Review Board, as part of its work mandated by Congress was able to digitize the original 10 10 autopsy materials by very high-quality digitization process. We hoped that we had been able to -- we would have been able to bring some 11 12 12 13 14 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. 15 15 16 16 17 17 18 The Review Board has done a fair 18 19 amount of work in trying to collect as much as it 19 20 20 could in terms of the medical evidence with the 21 21 focus having been particularly on the autopsy at 22 22 Bethesda. 23 23 I wanted to talk with you today 24 24 This will not be in a typical deposition style 25

format. I'd like to have somewhat more of a

<u>U.</u>	BAXTER, R. JONES	Cond	ens	elt R. MCCLELLAND, M. PERRY, P. P	EIEKS
		Page 7			Page 10
1	discussion among you. Because there are four of		1	appreciate your doing this and I think that we	
2	you, and we hope soon to be five of you, it's		2	should be able to complete this within a couple	1
3	important that you not talk at the same time so		3	of hours. What I'd like to do is hand each	
4			5	of you a packet of materials, which you are free	
6	I'm sure she's very good, but she cannot do two people at the same time, so please try to be		6	to keep after the deposition. You are free to	1
7	alert for that.		7	you should feel free to look at them, to not look	ì
8	I want to tell you a little bit		8	at them, whichever you would most prefer to do.	
و	in brief about some of the work that we have done		9	But what I would like to do is make reference to	
10	to give you a sense of why we thought it might be		10	some of the statements that previously were made.	į
11	useful to conduct this discussion today. I have		11	Oh, each of each of you has a	ļ.
12			12	stack with everyone's statements in them. They	
13	Doctors Humes, Fink, and Boswell and so we		13	should all be correct.	i
14	have their testimony under oath. And I took		14	What I have done is gone through	
15			15	these depositions yes?	
16			16	DR. PETERS: Maybe I could ask	- 1
17	Bethesda, now at the National Archives. I also		17	my secretary to see if she can find where	1
18	took the depositions of Dr or Mr. Stringer,		18	Dr. Baxter is.	İ
19	who was the autopsy photographer, as well as his		19	MR. GUNN: Sure. Sure.	
20	assistant, Floyd Riebe.		20	(Off the record.)	}
21	I'd like to just advise you that		21	MR. GUNN: Back on the record.	
22 23	each of those people confirmed that the photographs were authentic photographs. They		22	I've handed each of you a packet that has the testimony of witnesses before the	l
24	were the photographs that were taken with one		24	Warren Commission. These are all Dallas doctors.	Í
	exception that is worth noting, and that is that			In addition to those of you who are here today,	į
<u> </u>		<u> </u>	ļ	,	
		Page 8			Page 11
1	there was a question in the mind of Dr or		1	there's also the testimony of Doctors Clark and	
2	Mr. Stringer about whether the supplemental brain		2	Jenkins. I have a copy of the testimony of	
] 3	photographs were, in fact, the photographs that		3	Dr. Carrico with me, but I don't have not	1
4	he took. The photographs, as they appear, do not		4	distributed a set of that. It just didn't make	j
5	conform with his recollection of how he did it or		5	it through.	1
6	the kind of film that he used or the prints that		6	What I'd like to do is talk with	
7	were used to develop them subsequently, so there		7	you for a few minutes about the description of	j
8 9	was a question raised about that.		9	the wound as you saw it of the head wound as	
10	I took the deposition of Dr. Boswell, as I mentioned, and he made some		10	you saw it in Dallas. Obviously, as you know, there has been some discussion about the location	
11	drawings on a basically life-size human skull,		11	of the wound on the head.	į
12	which I have brought here today and would like to		12	It is my own understanding in	
13	make reference to, and so I will be showing you		13	reading the testimony that you have offered that	1
14	that in a moment.		14	the question about the significance of the wound	ļ
15	One other thing that I would		15	to the head was not focused on by the Warren	
16	like to just advise you on briefly is we		16	Commission. Arlen Specter, who took your	
17	identified the person who had developed autopsy		17	depositions, did not particularly focus on it.	i
18	photographs from President Kennedy. She's a		18	Each of you made references to the wound on the	
19	witness who had not previously been identified		19	head, and I found that in the testimony. I'd	
20	before. Her name is Sandra Spencer and she		20	like to draw your attention to that, and if we	ŀ
21	worked at the Naval Photographic Center		21	can go through those quickly, and then I'd like	ì
22	National Photographic Center in Washington.		22	to get your observations. We'll start with where	1
23	She, in the course of her work, typically did		23	you were in the hospital or in trauma room	ŀ
24	White House photography. She also said that		24	No. 1 and then talk about these.	
25	shortly after the assassination she developed		25	But if we can start with	ļ
		Page 9			Page 12
1	photographs.		1	Dr. Baxter this is, for the record, MD 97.	
2	The photographs that she says		2	On the first page of the packet	İ
3	that she developed did not correspond with those		3	that I have given to you, handwritten notes, he	l
4	that were in the National Archives. So according		4	refers to what appears to me to be temporal and	1
5	to her testimony, there was some photographs that		5	occipital bones it's about six or seven ways	l
6	she herself developed that showed a wound in the		6	down. It says, "Temporal and occipital bones	1
7	occipitoparietal area.		7	were missing and the brain was lying on the	İ
8	The occipitoparietal wound, for		8	table."	\
9	those of you who have seen the photos, does not		9	Further in his testimony to the	İ
10	appear to be of any significant size. There's		10	Warren Commission this is on Page 41 he	1
11	the possibility of an entrance wound there, but		11	says, and I quote, "Literally the right side of	1
12	the wounds that she identified from the		12	his head had been blown off. With this and the	Į.
13	photographs that she developed were different		13	observation that the cerebellum was present a	İ
14	from the ones that appear in the National Archives.		14	large quantity of brain was present on the cart,	
16	Now, as is always the case,		15	well we felt that such an additional heroic	1
17	memories fade, memories are distorted, and one		16 17	attempt was not warranted." He then farther down on Page 41	l
18	needs to take all recollections with a grain of		17	He then farther down on Page 41 refers to the temporal parietal plate of bone	j
19	salt, particularly after 35 years. So we're very		19	laid outward to the side. Mr. Specter in the	
20	aware of that and we understand that, but I would		20	page following refers to what he what	- 1
21	like to talk to you a little bit about some of		21	Dr. Baxter had referred to as temporal and	i
22	the issues partly in light of the information		22	occipital as the top of the head. Later on	ľ
23	that we've had before.		23	Page 44 there's a reference to "the temporal and	
24	But, again, let me thank you for		24	parietal bones were missing and the brain was	i
25	taking time out of your busy schedules. We		25	lying on the table with extensive lacerations and	ļ
ь				, , , , , , , , , , , , , , , , , , , ,	

	BAXTER, R. JONES	Cond	ens	elt R. MCCLELLAND, M. PERRY, P. PI	LILINO
ı		Page 13			Page 16
1	contusions."	J	1	given to you he refers to there was a wound,	•
2	In the second packet of		2	one in the lower third of the anterior neck, the	
3	materials that comes from which is labeled		3	other in the occipital region of the skull. And	
4	MD 39, which, again, is the one you don't have		4	then on the second page Dr. Clark referred to	
5	from Dr. Carrico, he refers in his handwriting to		5	"there was a large wound in the right	
6	oozing from cerebral and cerebellar tissue.		6	occipitoparietal region."	
7	He then on Page 3 of his Warren		7	Then in his testimony to the	
8	Commission testimony states the skull was		8	Warren Commission he refers on Page 20 to a large	
9	fragmented and bleeding cerebral and cerebellar		9	gaping wound in the right posterior part with	
10	tissue.		10	cerebral excuse me cerebral and cerebellar	
11	On page 6 he refers to about a		11	tissue being damaged and exposed.	
12	five- to seven-centimeter in size more or less		12	On Page 29 he says that there	
13	circular injury of the right occipitoparietal		13	was a much larger wound in the right occipital	
14	area.		14	region of the President's skull from which	
15	Doctors Carrico and Perry went		15	consider considerable blood loss had occurred,	
			16	which stained the back of his head, neck, and	
17			17		
	Commission, and from his testimony to the		3	upper shoulders.	
	Commission itself he says on Page 361 that there		18	Then to Dr. Jenkins he refers	
19	was and I'm going to read this the way that it		19	this is from packet MD 96. He refers to a great	
	appears in the transcript, and there obviously is		20	laceration on the right side of the head,	
21	an error in the transcript. But he says, "This		21	temporal and occipital. He also says the	
22	was a 5 by 71 centimeter defect in the posterior		22	cerebellum had protruded from the wound.	
23	skull, the occipital region. There was an		23	In his testimony to the Warren	
24			24	Commission he said that on Page 48 he thought	
25	area."		25	that this wound in the head was a wound of exit,	
		Page 14	 		Dage 17
,	Dr. Carrion was subsequently	1 age 14	,	although he wasn't sure . He said suste HI	Page 17
1 2	Dr. Carrico was subsequently		1 2	although he wasn't sure. He said, quote, "I	
2	interviewed by the House Select Committee.		2	really think part of the cerebellum, as I	
3	(Dr. Baxter enters the		3	recognized it, was herniated from the wound." He	
4	deposition room.)		4	then said that, "I thought there was a wound on	
5	(Off-the-record discussion.)		5	the left temporal area right in the hairline and	
6	MR. GUNN: I'm happy to report		6	right above the zygomatic process."	
7	that Dr. Baxter is with us, and if Dr. Baxter		7	From Page 51 of his Warren	
8	if you wouldn't mind swearing		8	Commission testimony he says, "Because the wound	
9	THE COURT REPORTER: Dr. Baxter,		9	with the exploded area of the scalp, as I	
10	do you solemnly swear to tell the truth, the		10	interpreted it being exploded, I would interpret	
111	whole truth, and nothing but the truth so help		11	it being a wound of exit, and the appearance of	
12	you God?		12	the wound in the neck, and I also thought it was	
13	DR. BAXTER: I do.		13	a wound of exit."	
14	THE COURT REPORTER: Thank you.		14	Finally in his testimony to the	
15	MR. GUNN: Dr. Baxter, I've		15	House Select Committee on Assassinations he said,	
16	given the other doctors a little bit of		16	There was one segment of bone blown out. It was	
17	background, and during a break I can talk to you		17	a segment of occipital or temporal bone. He	
18	about what we have said before and if you have		18	noted that a portion of the cerebellum, lower	
19	any questions, don't hesitate to ask. This will		19	rear brain, was hanging out from the hole in the	
20	not be a typical deposition format, but I'd like		20	right rear of the head.	
	to have a discussion.		21	Then Dr. Jones in his testimony	
22	At this point I just want to		22	to the Warren Commission this is Packet MD 98.	
23	briefly refer to previous statements that had		23	On Page 53 he says there was a small wound at the	
24				On rage 33 he says there was a silian would at the	
24			1	midling of the neels and a large syound in the	
125	been made by you and the other doctors regarding		24	midline of the neck and a large wound in the	
25			1	midline of the neck and a large wound in the right posterior side of the head, a large	
25		Page 15	24	midline of the neck and a large wound in the	Page 18
25	the wound to President Kennedy's head.	Page 15	24	midline of the neck and a large wound in the right posterior side of the head, a large	Page 18
	Going back to Dr. Carrico	Page 15	24 25	midline of the neck and a large wound in the right posterior side of the head, a large later, there was a large defect in the back side	Page 18
1	Going back to Dr. Carrico and, again, this one is not present for you he	Page 15	24 25 1 2	midline of the neck and a large wound in the right posterior side of the head, a large later, there was a large defect in the back side of the head.	Page 18
1 2	Going back to Dr. Carrico and, again, this one is not present for you he said to the House Select Committee on	Page 15	24 25 1 2 3	midline of the neck and a large wound in the right posterior side of the head, a large later, there was a large defect in the back side of the head. And then in again, in	Page 18
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		Page 19	Ī		Page 22
1	probably a third or so, at least, of the brain		1	side where you were?	•
2	tissue, posterior cerebral tissue and some of the		2	DR. JONES: At one point after	
3	cerebellar tissue had been blasted out."		3	we had completed the insertion of the test tubes,	
4	That was from Page 33 if I		4	IV, and tracheotomy, I looked up over the top of	
5	didn't mention that. Then on Page 34 he also		5	the President's head and from that view was all	
6	mentions loss of cerebral and cerebellar tissue.		6	that I saw. But with him flat on the table,	
7	From Dr. Perry in handwritten		7	could not appreciate the size of that wound but	
8	notes on Page excuse me, from Packet MD 57, he		8	did not see a lot of skull or brain tissue on the	
9	refers to a right posterior cranium excuse me,		9	table, some maybe, but not just a tremendous	
10	"a large wound of the right posterior cranium was		10	amount and certainly did not see a flap turned on	
11	noted, exposing severely lacerated brain."		11	the right side.	
