wishes to make the following
 2 changes or corrections in the testimony as
 3 originally given:
 4 WITNESSES: ROBERT M. MCCLELLAND, M.D.
 5 PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
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 14 STATE OF TEXAS *
 15 COUNTY OF _____ *
 16 Subscribed and sworn to before me by the
 17 said witness, MALCOLM O. PERRY, M.D., on this the
 18 _____ day of _____, 1998.
 19 _____
 20 Notary Public for the State _____
 21 Of County of _____
 22 Commission Expires: _____
 23 _____
 24 _____
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 13 _____
 14 STATE OF TEXAS *
 15 COUNTY OF _____ *
 16 Subscribed and sworn to before me by the
 17 said witness, ROBERT M. MCCLELLAND, M.D., on this
 18 the _____ day of _____, 1998.
 19 _____
 20 Notary Public for the State _____
 21 Of County of _____
 22 Commission Expires: _____
 23 _____
 24 _____
 25 _____

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C O R R I G E N D U M

1 The witness wishes to make the following
 2 changes or corrections in the testimony as
 3 originally given:
 4 WITNESSES: PAUL C. PETERS, M.D.
 5 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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