12	On Page 9 of his testimony to		12	MR. GUNN: Were you yourself	
13	Mr. Specter he refers to the large wound of the		13	able to identify any cerebellum or cerebrum	
14	right posterior parietal area. And on Page 11 of		14	tissue on the table?	
15	the same testimony he refers to a large avulsive		15	DR. JONES: If there was, I	
16			1		
17	injury of the right occipitoparietal area. And then on Page 372 and this would be testimony		16	thought from my vantage point, I thought that	
•			17	it was a very small amount.	
18	to the Warren Commission itself unless I'm		18	MR. GUNN: And were you able to	
19	mistaken the Warren Commission itself. "I		19	identify one form of brain tissue versus another?	
20	noted a large avulsive wound of the right		20	DR. JONES: No	
21	parieto-occipital area in which both scalp and		21	MR. GUNN: Okay.	
22	portions of the skull were absent, and there was		22	DR. JONES: - but did see the	
23	a severe laceration of underlying brain tissue.		23	very small wound which I thought was an entrance	
24	And finally with Dr. Peters		24	wound to the head. That was pretty clear.	
25	last but not least, of course. This is from		25	MR. GUNN: Okay. Dr. Perry?	
_		Page 20	╁	······································	Page 23
1	MD 40, testimony to Mr. Specter of the Warren		1	DR. PERRY: As I testified, I	Page 23
2	Commission. On Page 71 he says that he noticed		2	made only a cursory examination of the head, and	
3	there was a large defect in the occiput.		3	the only person that made the really detailed	
4	Dr. Peters then says, "It seemed to me that in		4		
5	the right occipitoparietal area that there was a		5	examination, as far as I know, is Dr. Clark. And	
6	large defect. There appeared to be bone loss and		6	I didn't like Dr. Jones, I didn't look at it.	
7	large defect. There appeared to be bone loss and brain loss in the area." He goes on to say, "We		7	I was in some kind of a hurry.	
	some the avoined of the forms that refere that			The neck wound very few	
8	saw the wound of" I'm sorry, that refers just		8	people saw that. I didn't even wipe the blood	
9	to the throat wound.		9	off on the right side, so I estimated it at five	
10	In my very lay sense and I am		10	millimeters or so of exuding blood and I cut	
11	not a doctor there seems to be a fair degree		11	right through it, as Dr. Jones knows, so nobody	
12	of coherence among the testimony that you offered		12	else saw it after that. It was small. I didn't	
13	about the location of the wound. There, of		13	look at the head. As I said, I didn't examine	
14	course, is a difference in the way that you said		14	it. I could see that he had one. I mentioned	
15	it, as would be expected in any case.		15	the avulsive wound to the head and what appeared	
16	I'd like to start out and		16	to be some brain tissue and that was during the	
17	that's the last major part that I hope to play in		17	course of the resuscitation, but I didn't examine	
18	this discussion. I'd like to start out, if we		18	it.	
19	could and maybe just start with Dr. Jones and		19	MR. GUNN: Where were you	
20	then just go down the room of first where you		20	standing and if you moved around	
21	were in trauma room No. 1 and what kind of view		21	DR. PERRY: Well, I was just to	
22	you had of President Kennedy in trauma room		22	Dr. Jones' right because I was on the left side	
23	No. 1.		23	of the President, but I did the tracheostomy and	
24	Dr. Jones.		24	the cardiac massage.	
25	DR. JONES: I was on his left		25	MR. GUNN: Could you describe	
⊢		- A1	ļ	The court you door to	
١.	aida halam tha laft anns la alaina ta anns alala	Page 21	١.		Page 24
1	side below the left arm looking to my right;		1	about how big the tracheostomy wound was that you	1
2	could easily see the neck wound; could not see in		2	cut?	
3	much detail the posterior wound, but did not see		3	DR. PERRY: I've been asked this	
4	any flap of skull or anything laying out to the		4	a lot. Of course, some of them said it was too	
5	right side; saw relaxation of the facial tissues		5	big for a surgeon but my reply to that is it was	
6	and perhaps of the hair, and I remained on the		6	big enough.	
7	President's right side during the entire		7	There are only two medical	
8	resuscitation attempt.		8	emergencies, airway and bleeding. Everything	
9	MR. GUNN: Did you ever go		9	else can wait. This just couldn't wait, and I	
10	around and observe the left side?		10	have no idea how big it was. I made it big	
11	DR. JONES: Left side. Excuse,		11	enough. At that time we used old metal flange	
12	was on the left side.		12	tracheostomy tubes and quite large with a cuff on	
13	MR. GUNN: Okay.		13	them. And when I made the incision through the	
14	DR. JONES: Was I saying right		14	wound, I made it big enough where I could do a	
15	side?		15	tracheostomy without trouble. I also made it big	
16	MR. GUNN: So all of your view		16	enough that I could look to either side of the	
17	was of the left side?		17	traches There was blood in the traches through	
18	DR. JONES: All my view was from			trachea. There was blood in the trachea through	
19	the President's left side.		18	the end when I looked through the	
20	MP CUNN. Obert Did von ever		19	pharyngoscope and attempted to put in the	
21	MR. GUNN: Okay. Did you ever		20	tracheal tube with blood inside the trachea.	
	go around and observe the right side of the		21	There was hair in the	
22	DR. JONES: I did not go around		22	mediastinum, and I didn't know whether I was	
23	to the right side.		23	going to encounter carotid arteries or whatever.	
24	MR. GUNN: Could you observe any		24	But the path of the bullet clearly put those	
25	posterior wound on of the head from the left		25	vessels at risk as well as the trachea, so I made	İ

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1	the wound big enough to do that.		1	agree that it was at least seven or eight	1
2	How big it was, I don't know.		2	centimeters in diameter and was mostly really in	
3 4	I'm sure Dr. Humes measured it to see when they got there. When he found out it was a		3	the occipital part of the skull. And as I was looking at it, a	i
5	tracheostomy, he measured. But since I made the		5	fairly large portion of the cerebellum fell out	ļ
6	transverse incision, went right through it, I		6	of the skull. There was already some brain	ŀ
7	made it big enough to control an underlying		7	there, but during the tracheostomy more fell out	1
8	bleeding blood vessel if necessary and big enough		8	and that was clearly cerebellum. I mean, there	
9	to do a trach.		9	was no doubt about it, and I was that far from it	
10	How big it was, who knows. Ron		10	(indicating).	Ì
11	might know, but I don't know. Big enough.		11	MR. GUNN: When you say "that	ļ
12	DR. JONES: I was busy putting		12	far," you're putting your hands about twelve	ĺ
13	in the left chest tube and doing a cut down on		13	inches apart?	
14	the left arm and I was not paying a lot of		14	DR. McCLELLAND: Twelve to 18	
15	attention to that. DR. PERRY: We were all		15 16	inches. MR. GUNN: About how long were	
17	DR. JONES: I thought it was		17	you at the head of the table?	Î
18	about an average size incision. I didn't see		18	DR. McCLELLAND: Oh, till they	
19	anything abnormally large or abnormal length of		19	finished up the tracheostomy. I don't know	ļ.
20	the incision.		20	exactly how long that would be, but I guess, you	
21	DR. PERRY: It was bigger than I		21	know, it had to be an absolute minimum of five	
22	would make for an elective situation. In a		22	minutes and probably somewhere between five and	1
23	patient that's not in extremis where you're doing		23	ten, but that's just a rough guess. But it was	
24	an elective tracheostomy, you make a nice tiny		24	certainly more than just a, you know, transient	Ī
25	skin line incision in order to minimize the		25	view of it. It was a concentrated view.	ì
		Page 26			Page 29
1	subsequent scarring. In an emergency situation,	-	1	MR. GUNN: Okay. Dr. Peters,	-
, 5	you make an incision adequate to accomplish the		2	where were you standing?	l
3	job, and in this case it was going to take more.		3	DR. PETERS: Well, I got there	İ
4 5	After I'd made the incision,		4	about, from what I've been able to determine,	ļ
6	Dr. McClelland arrived and his hands came in to help me with the tracheostomy, but I'd made the		5	about 40 seconds later, and Dr. Perry was already	
7	incision at that time but Bob may recall how big		7	there and taking charge and giving the directions. And he was over the President's	j
8	it was because he held the retractors for it. It		8	chest on the President's left side. Dr. Baxter	
و	was big enough for me to control the trachea, and		9	was up in the right side in the axillary area and	
10	if necessary, to do a little more.		10	so I stepped in about the level of the belly	
11	THE COURT REPORTER: Dr. Perry,		11	button on the right side.	
12	can you speak up just a little bit more?		12	Mack said helped Charlie sort	ĺ
13	DR. PERRY: Pardon me?		13	out one of these trach tubes, which I did then	
14	THE COURT REPORTER: Can you		14	and gave Charlie the one that looked like it was	Ì
15 16	speak up just a little louder?		15	an appropriate size, and he and Malcolm put it	
17	DR. PERRY: I'm sorry. THE COURT REPORTER: That's		16 17	in. And we continued the resuscitative efforts.	i
18	okay.		18	A lot of things were going on simultaneously. Jim had tubed the President, and then when he]
19	DR. PERRY: Did you get that?		19	tried to bag him, there was a big air leak, and	
20	THE COURT REPORTER: Yes.		20	so they decided they would put the tracheostomy	1
21	DR. PERRY: Okay. These things		21	tube in through the wound in the neck and that	
22	tend to make me a little quieter and more somber.		22	sort of caused Malcolm to enlarge that.	
23	MR. GUNN: Dr. McClelland, where		23	And they we got the right	1
24	were you standing, first of all?		24	sized tube, slid it into place, and Malcolm	1
25	DR. McCLELLAND: I was standing		25	continued external compression. I guess Ron in	l
1		Page 27			Page 30
1	at the head of Dr. Perry, as he said, I	-	1	the meantime had done a cutdown and was giving	_
2	arrived and I walked by the left side of the cart		2	blood to the President. And Max said, I wonder	1
3	and walked around to the head and was standing at		3	if we should open the chest and squeeze the heart	
5	the right of Dr. Jenkins. And I got an		5	and somebody else was standing there and said no,	
6	Army/Navy, which is a particular name you apply to a commonly used retractor, and leaned over the		6	no, don't do that. Hopkins two weeks ago reported this study where you just ended up	
7	President's head to help retract while Dr. Baxter	•	7	putting your fingers through the ventricle after]
8	and Dr. Perry were finishing up the tracheostomy.		8	a short period of time and you could get	
9	So I was standing where I was		9	effective enough resuscitation through the closed	
10	looking down intently in the wound and really had		10	chest. And then Dr. Jenkins said, boys, before	
11	nothing to do but that because I it didn't	İ	11	you think about opening the chest, you'd better	1
12	take much attention to pull the retractor. And		12	step up here and look at this brain.	
13	so I could clearly see what the wound looked like		13	And so at that point I did step	
14	over a good period of time.		14	around Dr. Baxter and looked in the President's	
16	MR. GUNN: Excuse me. When you refer when you're referring to the wound, are		15 16	head, and I reported to the Warren Commission	1
17	you referring to what I'll call the head wound		17	that there was about a seven-centimeter hole in the occipitoparietal area that there was	Ì
18	DR. McCLELLAND: Right.		18	obviously quite a bit of brain missing. Some	
19	MR. GUNN: not the throat?		19	brain was hanging down in the wound, and I	Ì
20	DR. McCLELLAND: Right.		20	thought the cerebellum had been injured as well	
21	MR. GUNN: Okay.		21	as the cerebral cortex. That's what I said at	
22	DR. McCLELLAND: And I think as		22	the time.	1
23	I said in my testimony that this wound looked		23	Now, could I bring up some	
24 25	pretty much like everybody else has described it		24	controversies that	1
23	here. It was a very large wound and I would		25	MR. GUNN: Sure.	ļ

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		Page 31	Τ_	Pag	ge 34
1	DR. PETERS: have happened	1 450 31	1	arrest the stoppage of the heart occurred very	J
2	since that time or shall we go on to maybe see		2	shortly after that.	
3	what Dr. Baxter says?		3	And I think I was probably	
4	MR. GUNN: Let please, I			neeligent in not looking at the whole situation	
1			4	negligent in not looking at the whole situation,	
5	would like to come back to that so if I forget,		5	including the head injury, but struck with the	
6	please remind me because I would like to deal		6	what it all meant. I think all of us just kind	
7	with as much as we can today.		7	of backed off, and I never examined him any	
8	DR. PETERS: And then I said,		8	further than that; went out and got Mrs. Kennedy	
9	well, looks like we have to declare the President		9	and brought her in and had to tell her that her	
10	dead and where's Mrs. Kennedy. And she was		1		
	atau dia ministrati da mana analaga na Dalaga da		10	husband was dead and that we agreed not to	
11	standing right beside me as close as Bob, and so		11	pronounce him until the priest arrived and gave	
12	I give that as evidence that we were pretty		12	him last rites as is Catholic procedure, I	
13	clearly focused.		13	understand. And that's all I really saw and did	
14	As Malcolm said, we were pretty		14	in the whole thing.	
15	busy. We were concentrating on what we were		15	MR. GUNN: I would like all of	
16	doing. I think the President received excellent		16	you to feel free to please make comments about	
17	resuscitative efforts by current standards, let		17	other observations to the extent that you	
18	alone the standards of 1963. And I think that		18	disagree with them. That would be helpful to put	
19	was the right choice to give it the maximum		19	in the record. As is always the case on	
20	effort even though he appeared extremis.		20	something like this, people are going to see it	
21	MR. GUNN: Dr. Baxter, where		21	differently and remember it differently, and I	
				doubt and that as being anothing annual. Co	
22	were you standing, first?		22	don't see that as being anything unusual. So	
23	DR BAXTER: Well, everything		23	please don't hesitate to do it. I know my wife	
24	happened awfully fast, as you can imagine. You		24	and I frequently have very different perceptions	
25	know, I forget exactly when I got there, what I		25	of the same	
I —	, , , , , , , , , , , , , , , , , , , ,	n	 		
1		Page 32			ge 35
1	did other than go straight to the airway with		1	DR. JONES: Comment on one	
2	Dr. Carrico. And well, we did a few things,		2	thing. I don't recall that we had any vital	
3	get Mrs. Kennedy out of the room, asked the nurse		3	signs measurable vital signs. I don't recall	
4	to take her out, looked at what the vital signs		4	that we had any pulse, and when an EKG	
,	tione what was soing W what asthetar was in his			nortable EVC machine syst brought in from another	
5	were, what was going IV, what catheter was in his		5	portable EKG machine was brought in from another	
6	urinary bladder, tube down his throat.		6	room, it was a straight line. I'm not aware that	
7	Everything had been done including the		7	we ever had evidence of pulse or life other than	
8	Dr. Carrico had already given him corticosteroids		8	what Dr. Carrico had said that he thought there	
9	because of his history of being an Addisonian.		9	were agonal respirations before Dr. Perry and I	
10			10	walked in so I don't think me had any direct	
	As is already been mentioned, airway		ł	walked in, so I don't think we had any direct	
11	was a problem. Dr. Carrico said, I just can't		11	evidence of life.	
12	ventilate him, and Mack and I started working on		12	DR. PERRY: That's correct. I	
13	what you know, what the problem was, the		13	pushed the Ace bandage which was wrapped around	
14	airway. None us at that time, I don't think,		14	his waist and leg and pushed it up and he had no	
15	were in any position to view the head injury.		15	femoral pulse when I arrived. He had agonal	
16			1		
ì	And, in fact, I never saw anything above the		16	respiration but no detectable pulse.	
17	scalp line, forehead line that I could comment		17	As Dr. Jones said, when we got	
18	on.		18	him hooked up to a monitor, straight line, that's	
19	The other thing that was		19	when I started closed-chest massage.	
20	outstanding about it is he had huge hemorrhages		20	MR. GUNN: Does did the	
21	around his eyes, black eyes, if you will, from		21	bubbling around the throat suggest life in and of	
	the force of the injury and he had exempthelmos		I		
22	the force of the injury, and he had exophthalmos.		22	itself or is that not	
23	His eyes were bulging and blood had gone into the		23	DR. PERRY: It as I said, the	
24	periorbital tissue. And we immediately were		24	wound was exuding blood slowly, but Dr. Baxter	
25	working on why we couldn't ventilate him, and Ron		25	mentioned about ineffective attempts to bag him	
			-		
1.		Page 33		Pag	ge 36
1	was putting in a chest tube on one side. On the		1	because of the position of the wound in the	
2	other side we stuck a needle in. A little air		2	trachea. And when I opened the neck, there was	
3	was obtained. We didn't know the only thing		3	an injury to the trachea on the right lateral	
4	we could figure without knowing how bad this		4	side. There was air and blood in that area of	
5	head injury was we were doing all the		1		
1 .	head injury was, we were doing all the		5	the mediastinum. That's when I asked that a	
6	resuscitative things to give him a chance to		6	chest tube be put in place because I didn't know	
7	live, in essence.		7	how many times he'd been shot or from what	
8	And so we decided that we had to		8	direction. And, of course, the assumption was	
9	do a trach, and we moved in to do that.		9	that he might have a chest wound as well when I	
10	Immediately a chest tube was being put on the		10	saw the hair around the trachea the injury to	
11	left side as we were doing the trach. I think		1		
,	left side as we were doing the trach. I think		11	the trachea, which I subsequently enlarged for	
12	Dr. Peters was doing that while we were working		12	the tracheostomy tube.	
13	to get the trach in.		13	But I asked the chest tubes be	
14	The wound that was in his neck,		14	put in because once you start pressure-assisted	
15	as I recall it, was the size that Dr. Perry		15	respiration, if he had a chest tube he might have	
16	described. I didn't remember when we got the		16	tension pneumothorax. And not knowing the extent	
17	incision made and going down that there was any		17		
	incision made and going down that there was any		l .	of his head injury with any certainty, as	
18	striking tissue damage. Maybe that's just not a		18	Dr. Jones said, we didn't look at that. We were	
19	good recall, but I didn't think that the		19	trying to get an airway.	
20	tissues didn't look like to me or I don't		20	And so as it turned out, the	
21	recall them looking like anything had much gone		21	chest tubes were not necessary. There was no	
22	through there.		22	injury to the cheet carrier but I didn't leave	
			l	injury to the chest cavity, but I didn't know	
23	And we got the trach in as has		23	that at the time. Not knowing how many shots	
24	been described, and about that time his pulse		24	there were and what was going on, as Dr. Baxter	
25	began to rapidly go down and the, quote, cardiac		25	said, put the full-court press on; otherwise, we	
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<u>C.</u>	BAXTER, R. JONES	Cond	ens	elt R. MCCLELLAND, M. PERRY, P. P	EIEKS
		Page 37			Page 40
1	might lose him.	•	1	something that you had said that you had wanted	Ŭ
2	THE COURT REPORTER: Put the		2	to talk about.	
3	full what, Doctor?		3	DR PETERS: Well, it was	
4	DR. PERRY: You start huh?		4	concerning the injury to the cerebellum. I	
5	THE COURT REPORTER: Put the		5	thought that at that time when I looked in his	
6	full what?		6	skull after Dr. Jenkins said, Boys, you better	
7	DR. PERRY: I'm sorry,		7	come up here and take a look at this brain before	}
8	basketball term, full-court press.		8	you do anything as heroic as opening the chest	
9	But when you when you start		9	and massaging the heart directly, and I thought	
10	pressure-assisted respiration, if there's an		10	the cerebellum was injured and, of course, it was	
11	injury to the lung, you're liable to induce the		111	obvious there was quite a bit of the cerebral	
13	tension pneumothorax, which causes a catastrophic		12	cortex missing. And I looked at it for a moment,	
14	cardiopulmonary collapse, so that's the reason I asked for chest tubes to be put in.		13	and so when I was interviewed a few days later by	
15	Dr. Jones inserted one on the		14	Mr. Specter, I said I thought the cerebellum was	
16			15	injured.	i
17	turned out those were unnecessary, but that was		16 17	Dr. John Lattimer is a good friend of mine from Columbia University in	}
18	my request at that time. And the reason they		18	New York He's a historian and has written a	
19	were put in was because I asked for them.		19	New York. He's a historian and has written a	1
20	MR. GUNN: Perhaps one thing I		20	text on the Kennedy and Lincoln assassinations,	
21	should state here is a few times Dr. McClelland		21	J. Edgar Hoover was a good	}
22	has been referred to as "Mack." Is that correct?		22	friend of his and let him look at the	
23	DR. PERRY: Yes.		23	accascination nictures. That was soins to be	ļ
24	MR. GUNN: Just for the		24	assassination pictures. That was going to be	i
	historical record, if somebody later wants to		25	about 25 years before I was going to get to look at them, and he told me he thought the tentorium	Į.
L-3			123	at dient, and he told me he mought the lentontim	
1		Page 38			Page 41
] 1	know if there's some	-	1	was intact over the cerebellum, and that]
2	DR. PERRY: Two of us.		2	concerned me a little bit.	ļ
3	DR. PETERS: That's right. Mack		3	Well, when I went to view the	1
4	Perry and Bob McClelland.		4	National Archives autopsy pictures. I saw that	
5	MR. GUNN: So are you both Mack?		5	the cerebellum was indeed injured and shoved way	j
6	DR. PERRY: Well, nicknames,		6	down on that right side compared to its mate on	
7	yes.		7	the left on the pictures of the brain that they	1
8	MR. GUNN: Okay. Dr. Peters?		8	showed me at the National Archives. And it was	l
9	DR. PETERS: (To Dr. McClelland)		9	compatible with being President Kennedy's brain	i
10	Well, you're next. Did you want to say		10	based on the lacerations in it that I saw in the	i
11	something?		11	photo.	
12	DR. McCLELLAND: No.		12	But the cerebellum was pushed	1
13	DR. PETERS: Only thing I want		13	down quite a bit, and I felt pretty good about	i
14	to say is I remember very well when Mack said		14	that then that my original observation was that	1
15	MR. GUNN: And which Mack is		15	the cerebellum had been injured. Dr. Lattimer	1
16	this?		16	didn't think that it had, but it would certainly	}
17	DR. PETERS: Mack Perry.		17	be feasible to think that it was with the	ŀ
18	MR. GUNN: Okay.		18	tremendous pressure that must have existed for a	
19	DR. PETERS: Dr. Perry said, I		19	moment in that side of the head when that bullet	F
20	think there may be some air in the chest. Let's		20	struck its occipitoparietal area.	l
21	put in chest tubes, and I remember cutting		21	And so I asked if I could see	ŀ
22	President Kennedy's chest on the right side and		22	the brain at the National Archives and not just	l
23	noticing that the blood was there was no pulse		23	the photos and they said the brain has been made	1
24	flow from the wound. And I agree with what		24	unavailable by Mr. Robert Kennedy, who was	l
25	Dr. Perry said and Dr. Jones, that the EKG was a		25	Attorney General at the time, and so I never did	}
—		Docc 20			
١,	straight line all the time it was an	Page 39	١.	modiles not to one the satural burning to 30 A 11 Y	Page 42
1 2	straight line all the time it was on.		1	really get to see the actual brain itself. All I	i
3	After Dr. Perry was or while		2	had was the pictures.	ļ
1	he was giving external compression, I could feel		3	But I it was interesting to	1
5	a pulse consummate with the pressure he applied in the right femoral afters, but I saw no		4	me this morning hearing these men recount their	l
1	in the right femoral artery, but I saw no		5	remembrances of the actual care at that time	ł
6	evidence of a spontaneous heartbeat. And I have		6	noting that the cerebellum did appear to be	İ
7	asked many people over the years, Did you really		7	injured, so that remains a little controversy in	1
8	see the President take a breath, and Dr. Baxt		8	my mind.	1
9	or Dr. Jenkins and Dr. Carrico both said they		9	MR. GUNN: If I can ask you one	ŀ
10	thought they saw an agonal respiration.		10	side question regarding Dr. Lattimer, did he say	l
11 12	DR. PERRY: So did I.		11	to you that he had seen autopsy photos that	1
13	DR. McCLELLAND: I did, too. DR. BAXTER: I think we all did.		12	J. Edgar Hoover had in his possession?	- 1
14			13	DR. PETERS: That's what he led	Į.
15	DR. McCLELLAND: Yeah, When I		14 15	me to believe if off the record I could say a	1
16	came in the room, the very first thing DR. PETERS: Well, that's		16	word about that,	Į
17	DR. McCLELLAND: that hit me			MR. GUNN: Go ahead.	- 1
18	was		17	DR. PETERS: Dr. Lattimer took	ŀ
19	DR. PERRY: Had he not		18	care of J. Edgar Hoover, and so he was a	}
20	DR. McCLELLAND: he did that.		19	historian and quite interested in things, so he	l
21	DR. MCCLELLAND: He did that. DR. PERRY: In the absence of a		20	went to Mr. Hoover and asked him if he could see	1
			21	the photos. And Mr. Hoover, who didn't like	ŀ
22	pulse and the absence of detectable pressures and		22	Bobby Kennedy very well, said, Oh, John, those	}
23	everything, had he not had that, I would not have		23	won't be available for 10 or 15 years when	1
24	done the trach.		24	they're released. And he said, Well, that's what	Į.
25	MR. GUNN: Dr. Peters, there was		25	Bobby said you would say. Óh, did Bobby say	

that? Come over Monday morning and I'll let you looked at them and he's the one who told me he swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf sure the corthellum had been injured as I swarf for I fact I	\simeq	BAXTER, R. JUNES	Сопа	ens	elt R. MCCLELLAND, M. FERRI, F. F.	
2 docked at deem one at the time of which the docked at deem one at the time of time of ti			Page 43			Page 46
And so that's what he did. He docked statem and he's the one who told me he won's sure the cerebellum had been injured as a work sure the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the cerebellum had been injured as a surface of the surface of the cerebellum had been injured as a surface of the sur		that? Come over Monday morning and I'll let you	-		any	
doctored at them and he's the one who fold me he wasn's turn to cerebellum and been injured as it was clearly the cerebellum as it was clearly classified in the wasn's during the pictures at the National Archives, I still feel it was It was certainly displaced, I affect to the cerebellum of the skull was It was certainly displaced, I am of lacerated. d find lacerated. d find l				2	DR. PETERS: I think that pretty	
s with feel that Hought it was. And however the had testing that was extrainly displaced, if find lacerated. 10	1				much corresponds to What I said,	
be had testified that I hought it was. And having viewed the poctures at the National Archives, I stiff feet it was. If was certainly displaced, I find lear the potters at the National Archives, I stiff feet it was. If was certainly displaced, I find learn the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the same of the potter of the potter of the same of the potter of the potter of the same of the potter of the p				1		
viewed the pictures at the National Archives, T still feel it was If was Certainly displaced, 1				1 .		
s still feel it was. It was certainly displaced, If find learned. If most learned of often say that but I didn't just If most learned of often say that but I didn't just If most learned about it, and I could look down into If the skull. In fact, I made that point there. If the skull in the in the skull in the in the skull in the in the skull in the in the skull in the in the in the skull in the in the skull in the in the skull in the in the skull in th				ι		ļ
DR. PETERS: — and —— In ollacerated. In was, I all on it office way that but didn't just in was, I all on it office way that but didn't just in murates, and it was clearly cerebellum. There's in murates, and it was clearly cerebellum. There's in murates, and it was clearly cerebellum. There's in murates, and it was clearly cerebellum. There's in the skull. I fact, I made that point there. In on puestion about it, and I could look down into the skull. I fact, I made that point there. In one puestion about it, and I could look down into the skull. I fact, I made that point there. In one puestion about it, and I could look down into the skull. I fact, I made that point there. In one puestion about it, and I could look down into the skull. I fact, I made that point there was a content of the skull in the into the area where the cerebellum usually sits. In one present in the into the area where the cerebellum ozed out into the table. So it's not, well, I kind of think it was. It wa		still feel it was a straight displaced		1	•	1
DR. MCCLELLAND: Well, know it was I was I for for fore say that but I didn't just a language at it. I looked at it for several There's in outpetion about it, and I could look down into its be skull. In fact, I made that point there. By Perfers Right. I for the skull. In fact, I made that point there was not probably gone when I first began to look down into the wound, and then as I stood there, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, probably just maybe a minute after I came in, and the man is stood there, probably just maybe a minute after I came in, and the man is stood there, probably just maybe a minute after I came in, and the man is stood there, and the man is stood there, and the man is stood there, and the man is stood there, and the man is stood there, and the man is stood there, and the man is stood there. I the corebellum one own out into the table. So it's and, well, kind of think it was. It was. MR. GUNN: I'd like to hand out a document to each of you what I is sume that is beautiful to a stook by Josiah Thompson's a book by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by Josiah Thompson's a feet in the stook by J		if not locarated		1		
1				i		1
12 glance at it. Tooked at it for several munutes, and it was clearly cerebellum. There's he skull. B. PETERS. Right. Both must be skull. B. PETERS. Right. Both must be skull. B. PETERS. Right. Both must be skull. B. PETERS. Right. Both must be skull.		was I don't often say that but I didn't just		1		
13 immutes, and it was clearly cerebellum. There's in on question about it, and I could look down into 15 the skull. In fact, made that point there. 14 DR. MCCLELLAND: there was 18 nothing in the in the area where the 18 occrebellum usually sits. 15 probably list maybe a minute after I came in, 25 modelling portion of it, which I thought I 25 remember flinking now, well, that's the rest of 18 modelling now, well, that's the rest of 19 modelling now, well, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, well, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will, that's the rest of 19 modelling now, will be a subject to the carboling in it. I mean, not down in that 19 modelling now, will be a subject to the subject of notice of now, will be assume that 6 yill are familiar with. We can mark this as 1 modelling now, will be a subject to the subject of now, will be was a professor of 20 minute of 19 modelling now, will be a subject of 10 modelling now, will be a subject of 10 modelling now, will be a subject of the modelling now, will be subject on the subject of the modelling now, will be a subject of the modelling now, will be a subject of now, will be was a professor of 20 minute of		alance at it. I looked at it for several				ļ
15		minutes and it was clearly cerebellum. There's				I
15		no question about it and I could look down into				Ì
DR. PETERS. Right. 19 Conditing in the — in the area where the cerebellum usually sus in year of the second probably gone when I first began to look down into into the wound, and then as I stood there, probably just maybe a minute after I came in, another large portion of it, which I thought — I remember thinking now, well, that 's the rest of the second probably just maybe a minute after I came in, another large portion of it, which I thought — I remember thinking now, well, that 's the rest of the second probably just maybe a minute after I came in, another large portion of it, which I thought — I remember thinking now, well, that 's the rest of the second probably just maybe a minute after I came in, another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large portion of it, which I down in that year another large in the crebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well, I kind of think it was. It was. I the cerebellum oczed out into the table. So it's a not, well and the part of the skull and the part of the wear and the part of the skull and the part of the wear and the part of the skull and the part of the skull and the part of the part				r .		
DR. MCCLELLAND: There was a nothing in the — in the area where the probably sits another large portion of it was probably gits may be a minute after I came in, another large portion of it, which I thought — I remember thinking now, well, that's the rest of the cerebellum cozed out into the table. So it's not, well, I kind of think it was. It was. I the cerebellum cozed out into the table. So it's not, well, I kind of think it was. It was. A Mc CUSN. I'd like to hand out a bown a bown with the came mark this as book by Josiah Thompson, which I assume that of y did are familiar with. We can mark this as Eabholt Dubble Number MD 264 marked.) Dr. PETERS: think when Dr. Peters. I think think of the peters. I think when Dr. Peters. I think think of the peters. I think when Dr. Peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of the peters. I think think of t				l		
18 nothing in the — in the area where the cerebellum usually sits. 20						i
19 20						
And as I said, most of it was 21 probably gone when I first began to look down in the wound, and then as I stood there, 22 probably just maybe a minute after I came in, 24 another large portion of it, which I thought — I remember thinking now, well, that is the rest of 22 not, well, I kind of think it was It was 22 not, well, I kind of think it was It was 22 not, well, I kind of think it was It was 23 not was nothing in it. I mean, not down in that 24 part. There was no tentorium. Page 47 president Kennedy's skull, which we were 2 privileged to see later, showed dramatically how large the fragmentation of the skull was and was 31 lar						ł
21 probably gone when I first began to look down 2 into the wound, and then as I stood there; 23 probably just maybe a minute after I came in, 23 another large portion of it, which I fuoght - I 23 remember lunking now, well, that's the rest of 24 not, well, I kind of think it was. It was. 3 MR. GDNs: I'd like to hand out 24 a document to each of you that first appeared in 3 a book by Josiah Thompson, which I assume that 4 y'ell are familiar with. We can mark this as 2 think Was. 1 was.		And as I said, most of it was				1
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24 critical part of it at that time and still do. 24 they had noted in one of the pictures that there		posterior part of it and what I thought of as the		ı	on, you know, television a time or two; and that	
		critical part of it at that time and still do.			they had noted in one of the pictures that there	ĺ
	25	MR. GUNN: Does any of you have		25	was hair covering all of this area where you see	1

<u>C.</u>	BAXTER, R. JONES	Cond	ens	elt R. MCCLELLAND, M. PERRY, P. PI	
		Page 49			Page 52
1	this large hole.		1	cerebral cortex and I thought at the time to the	
2	MR. GUNN: When you say I'm			cerebellum. So I know the hole was big enough to	
3	sorry. If I can interrupt for a second, when you		3	look into. I estimated it at seven centimeters at that time, and I don't know what the actual	
5	say the large hole, you're referring to DR. McCLELLAND: This		5	measurements were when they took the radiographs,	
6	MR. GUNN: something like the		6	but I thought just exactly what Bob did. They	
7	picture		7	were probably making a series of pictures and	
8	DR. McCLELLAND: This one		8	they had just pulled that flap back up there to	
9	here		9	cover it up and took a picture of that to show	
10	MR. GUNN: on Exhibit 264.		10	the head with the flap restored, so to speak, for	
111	DR. McCLELLAND: There was no		11	whatever reason. I'm sure there were many other	
12	hole on that picture that looked like that. And		12	pictures that were made at the same time.	ļ
13	I said, Well, I think I know why that is. I		13	MR. GUNN: Could we talk about	i
14	think it may be because if you'll notice there		14	the neck wound for a minute?	
15	are some fingers at the top of the photograph		15	DR. JONES: You want to take a	ļ
16	apparently pulling a flap of scalp forward, and I		16	break before we get started?	
17	think the flap was being pulled over that opening		17	MR. GUNN: Sure. That's fine.	
18	when they took the pictures.		18	(Recess taken.)	
19	Several years later I was told		19	MR. GUNN: Talk briefly about	i
20	by one of the people who took some of the		20	the neck wound, if we could.	
21	photographs that that was not the case; that that		21	Dr. Perry, do you think that you	
23	hand in the picture was not pulling any flap of		22 23	were the one who probably had the best view of the neck wound?	
24	scalp up over the skull. MR. GUNN: Do you remember who		24	DR. PERRY: I'm the one that	
25	it was who told you that?		25	stuck my foot in my mouth, but actually it looked	
بت		D		The state of the s	
1.		Page 50	1	191	Page 53
1	DR. McCLELLAND: It was one of			like an entrance wound and the bullet appeared to	
2	the men who was taking the photographs. I met		2	be coming at him and I based that mainly on the	
3	him here in Dallas when this fellow who's written		3	fact it was a small wound to the neck and without	
4	these kind of, I think, crazy books, David	^-	4	any other information.	
5	Livingston, The High Treason and The High Treas	On	5	I prefaced those comments at the	Į
6	II, he had a		6	press conference both before and after by saying	
8	MR. GUNN: It's Harry Livingston.		8	that neither Dr. Clark nor I knew how many bullets there were or where they came from.	
و	DR. McCLELLAND: Harry		9	Unfortunately, my comment said it's an entrance	
10	Livingston, yeah. He had a David Livingston		10	wound, and that was taken out of context of the	
11	was the guy in Africa, yeah.		11	others, but I did say that small wound.	1
12	DR. PETERS: I presume.		12	As I mentioned earlier, however,	1
13	DR. McCLELLAND: Anyway, he had		13	I didn't take any measurements. I didn't wipe	
14	a group of us here and videotaped us at one of		14	the blood off. I just went through it and it was	Į.
15	the hotels here. We spent all Saturday morning		15	the thing to do at the time; had no concept about	
16	down there so I met this photographer. And at		16	legal things. We did what we were trained to do.	
17	that time I can't remember his name now.		17	MR. GUNN: For my purposes	l l
18	MR. GUNN: Would that be		18	today, the question is not with any of these	
19	Stringer or Riebe?		19	whether you conclude that they were an entrance	ļ
20	DR. McCLELLAND: It's one or the		20	wound or an exit wound. Those are all	
21	other, uh-huh, and he said that that was not what		21	DR. PERRY: Small like that.	
22	was being done. I had always assumed it was		22	MR. GUNN: So those are	
23	because I knew what the that the hole was		23	DR. PERRY: And I estimated, as	ì
24	there.		24	I recall, about five millimeters like a pencil	
25	DR. PETERS: Right.		25	eraser I think I used as an example, something	
		Page 51			Page 54
1	DR. McCLELLAND: So it wasn't	٠	1	like that and, again, pointing out that it was	
2	a well, maybe I'm wrong. I mean, not unless		2	covered with some blood and I looked at it and it	ļ
3	I've taken a leave of my senses entirely. There		3	would be about five millimeters and then I cut	
4	was a hole there and so my explanation of what		4	it.	
5	was happening is here's this hand up in the wound		5	MR. GUNN: Does any of you have	ſ
6	and they sort of pulled it up for some reason. I		6	a recollection that differs from that basically	
7	don't know why, but that was sort of an		7	small, not jagged edges, five centimeter	
8	interesting sequence of events separated by		8	millimeters in size?)
9	several years.		9	DR. BAXTER: No.	
10 11	MR. GUNN: Dr. Peters, you've been nodding your head.		10	DR. PETERS: I think you've	
12	DR. PETERS: Well, I would		11	heard the best comment.	
13	certainly agree with what Bob said. It was my		12 13	DR. BAXTER: I think you could sum up all of our comments on that wound that it	
14	thought exactly that they just kind of pulled		14	would it appeared to be an insignificant wound	1
15	that flap back into place and took a picture so		15	and	
16	they could show how it looked with things		16	DR. PERRY: Except for where it	
17	restored as much as possible and it just a		17	Was.	
18	flap just kind of had been torn back and now		18	DR. BAXTER: Yeah.	
19	they were just kind of putting it back and		19	DR. PERRY: There's a lot of	
20	snapping a picture. For what reason, I don't		20	material in there.	
21	know.		21	DR. JONES: When Dr. Perry and I	
22	But I'm certain there was a hole		22	went back upstairs into the OR after this had	
23	there, too. I walked around right and looked in		23	happened, I think we both we were both talking	
24	his head. You could look directly into the		24	in terms that this was an entrance wound, my	
25	cranial vault and see cerebral injury to the		25	impression when I saw it in the emergency room.	}
			11		

If the ever crossed my rimid it was anything but an entirement would without power of the power	<u>Ų.</u>	BAXTER, R. JONES	Cona	ens	elt R. MCCLELLAND, M. PERKY, P. P.	CIEKS
If the ever crossed my rimid it was anything but an entirement would without power of the power			Page 55	1		Page 58
by, thought it was an entrance wound, would have game in the press, but and the press, but the press, but and the press, but and the press, but and the press, but and the press, but and the press, but and the press, but the press, but and the press, but the press, but and the press, but and the press, but the press, but and the press, but the press, but and the press, but the press, but the press, but the press, but and the press, but t	1	It never crossed my mind it was anything but an	•	1	And unless they keyhole or turn,	Ū
by, thought it was an entrance wound, would have game in the press, but and the press, but the press, but and the press, but and the press, but and the press, but and the press, but and the press, but and the press, but the press, but and the press, but the press, but and the press, but and the press, but the press, but and the press, but the press, but and the press, but the press, but the press, but the press, but and the press, but t	2	entrance wound. Without having any history to go		2	entrance and exit wounds would be essentially the	
DR. PERRY. Had we known, things would have been different; incomplete information. You learn a great deal, and I recommend the press, bad mistake, At 34 and marke, I thought to truth would suffice. That is not the competitive of the press, bad mistake, At 34 and marke, I thought to truth would suffice. That is not the competitive cry. I learned that after competing on Oswald on Sunday when I went down to repeat the press conference again, I went with a to typed statement. I answered no questions, and I great deal in two days. DR. PETERS: Great advice. Put Mar. GUON: Sure DR. PETERS: Great advice. Put Mar. GUON: Sure DR. PETERS: think most of us thought at first that day in the first few In critical and the back of the head, which would have been a big cett wound and a small competitive the press of the press of the press DR. PERRY: That may be more through it seemed it could have gone in through the content of thin. I'll miss him, Yot can, you know, Dote In said, I could make a hollow through it seemed it could have gone in there and hit the correct all spine, gone out through the content of the press of the propriets of the press of the propriets of the pr	3	by, I thought it was an entrance wound.		3	same if the bullet has in the vernacular, has	
sould have been different; incomplete information. You learn a great deat, and to the pieces, but mistake. At 34 and native, 1 to thought the truth would suffice. That is not the case. Secondly, do not speculate about the press, but mistake. At 34 and native, 1 to thought the truth would suffice. That is not the case. Secondly, do not speculate about the press, but mistake. At 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press, but mistake at 34 and native, 1 to the press conference again, I went with a presson or native and the pack of the lead, which that? The press conference again, I went with a presson or native and the pack of the lead, which that? The press conference again, I went with a presson or native and the pack of the lead, which that? The press conference again, I went with a presson or native and the pack of the lead, which that? The press conference again, I went with a presson or native and the pack of the lead, which that are the press conference again, I went with a presson or native and the pack of the lead, which that the press of native and the pack of the lead, which the press of	4			4		
is information. You learn a great deal, and I learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned a great deal in two days. One is never at the learned the area of the learned the learned the learned that are the learned that the learned that the learned that are the learned that the	5			1	a stable bullet that's rotating, they look the	
The second of the period of					same. Anyone who's hunted hig game knows that.	
s allow yourself to be thrown into speculation with the press, bad mistake, A. 34 and naive, I to thought the truth would suffice. That is not the case. Secondly, do not speculate about the press, bad mistake, A. 34 and naive, I to the press conference again, I went with a typed statement. I answered no questions, and I to fire the press conference again, I went with a typed statement. I answered no questions, and I to fire the future guys to read. The press conference again, I went with a typed statement. I answered no questions, and I to fire the future guys to read. The press conference again, I went with a typed statement. I answered no questions, and I to fire the future guys to read. The press conference again, I went with a strong the pick without injury to anything, the press that in for the future guys to read. The press conference again, I went with a strong the press conference again, I wen	1			1		
thought the truth would share that share is a secondary, do not speculate about what have do not be the truth would share gain, I went with a truth would share gain, I went with a truth would share gain in the truth was a share of the secondary when the property of the	1			i		
10 thought the truth would suffice. That is not the Case. Case.	1					
anything public ever. I learned that after anything public ever. I learned that after anything public ever. I learned that after the anything public ever. I learned that after the anything public ever. I learned that after the anything public ever. I learned that after the anything public ever. I learned that after the anything public ever. I learned that after the anything public ever. I learned that after the anything in 25 years a day to each a great deal in two days. I learned that after the anything in 12 years to a first that day in the first ewe. I learned that the anything in 25 years the anything in 25 years. I stall like to shoot and the public ever and the public extension an		thought the truth would suffice. That is not the		1		
Secondly, do not speculate about anything public evr. I learned that arise anything public evr. I learned that arise anything public evr. I learned that arise anything in the politic shape and the p				1		
13 anything public ever. I learned that after operating on Gowald on Sunday when I went down to repeat the press conference again, I went with a typed statement. I answered no questions, and I special the press conference again, I went with a typed statement. I answered no questions, and I special the press conference again, I went with a typed statement. I answered no questions, and I special the properties of the propert					vagaries of trajectories connet be predicted	
to preating on Oswald on Sunday when I went down to repeat the press conference again, I went with a to repeat the press conference again, I went with a to the person can be a trouble. Hearned a great data the second of the person that is a first that a for the future guys to read. DR. PETERS: Great advice. Put that is a first that day in the first tend that in for the future guys to read. DR. PETERS: think most of us that? Page 50 the future guys to read. DR. PETERS: think most of us that? DR. PETERS: think most of us that? DR. PETERS: think most of us that? DR. PETERS: think most of us that? DR. PETERS: think most of us that is the first that day in the first few through at first that day in the first few through an abig cast wound and a small contrained. The person of the sead of the head, which which would have been a big cast wound and a small contrained. The person of the sead of the head which which we would have been a big cast wound and a small contrained to Law Enforcement, and he said, you know, Dector, he said, I could make a hollow point hulle: If is shoot at a crow in a tree and to list think in the list is seemed it could have gone in there and hit the cervical spine, gene out through, the company of the person of the said, list that the points of the person of the said in the points of the person of the said in the points of the person of the point that the points of the person of the person of the person of the person of the person of the point that the points of the person of	1	secondry, do not speculate about				
15 repeat the press conference again, I went with a typed statement. I answered no questions, and I and the state is not in the policy switch tinjury to anything; get after in the abstract said the press conference again, I went with a typed statement. I answered no questions, and I and the policy switch tinjury to anything; get after in the buttocks and the builet came up get after in the buttocks and the builet came up get after in the foreign and anything; get short in the buttocks and the builet came up get short in the buttocks and the builet came up the did not a construct the pression of the press of the builet came up the did not be short the press. This work are the pression of the press of the builet came up the did not be short the press. The builet system is the press of the builet came up the did not be short the press. The builet system is the press of the builet came up the press of the press of the builet came up the press of the builet came up the press of the builet came up the press of the builet came up the press of the pr		anything public ever. I learned that after	_	1	We ve seen all kinds of strange trajectories.	
16 typed statement. I answered no questions, and I girl didn't get into a bit of trouble. I learned a series deal in two days. 1 1 2 2 2 2 2 2 2 2		operating on Oswald on Sunday when I went down to	0			
17 didn't get into a bit of trouble. Ilearned a great deal in two days. 18 18 18 18 18 18 18 1				١.		
that in for the future guys to read. That is for the future guys to read. The guest future guys to read. That is for the future guys to read. That is for the future guys to read. That is for the future guys to read. That is for the future guys to read. That is for the future guys to read. That is for the future guys to read. That is for the future guys to feral guest with a future give which a give in hull. That is for the future guys to feral guest with a future givs the future give in hild. That guest future	•	typed statement. I answered no questions, and I		1		
DR. PETERS: Great advice. Put that is for the future guys to read. One thing could I say about that? MR. GUNN: Sure. DR. PETERS: I think most of us thought at first that day in the first few thought at first that day in the first few Thought at first that day in the first few thought at first that day in the first few Thought at first that day on the first two or The day after the assassination, day on the first two or Thought at first that day on the first two or Thought at first that day on the first two or Thought at first that day on the first two or Thought at first that day on the first two or Thought at first that day on the first two or Thought at first that day on the first two or Thought at fi	17	didn't get into a bit of trouble. I learned a		17	get shot in the buttocks and the bullet came up	
20 that in for the future guys to read. 21 that? 22 that? 23 MR. GUNN: Sure. 24 thought at first that day in the first few 25 thought at first that day in the first few 26 thought at first that day in the first few 27 through at first that day in the first few 28 thought at first that day in the first few 29 through at first that day in the first few 29 through at first that day in the first few 29 through at first that day in the first few 29 through at first that day in the first few 29 through at first that day in the first few 29 through at first that day in the first few 29 through at law inforcement, and he said, you know, bottoch, he said, I could make a hollow point bullet. If I shoot at a crow in a tree and lift this at a first first flat day in the first few or through it all you'll see fails is a beak and two law first flat flat flat first flat flat flat flat flat flat flat fla	18	great deal in two days.		18	behind the ankle; shot in the forehead and it	
20 that in for the future guys to read. 21 that? 22 that? 23 MR. GUNN. Sure. 25 DR. PEREX? think most of us 26 thought at first that day in the first few 27 thought at first that day in the first few 28 thought at first that day in the first few 29 thought at first that day in the first few 29 thought at first that day in the first few 29 thought at first that day in the first few 29 thought at first that day in the first few 29 thought at first that day in the first few 29 thought and the back of the lead, which would have been a big exit wound and a small contract. 26 And I was talking to one of the 30 thought and the contract of the state policement that day from the Texas 40 know, botco, he said, I could make a hollow point bullet. If I shoot at a crow in a tree and 1 lith lim, all you'll see fall is a beak and two 29 point bullet. If I shoot at a crow in a tree and 1 lith lim, all you'll see fall is a beak and two 29 point bullet. If I shoot at a crow in a tree and 1 lith lim, all you'll see fall is a beak and two 29 point bullet. If I shoot at a crow in a tree and 29 point bullet. If I shoot at a crow in a tree and 29 lith limits and 30 the sensitive, but it seemed at the sense of the could make and two 29 point bullet. If I shoot at a crow in a tree and 29 lith limits and 30 the sensitive, but it seemed at the sense of the could have gone in there are a sense with a sensitive shoot and 29 point have gone to the cociput. Seemed very logical. 26 DR PEREXY. One has to be comed to the cortex of the c	19	DR. PETERS: Great advice. Put		19	ends up in the neck as it traverses the skull.	
that? The MR GUNN: Sure. DR PETERS: I think most of us thought at first that day in the first few thought at first that day in the first few that day in the first few that day in the first few that doubt the back of the head, which would have been a hig exit wound and a small entrance wound. It is that go to the complete the neck and out the back of the head, which would have been a hig exit wound and a small entrance wound. It is thing about the thing that go to the complete the neck and out the back of the head, which would have been a hig exit wound and a small entrance wound. It is thing about the Texas of the thing the neck and the back of the head, which would have been a hig exit wound and a small entrance wound. It is thing about the Texas of the thing that the complete the neck and the place is the complete that the thing that the provided in the thing that the complete the neck and the the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine, gone out through the cocciput. Seemed very logical and thing the correct place and the cervical spine, gone out through the cocciput. Seemed very logical and thing the correct place and the cervical spine place and the cervical spine, gone out through the cocciput. Seemed very logical and thing the correct place and the cervical spine, gone out through the cocciput. Seemed very logical and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervical spine place and the cervica	20	that in for the future guys to read.		20		
22 given bullet. 23 MR. GUNN: Sure. 24 DR. PETERS: I think most of us thought at first that day in the first few 25 MR. GUNN: In the first two or than you wanted to know, by the way. 26 I the neck and out the back of the head, which would have been a big exit wound and a small retrance wound. 27 And I was talking to one of the State policemen that day from the Texas Department of Law Einforcement, and he said, you now that the points of the point bullet. If I shoot at a crow in a tree and bullet. If I shoot at a crow in a tree and so would have pose in there and hit the cervical spine, gone out through the corious for full jacketed and military bullets with unting of the way thing in 25 years — I still like to shoot and shadd-loading for a number of guns, my son and I. And the bullet is the quickest of the way through an object and hits the pains off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea and other places and hit the core, the spine of the points off and them. And we found out in Korea and obler places and the way through an object and hits the pains off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea and other places all that time a proposed to have so-called dum-dums with the points off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea and other places all that time a proposed to have so-called dum-dums with the points off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea and other places all that time off out the way through an object and hits the paint off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea and other places all that expert, there way thursting bullets are. 25 Department of Law Einforcement, and he said, you know that any you went to shoot made a proposed to have so-called dum-dums with the points off. It's gust a full-jacketed and gilding metal all around them. And we found out in Korea	21			21		
MR. GUNN: Sure. 23 brought at first that day in the first few brough at day of you talk with any of the authorise that time disposed to have so-called dum-dums with the points off. It's a part of first few brought at first few brough at the first few brough at first few brough at first few brough at first few brough at first few brough at first few brough at first few brough at first few brough at first few						
DR. PETRS: 1 think most of us thought at first that day in the first few 25 thought at first that day in the first few 25 than you wanted to know, by the way. Page 56 Page 5					MR GUNN: In the first	
bullets. Although ta first that day in the first few Page 56						
minutes that, boy, it might have gone in through the neck and out the hack of the head, which would have been a big exit wound and a small and the neck and out the hack of the head, which would have been a big exit wound and a small and the neck and out the hack of the head, which would have been a big exit wound and a small and the neck and out the hack of the head, which and I was talking to one of the State policemen that day from the Texas Department of Law Enforcement, and he said, you know, Doctor, he said, I could make a hollow point bullet. If I shoot at a crow in a tree and thit him, all you'll see fall is a beak and two legs. He said, If I miss him, if I hit a leaf in front of him, I'll miss him, You can, you know, hone it down and make it that sensitive, but it seemed at could have gone in there and hit the cervical spine, gone out through the occiput. Seemed very logical. DR. PERRY: One has to be careful about extrapolating the behavior of cull-jacketed and military bullets with hunting bullets. Atthough I don't hunt anymore because I don't want to kill anything — I haven't killed anything in 2 years — I still like to shoot and have done some competitive shooting and hand-loading for a number of guns, my son and I. And, the bullet is the quickest element in this thing about what happens to it. And, of course, as you know by the Geneva Convention, wartime you're not supposed to have so-called dum-dums with the points off. It's just a full-jacketed and gilding metal all arounds the way through an object and his she hill behind it, that desen't cause as much damage as a bullet that this a person or an animal and the way through an object and his she hill behind it, that desen't cause as much damage as a bullet that this a person or an animal and the way through an object and his she hill behind it, that desen't cause as much damage as a bullet that this a person or an animal and the careful about the points off. It's just a full-jacketed and gilding metal all arounds the way through an object and his					than you wanted to know by the way	
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24 into every turn, but the full-jacketed and 24 DR. McCLELLAND: Yeah, that's					of stuff going on, but I thought he said he'd	
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1	DR. PERRY: And I may have			in the legal profession you do, but we don't	
2	said there was a lot of stuff happening on		2	think that way.	
3	Friday, of course, but as I recall, he called me		3	MR. GUNN: I can tell you part	
5	the next morning and, of course, he did not know about the trach that I'd done and he did not		4	of the significance of this, and this has emerged	
F	about the trach that I'd done, and he did not		5	in the in the depositions itself in the	
6	know about the anterior wound in the neck since I		6	deposition of Dr. Humes he acknowledged that he	
7	disfigured it somewhat with the incision. And		7	wrote a draft of the autopsy report which he then	
8	when he inquired about that, things really fell		8	burned. He also burned his notes from the	
9	into place then because he had a wound in the		9	autopsy, which was not exactly what he had told	
10	posterior to account for that one. So things		10	to the Warren Commission. And one could put	
11	kind of came together.		11	together that the original draft does not have	
12 13	MR. GÜNN: Dr. McClelland, you said there was no doubt about the timing of that		12	any reference to the bullet wound in the neck and	
14	said there was no doubt about the timing of that		13	the subsequent draft does have that in it, but	
15	and that's because you were in the office yourself?		14 15	that can be a reason the timing was important.	
16	DR. McCLELLAND: I was as far as		16	DR. PERRY: Those of us who do	
17			17	medical writing or writing of any kind, we	
18	I am from you. MR. GUNN: So ten feet or so?		18	generally would be reluctant to let anybody see our first draft. It often is for content and we	
19	DR. McCLELLAND: Yeah,		19		
20			20	come back for organization and syntax later but,	
21	DR. PERRY: It was Saturday			you know, you often throw those things away	
	morning sometime, but I don't know what time.		21	because they're kind of kaleidoscopic, if you	
22 23	DR. McCLELLAND: Uh-huh, middle		22 23	Will	
	of the morning sometime. DR. PERRY: Huh?		l	MR. GUNN: Uh-huh.	
24 25	DR. PERRY: Hull? DR. McCLELLAND: Middle of the	i	24 25	DR. PERRY: and you wouldn't	
	DA. MICCEBLLAND: MILITIE OF THE		23	keep them. You don't recognize they have any	
		Page 62			Page 65
1	morning sometime.	-	1	value till you because they contain all kinds	J- 13
2	DR. PERRY: There was a	!	2	of random thoughts.	
3	scheduled conference press conference on		3	MR. GUNN: Now, one of the very	
4	Saturday morning and I'd asked Dr. Shires to		4	obvious issues that surrounds the story of what	
5	accompany me to it. And I'd asked Dr. Clark to		5	you observed in your initial impressions was that	
6	accompany me to those press conferences for the		6	there were suggestions both in the press	
7	same reason. And this was conducted in		7	conference and the observations that President	
8	Mr. Price's office and had to do I think	'	8	Kennedy had been shot from the front. It	
9	THE COURT REPORTER: Can you		9	subsequently turned out that many people came to	
10	speak up, Doctor?		10	believe that President Kennedy was shot from	
11	DR. PERRY: I'm sorry. It was		11	behind, and I'm sure you-all have your opinions	
12	conducted in Mr. Price's office, who was		12	on that in the sense that's not the purpose of	
13	administrator there at Parkland and there Jimmy		13	what we're doing here. But there became a	
14	Breslin and Richard Valeriani and a group of		14	concern about what your observations were versus	
15	media were there and they wanted to talk about		15	what certainly the Government ended up concluding	
16	it, and that was Saturday morning sometime.		16	later.	
17	And I asked Dr. Shires to		17	The question I have for all of	
18	accompany me there; that I was not willing to go		18	you is: Did anyone from the government ever put	
19	to the press conference unassisted as it was		19	any pressure on you or try to convince you	
20	without senior counsel, if you will, having had a		20	against your will to either change your story or	
21	really bad experience the day before. And so		21	make a different sort of observation or to turn	
22	but I don't know what relation that was to the		22	your observations at all?	
23	phone call before or after this must have been		23	DR. JONES: I'll comment first.	
24	after because I think it terminated about noon.		24	MR. GUNN: Dr. Jones?	
25	I don't recall exactly.		25	DR. JONES: If you read my	
		Page 63			Dage 66
1	DR. JONES: You had	1 mgc 03	1	testimony that was taken in Dallas by Arlen	Page 66
2	DR. MCCLELLAND: Well, it		2	Specter, who was one of the counselors, you will	
3	wasn't		3	see that I alluded to an entrance wound several	
4	DR. JONES: You had talked to		4	times and he questioned me about my expertise in	
5	me. We were making rounds, as I recall. There		5	missiles. And I may as well just go ahead and	
6	was three or four of us and we were going through		6	say bring two or three things together at	
7	the hall into the back side of the cafeteria		7	once.	
8	Saturday morning, as I recall, and you had		8	When my during my testimony,	
9	mentioned at that point that you had received a		9	I think you can see down here that it says,	
10	call.		10	Dr. Jones Mr. Specter had said, "Would it be	
11	DR. PERRY: So it was early?		11	consistent, then, with an exit wound but of low	
12	DR. JONES: It must have been		12	velocity, as you put it? And I said, "Yes, of	
13	before the your conference.		13	very low velocity to the point that you might	
14	DR. PERRY: Yeah, I think so.		14	think that this bullet barely made it through the	
15	DR. JONES: because I know		15	soft tissues and just enough to drop out of the	
16	it		16	skin in the opposite side." In other words, if	
17	DR. PERRY: That sounds about		17	this thing was coming out instead of in, there	
	right.		18	sure wasn't much blast effect as Dr. Baxter	
19	DR. JONES: Earlier in the		19	alluded to. And so I mentioned that it just	
	morning I was		20	maybe had dropped out.	
21	DR. PERRY: You know, as you	i	21	Well, as you probably know,	
	might expect, Mr. Gunn, those of us who are		22	about two weeks ago in The Dallas Morning News	
23	involved in our end of the business don't keep		23	there was an article concerning the Assassination	
24	those kind of logs. You recognize the importance		24	Records Review Committee and that they had found	
	of exact time and date with respect to things		25	a missile a bullet in the seat of a limousine,	
25					

C.	BAXTER, R. JONES	Cond	ens	eIt R	. MCCLELLAND, M. PERRY, P. 1	PETERS
		Page 67	Γ			Page 70
1	which just sparked some interest on my part	Tuge 07	1		DR. PETERS: Oh.	
2	reading that because, number one, I had not known		2		MR. GUNN: not a bullet.	
3	until two weeks ago that there was a bullet in		3	It's a	small fragment.	
4	the seat of the limousine. So that was one		4	1000	DR. PERRY: At the time of the	
5	thing.		5	Warr	en Commission it's in those 26 volumes	i
6	When I completed my testimony,		6	some	where they took that limousine apart	İ
7	Arlen Specter followed me out in the hall and he		7		pletely and put it back together. I was told	
8	said, I want to tell you something that I don't		8		n Washington and at the time of my	
9	Want you to say anything about He said We have		9			
	want you to say anything about. He said, We have		1		nony. And it was interesting several of the bers of the committee did not know that they	
10	people who will testify that they saw the		10			
11	President shot from the front. He said, You can		11		ione that, and there was gilding metal found	
12	always get people to testify about something.		12		e inside of the windshield in that	j
13	But he said, We are pretty		13		usine, which was fragment, too, which had to	
14	convinced that he was shot from the back. And		14	come	from behind because there was no hole in the	•
15	that implied that although some of us thought		15		shield. But they took that whole thing	I
16	that might initially have been an entrance wound,		16		, as you know, Mr. Gunn, and put it back	ì
17	that, you know, that's the end of the discussion		17	toget	her, so it was carefully looked at.	
18	and we do have people who will testify to that.		18		Apropos what you asked	
19	I don't know whether you		19	Dr. J	ones, I had exactly the opposite experience.	
20	construe that as pressure or not, but certainly I		20	I was	s advised by almost everybody I talked to,	
21	was surprised that he said don't say about		21	Secre	et Service, FBI, and the Warren Commission	
22	anything about that to anyone.		22	COUNT	sel to tell the truth as best I knew it in	
23	A young resident 31 years old,		23		tirety and to hold nothing back on every	
24	you're not going to say about that episode to		24	Tres Of	sion, and that occurred on a number of	
25	anybody because at that time I think we were					
23	anybody because at mat time I timik we were		25	occa:	sions that they asked me to be sure that it	
		Page 68				Page 71
1	all the whole country was I mean, you		1	was 6	everything as best I knew it no matter what.	
2	didn't joke about anything, and there were jokes		2		can say at least for me they seemed to make	İ
E .	going around about what hannened at the time of		3	ever	effort to get at	
3	going around about what happened at the time of			every	effort to get at	
4	the assassination. But we were very serious		4		MR. GUNN: Uh-huh.	
5	about that. I thought that was a little unusual.		5		DR. PERRY: the truth.	
6	MR. GUNN: Did anyone else have		6		DR. PETERS: I certainly agree	
7	an experience of that sort with Mr. Specter or		7	with	that.	
8	with		8		(To Dr. McClelland) What did	Į
9	DR. PETERS: I'd like to ask a		9	you v	want to bring up about William	
10	question about that. Now, as we've constructed		10	•	DR. BAXTÉR: I was never	
11	it many times over the years, the first bullet		11	press	ured. I think all five of us ought to be in	
12	that was fired was supposed to have missed. The		12		ecord	1
13	second bullet went through the President and		13	4144	MR. GUNN: Okay.	
14	Governor Connally, and the third bullet hit		14		DR. BAXTER: about the	
15	President Kennedy in the skull. That's the way I			(imai)		
3	President Kennedy in the skull. That's the way I		15	(mau	dible).	
16	think it's been explained to us over the years.		16	0	THE COURT REPORTER: Hang on.	i
17	Now, like Ron, I had never heard		17	One :	at a time.	
18			18		DR. McCLELLAND: Let me just	
	written about the so-called pristine bullet and		19	tell y	ou that Paul brought it up.	
	the Dr. Lattimer and the FBI fired bullets		20		Dr. Jenkins, when I came in the	1
21	into 15 feet of pine board showing there was		21	room	, told me as I walked by to come up to the	j
22	almost no deformity. And if you laid the		22	head	of the table and he said, Bob, there's a	
23	pristine bullet on a flat surface such as this,		23		nd in the left temple there. And so I went to	
24			24		able and I thought, you know, knowing	
25			25	nothi	ng else about any of the circumstances,	
	Titto derettion. Titta i mideratore diat die		25	Houn	ing olse about any of the circumstances,	
1		Page 69	1			Page 72
1	amount of lead missing from it actually equaled		1	that's	s like that (indicating)	
2	the calculated weight of lead from measured		2		MR. GUNN: Just for the record,	
3	from President Kennedy's X rays, Governor		3	you1	re pointing in with your	
4	Connally's arm, and the bullet fragments taken		4		DR. McCLELLAND: Yeah, the left	Ì
5	from his thigh, suggesting that it was indeed the		5	temp		ì
6	same bullet that hit President Kennedy and		6	~iiip	MR. GUNN: finger at the left	
7	Governor Connally but		7	temn		
8	DR. McCLELLAND: Mr. Weis thinks		I	winb	le and now the back of the head.	
,			8	hast-	DR. McCLELLAND: came out the	
9	that's a bunch of		9		And there was a lot of blood on the left	
10	DR. PETERS: Who?		10		le. There was blood everywhere, but there	
11	MR. GUNN: The forensic		11		a lot of blood on the left temple, so I	
12	pathologist.		12	aidn'	t question that.	1
13	DR. PETERS: Oh, yeah, the guy		13		And in fact, in something	
14	from Pittsburgh or something.		14		- Pepper testified somewhere else, he	ŀ
15	DR. McCLELLAND: He's pretty		15	denie	ed that he said that to me in the Warren	
16	DR. PETERS: But, you know, if		16		mission. And I told him I said, Pepper,	}
17	there really was another bullet, was it of the		17		you remember? No, I never said that, Bob,	
18	same caliber and I'd like to know what's known		18	and I	never said the cerebellum fell out. Well,	i
19	about that. I couldn't contribute anything, but		19		you did, too, but I didn't argue with him.	
20	it's just of interest. It makes it, as Ron said,		20	J - ~,	But the upshot of it is what	}
21	a little more complex thing to have another		21	that 1	ed to was Mr. Garrison's case in	Į.
22	bullet available in addition to the bullet that		22		Orleans, and he put together a scenario where	
23	was found in the car. Isn't that correct?		23			'
24	MR. GUNN: This is a bullet		24		ought someone because of what I had said	}
	fragment, so this is not				t the left temple bullet was in the storm	
23	magnicity so this is not		25	SCWC.	r on the left side of the car and fired this	

<u>~</u>	BAXTER, R. JUNES			SEIT R. MCCLELLAND, M. PERRY, P. P.	
		Page 73	1		Page 76
1	bullet that killed the President, another gunman.		1	weren't going to talk about it anyway.	
2	He didn't say that Oswald was not there. He just		2	DR. JONES: Not for 35 years.	
3	said there was another gunman. And so he never		3	MR. GUNN: I think that each of	
4	contact Garrison never contacted me until it		4	you now has responded to the question about	
5	was essentially time to have the case in court.		5	whether you had felt any pressure except for	
6	DR. PETERS: Clay Shaw.		6	Dr. McClelland unless I missed that.	
7	DR. McCLELLAND: Right. And so		7	DR. McCLELLAND: I felt no	
8	I got a call one morning and it was from his		8		
9	office one of the people in Garrison's office,		9	pressure.	
- 1	and he wanted to know if I would some to		1 -	MR. GUNN: No pressure?	
10	and he wanted to know if I would come to		10	Did anytime anything ever	
11	New Orleans and testify. And I said, Well, you		11	happen subsequently to the Warren Commission	
12	know, it's odd that none of you had talked to me		12	where you felt any pressure from anyone, the	
13	before this. I've been hearing something about		13	Government, to testify one way or the other about	
14	it on television and whatnot.		14	this?	
15	And they said, Well, we assumed		15	DR. MCCLELLAND: No.	
16	that you still believed that the course of the		16	DR. JONES: No.	
17	bullet was as you said in your written testimony		17	MR. GUNN: You're all shaking	
18	right after, and I said no. And his voice went		18	your heads.	
19	up about three octaves and he said, What? And I		19	Dr. Peters, is that	
20	said no, and I explained to him that I had		20	DR. PETERS: No, I've never felt	
21			21	any pressure. The only well, fine.	
22			22	DR. McCLELLAND: When did Lito	
23	didn't see any wound here. I was just stating		23	say he did that?	Ì
	what I had been told and that I was just stating				
24			24	DR. JONES: It was that	
25	in my written statement right after the		25	afternoon.	
		Page 74			Page 77
1	assassination. And so that was kind of took		1	DR. McCLELLAND: That afternoon.	- 450 //
2	the wind out of the sails in that particular		2	DR. JONES: It was my it was	
3	prosecution.			that afternoon and I helieve we were unstein	ļ
4	DR. JONES: I have two comments			that afternoon, and I believe we were upstairs,	
1 :			4	but he had mentioned that he had put his finger	
5	relating to this, what's just been said and my		5	into the and he was sort of known as the guy	
6	comment. The afternoon of the assassination we		6	that went down and put his fingers in missile	1
7	were up in the OR and Lito Puerto I think it's		7	or bullet	
8	L-i-t-o, Puerto, P-u-e-r-t-o was in the OR		8	DR. PETERS: Brains.	
9	DR. PETERS: Neurosurgeon.		9	DR. JONES: wounds, and that	1
10	DR. JONES: and he said he		10	was his comment at the time.	
111	was that he referred to the President		11	DR. PETERS: Where's he	
12	because he had been down there and he said, I put		12	practicing now?	
13	my he was shot in the leg. I said, he was		13	DR. BAXTER: Arlington.	
14	shot in the left temple. He said, I put my		14	DR. JONES: I believe he's in	
15	finger in the hole, and I think that was part		15	Arlington. I don't know if he's in active	
16	of		16	practice but he's listed still listed in the	
17	DR. McCLELLAND: I never heard		17	state medical association.	
18	that. That's news to me.		18	DR. BAXTER: He is. He's still	
19	DR. JONES: And so in fact, I		19	in practice.	
	told Mr. Haron the other day I gave him Lito		20	MR. GUNN: Is the name Jane	
21	Puerto's name and his telephone number. I said,		21		
22	You know if you're going to have the group down			Carolyn Wester	
122	you know, if you're going to have the group down		22	DR. McCLELLAND: Oh, yeah.	ľ
23	here, why don't you get Puerto down here to		23	MR. GUNN: familiar to any of	
24			24	you?	- 1
25	case or it's not the case. But I think that was		25	DR. BAXTER: Sure.	
		Page 75			Page 78
1	part of where some of that came from.	1 450 13	1	DR. JONES: Yeah,	1450 /0
2	The other comment that to		2		i i
3			ı	DR. PETERS: Yes, Janie Wester.	[
	clarify what I said regarding Arlen Specter, I'm		3	MR. GUNN: All right. Do you	Ī
4	saying that he pressured me because that was		4	know what her position was in 1963 November	
5	after the testimony that I had given. I think		5	163?	ì
6	what he was implying was that		6	DR. BAXTER: She was the	
7	DR. PERRY: Discretion.		7	assistant supervisor of the operating room.	
8	DR. JONES: that you you		8	DR. PETERS: Yeah, that's what I	ľ
9	could get people to testify that the President		9	would say.	
10	had been shot from the front.		10	MR. GUNN: I'd like to hand you	
11	DR. PERRY: He was asking you to		11	a copy of	
12	be discreet		12	DR. PETERS: (Inaudible.)	ļ
13	DR. JONES: I think that's		13	MR. GUNN: her testimony to	
14	right.		14	the Warren Commission and just ask you one	
15	DR. PERRY: not to not to		15	question about that.	ļ
16	talk too much.		16	(Discussion off the record.)	ŀ
17	DR. JONES: Not to talk about		17	MR. GUNN: You're all welcome to	l
18	he didn't say don't		18	read this if you wish or not read this if you	ļ
19	DR. PERRY: He didn't know you		19	wish, but I'm going to be making a reference to	
20	weren't going to talk about it.		20	this and ask a question. This is in Volume VI of	
21	DR. JONES: don't say what		21	the Warren hearings.	ļ
22	you think, but he suggested that I not talk about		22	She says and this is on	
23	what he was telling me.		23		ļ
24	MR. GUNN: Okay.		24	Page 121 "I received a phone call from the	1
25	DR. PERRY: He didn't know you		25	emergency room asking us to set up for a craniotomy." And Mr. Specter says, "And what is	- 1
	DR. I LIGHT. HE GIGHT CRIDW YOU		رع	ciamowniy. And Mr. Speciel Says, And What Is	ŀ

<u>~</u>	BAXTER, R. JONES	Cond	ens	elt R. MCCLELLAND, M. PERRY, P. P.	ETERS
1		Page 79			Page 82
1	a craniotomy in lay language?" "MS. WESTER:	•	1	a-m-p-o-u-l-e.	Ū
2	That's an exploration of the head."		2	MR. GUNN: As a former stamp	
3	"MR. SPECTER: Was there any other request made		3	collector, I remember them for places where you	
4	at that time?" "MS. WESTER: Yes well		4	put stamps.	
5	immediately following, following that I received		5	DR. McCLELLAND: Right.	
6	a call to set up for a thoractomy" (phonetic)		6	MR. GUNN: Have you-all seen the	
7	DR. PETERS: Thoracotomy.		7	autopsy protocol that was drafted by Doctors	
8	MR. GUNN: Thoracotomy, excuse		8	Humes, Boswell, and Fink?	
9	me "which is an exploration of the chest."		9	DR. JONES: I don't recall that	
10	"MR. SPECTER: And were those two setups made in		10	I have.	
11	accordance with the request you received?"		11	DR. PERRY: (Nods	
12	"MS. WESTER: Yes. I immediately assigned		12	affirmatively.)	
13	personnel to set up these two rooms for these two		13	DR. MCCLELLAND: (Nods	
14			14	affirmatively.)	
15	for the craniotomy?" "MS. WESTER: The		15	MR. GUNN: Dr. Perry, what do	
			16		
16	craniotomy was set up in Room 7."		1	you remember how soon it was that you saw the	
17	Question for you: Does any of you		17	report after the assassination? Dr	
18	recall whether you made a call to Ms. Wester to		18	DR. PERRY: You know, this we	
19	set up a craniotomy in conjunction with		19	went down this road two or three times about	
20	President Kennedy?		20	the on several occasions and talked about that	
21	DR. PETERS: Malcolm, do you		21	report, but I don't remember the details	
22	DR. JONES: Was that a question?		22	surrounding it.	
23	MR. GUNN: Yes.		23	MR. GUNN: Dr. McClelland,	
24	DR. JONES: I was reading here.		24	you	
25	DR. BAXTER: What was the		25	DR. McCLELLAND: It was a number	
<u> </u>		D 00	 	-	D 05
١.	· 0	Page 80		£	Page 83
1	question?		1	of years.	
2	MR. GUNN: Let me try the		2	MR. GUNN: Later?	
3	question again.		3	DR. McCLELLAND: Yeah.	
4	Does any of you recall calling		4	DR. PETERS: I saw it at the	
5	Ms. Wester in regard to setting up a craniotomy		5	National Archives, and I always wondered if it	
6	for President Kennedy?		6	really was accurate because when it came to	
7	DR. JONES: No.		7	adrenals, (inaudible) because of being	
8	DR. PERRY: No.		8	Addisonian.	
9	DR. MCCLELLAND: No.		9	Humes had written two or three	
10	DR. BAXTER: No.		10	words which were not legible at all, if that was	
11	DR. PETERS: No.		11	his actual writing down as he went through the	
12	MR. GUNN: Does any of you have		12	autopsy. I thought it was inaccurate for anyone	
13	any light to shed on this observation that she		13	else who had to transcribe it subsequently. And	
14	made?		14	I asked about that at the time, and they said,	
15	DR. BAXTER: I think the only		15	well, didn't want to make too much reference to	
16	light you could shed on it is that somebody		16		
17	maybe Doris Melson the head nurse in the			the adrenals because Robert Kennedy did not want	
			17	them to say anything about the adrenals because	
18			18	he was going to run for president and he didn't	
19	of the time that I recall, but she might have		19	want people to think he had congenitally acquired	
	initiated the call. Someone anybody on		20	Addisonian disease because his brother had had	
21	emergency room staff with a head injury would		21	it. Probably President Kennedy had developed it	
22	call up and say, be prepared. So I think it's		22	from tuberculosis, I think, a common cause of	
23	totally insignificant the fact that she testified		23	bilateral destruction of the adrenals in those	
24	to that, and it just has no meaning except be		24	days.	
25	prepared.		25	But Humes the autopsy report	
 		Dogg 01			Da 0.4
١.	DD DDDD1 111	Page 81	١.	Above about a discount of the first	Page 84
1	DR. PERRY: We set up a lot of		1	they showed me was terribly done. I don't know	
2	rooms we don't necessarily execute.		2	what you saw, but it was the writing was	
3	DR. BAXTER: Yeah, all the time.		3	illegible, just some scribbling as they came to	
4	DR. PETERS: Yeah.		4	each organ. When he came to adrenals, just a	
5	DD McCIELLAND, What is this		5	little scribble. It was not legible. So I	
	DR. McCLELLAND: What is this		ر ا		
6	I noticed Ms. Wester said what or Mr. Specter		6	don't that's they showed that to me as	
6 7	I noticed Ms. Wester said what or Mr. Specter said, "What else, if anything, was on that			don't that's they showed that to me as the autopsy report by Dr. Humes. And I said,	
6	I noticed Ms. Wester said what or Mr. Specter said, "What else, if anything, was on that stretcher?" And Ms. Wester: "There were several		6	don't that's they showed that to me as the autopsy report by Dr. Humes. And I said,	
6 7	I noticed Ms. Wester said what or Mr. Specter said, "What else, if anything, was on that stretcher?" And Ms. Wester: "There were several		6 7	don't that's they showed that to me as the autopsy report by Dr. Humes. And I said, well, we had a great guy in Dallas who should	
6 7 8	I noticed Ms. Wester said what or Mr. Specter said, "What else, if anything, was on that stretcher?" And Ms. Wester: "There were several glassine packets, small packets of hypodermic		6 7 8	don't that's they showed that to me as the autopsy report by Dr. Humes. And I said, well, we had a great guy in Dallas who should have done this autopsy, Earl Rose. He was a	
6 7 8 9	I noticed Ms. Wester said what or Mr. Specter said, "What else, if anything, was on that stretcher?" And Ms. Wester: "There were several glassine packets, small packets of hypodermic needles well, packed in and sterilized in.		6 7 8 9	don't that's they showed that to me as the autopsy report by Dr. Humes. And I said, well, we had a great guy in Dallas who should have done this autopsy, Earl Rose. He was a forensic pathologist trained but didn't have a	
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	ely the location down
1.5 magazion giori mai, 1115 magazianno mu noi 1.5 nete. And ne siressed infollyn	
4 correspond with his measurements, but I don't 4 approximate and this cannot b	
5 know how the stick people were. Mine always had 5 accurate, but it was his best re	collection so
6 too long an arm or too big a head or something, 6 there's nothing precise about t	iis at all.
7 and I would throw those things away, but I think 7 For the line that he	
8 there were some precise measurements made in 8 Exhibit 1, which goes of thi	s sort, this
9 relation to bony prominences about where those 9 direction here which you can s	ee he said that
10 wounds were and that was recorded was it not?	ng and I'll mad
wounds were and that was recorded, was it not? 10 the skull in that area was miss	
MR. GUNN: Let me give you 11 you the provision of the transc	
12 copies of the face sheet, which is Exhibit MD 1, 12 And he said where Line 2 is, t	nis was a
13 and the autopsy protocol, which is MD 13 laceration in the scalp.	
14 DR. PERRY: Is that not in 14 And if you notice he	re, again.
there, those measurements?	at there is a
MR. GUNN: We can talk about 16 place where Line 2 intersects 1	ine 1 and it would
17 that in just a moment, yes.	f the might embit
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	i me rigni oroit.
Dr. Boswell was no	
19 seeing those measurements early on, 14 to 10 19 whether that was torn during t	ne course of the
20 centimeters or something like that. 20 autopsy or not, but he thought	that it probably
21 MR. GUNN: (Tenders documents.) 21 was. And, again, I have his ex	act words here
DR. PERRY: Yeah, 14 from the 22 from the deposition, if I can re	ad these
23 I remember seeing that originally those 23 "Now, this suggests	that a very
	coinc at the time
24 numbers. 24 large portion of the skull is m	same at the time
DR. JONES: Is this the original 25 that the autopsy begins. Does	unat correspond
Page 87	Page 9
1 report or is this a mixed version or what? 1 with your own observations or	
2 MR. GUNN: For Exhibit 1, these 2 you're not even in a position t	o be able to make
3 are the only notes that are still in existence 3 an observation?"	ne overlying
4 from those that were taken during the autopsy 4 DR. JONES: What's t	whole ckin and
4 from those that were taken during the autopsy 5 itself. DR. JONES: What's tiestly tissue, or are we saying that the	whole skin and
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<u> </u>	BAXTER, R. JONES	Cona	ens	eIt'R. MCCLELLAND, M. PERRY, P. PI	SIEKS
		Page 91			Page 94
1	whether this would seem to correspond with what	=	1	It was blown out onto the street, I think, wasn't	-
3	you were in a position to be able to observe or not.		3	it, and picked up DR. PETERS: Yeah, a large	
4	DR. JONES: Well, we can go		4	fragment	
5	around the room again, the if this is a skin		5	DR. McCLELLAND: the next	!
6	laceration or a skin destruction		6	day.	
7	MR. GUNN: That's		7	DR. PETERS: of parietal bone	
8 9	DR. JONES: I'm pointing to the from the skull down along the right eye.		8	MR. GUNN: so the occipital	
10	MR. GUNN: Line 2 on Exhibit 74.		10	DR. McCLELLAND: Not parietal,	
11	DR. JONES: And if to my		11	occipital.	į
12			12	DR. PETERS: Well, okay,	
13	the way down to the eye. And I feel like I did		13 14	occipitoparietal. DR. McCLELLAND: It was a	
15	have enough view from my stance to see that.		15	triangular piece of	
16	Secondly, I thought the skin		16	DR. PETERS: Right.	
17			17	DR. McCLELLAND: bone back, I	
18	saw, but I don't know what was under the skin and		18	imagine, where the suture is. So if he agrees	
19 20	whether the skull was there or not. As I mentioned earlier this morning, my initial		19 20	that it goes back that far posterior, the loss of bone, then that would be consistent with what I	
21	impression in looking at the President was that		21	saw.	
	he did not look like I had thought he would, and		22	And as I recall from having seen	
23	my earlier testimony before the Warren Commission		23	on a number of occasions, this approved film,	
24			24	it's clear when the bullet strikes the	
25	seemed to be relaxation of tissue and I suppose		25	President's head that there is a bright flash as	
		Page 92			Page 95
1	that that could possibly be accounted for by loss		1	a flap of kin is blown down kind of over the	
2 3	of skull and allowing the tissue to relax. DR. MCCLELLAND: Well, as I		2 3	right ear.	
4	understand that oblique line going across the top		4	DR. PETERS: Right. DR. McCLELLAND: And that would	
5	of the skull		5	be consistent with there being an injury going	
6	MR. GUNN: Line 2.		6	down toward the eye, and then it probably was	
7	DR. McCLELLAND: Right that's		7	pulled back up in some way. It didn't continue	
8	consistent with the parietal bone sticking out		8	to lie over the ear, but it did at the moment of	
9	through the laceration just in that position and but I'm not quite sure I understand from		9 10	impact it flew back and it was very clear that there was a flap being turned at that moment.	
11	the drawing how much of the skull is missing in		11	DR. PETERS: When I first walked	
12	relation to those lines.		12	in the room and saw the President in a slight	
13	MR. GUNN: What Dr. Boswell		13	Trendelenburg position, I agree completely with	
14			14	what Dr. Jones said, his face it appeared	
15 16	and he wanted that to be stressed that the skull itself was missing here (indicating). The		15 16	his forehead, the hair was down just a little bit	
17	scalp was not missing but the scalp could was		17	And the I agree with what Bob	
18			18	said about the thing being mostly posterior	
19	conceivable that it could have been pulled up in		19	occipital mostly and some parietal bone missing	
20	one part or pulled up in another part at any time		20	because you can look right in and see the brain.	
21	after the assassination. DR. McCLELLAND: Yeah.		21 22	When they showed me the autopsy reports 25 years later, there's a cut on	
23	MR. GUNN: But the skull itself		23	President Kennedy's scalp coming down towards his	
24	was missing underneath.		24	eye, which I would swear was not there that day.	
25	DR. McCLELLAND: Well, that's		25	I thought they probably made that, what looks	
		Page 93			Page 96
1	consistent, you know, but the only thing that I	- 00	1	like maybe an inch or inch-and-a-half extension	
2	might think is that it was more posterior, more		2	maybe to do part of the autopsy. It looked like	
3	down on the occipital bone than I'm understanding		3	it were cut with a knife. It didn't look like a	
4 5	from the skull here. DR. PETERS: Had a little bulge		4	tear, but I suppose it could have been MR. GUNN: So, you know, I did	
6	in the back there		6	ask that question in the deposition and I was	
7	DR. McCLELLAND: Yeah.		7	told repeatedly by several different witnesses	
8	DR. PETERS: towards the		8	that the photographs were taken before any cuts	
10	right almost yeah.		9	Of	
10	MR. GUNN: Down in there DR. PETERS: Yeah.		10 11	DR. PETERS: Manipulation.	
12	DR. McCLELLAND: is where it		12	MR. GUNN: incisions were made to the head, so that was in a sense	
13	was.		13	pristine.	
14	DR. PETERS: A little opening		14	DR. PETERS: You can see it	
15	there.		15	coming down there but it as you looked at his	
16 17	DR. McCLELLAND: Uh-huh, MR. GUNN: The part I'm pointing		16	face, you didn't get the idea that there was a	
18	MR. GUNN: The part I'm pointing now to what I'm understanding to be the occipital		17 18	cut extending down onto his forehead or anything. Wouldn't you agree with that,	
19	bone on		19	Ron?	
20	DR. McCLELLAND: That's right.		20	DR. JONES: Yes, I would agree	
21	MR. GUNN: on the skull, and		21	there was no facial injury whatsoever.	
22 23	that is part of what he has missing in his DR McCLELLAND: Right.		22 23	MR. GUNN: Now, I'm approaching	
	MR. GUNN: in his drawing.		24	this as a layperson, which may be good or may be bad. I would have imagined myself if I had seen	
24	interest in the distribution.			oud. I would have magniful invien in I had will	

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                                                                                                 Page 97
       of the skull -- the part that's within Line 1 of Dr. Boswell -- if this were missing, I would
                                                                                                                       we -- addressing the neck wound that we initially
                                                                                                                       looked at, I thought it was with very small range
of a quarter of an inch or something like that
        imagine it would be noticeable to me as a
        layperson that there is severe damage to the
                                                                                                                       and made an assumption.
                                                                                                                      MR. GUNN: Again, to the --
you've all made the descriptions previously about
what you observed. Is there anything else that
       skull. Is -- would that be a misperception on my
  6
                        DR. PETERS: Depends on which
        angle you approached him.
                                                                                                                       you think should be part of the record based upon
                                                                                                                       your observations that I have not asked you
                        DR. McCLELLAND: From the front
       you might not -
                                                                                                                10
                                                                                                                       about?
                        DR. PETERS: Right.
DR. McCLELLAND: -- think that.
                                                                                                                       DR. McCLELLAND: Let me ask a question in regard to that. I'm -- I think my
                                                                                                                11
12
                                                                                                                12
       DR. PETERS: That's right.
MR. GUNN: so none of you made observations that would -- or maybe the question
                                                                                                                       subsequent thoughts about the nature of the wound and the direction from which the bullet may have
13
                                                                                                                13
                                                                                                                       come were colored almost where you couldn't
                                                                                                                      separate the two influences by what I saw of the head wound in the Trauma Room 1 and then by what I think I saw -- well, know I saw but whether I interpreted it properly is another thing on the Zapruder film, putting those two things together, and I couldn't help but put them together.

And it looked to me clearly as if he were shot from the front on the film, and
       is: Did any of you see any appearance of damage
by looking just at the scalp and just at the hair
16
                                                                                                               16
                                                                                                               17
       that would suggest that that much of the skull
19
        was missing, or were you even in the position to
                                                                                                               19
       be able to -
20
                                                                                                               20
                        DR. JONES: Well, I think you
                                                                                                               21
       could see the top part of the head reasonably
                                                                                                               22
       well. He had a very thick bushy head of hair --
23
                                                                                                                       if he were shot from the front on the film, and
                        DR. PETERS: Yeah.
                                                                                                                       that was not inconsistent with what I saw as
                        DR. JONES: -- and it was
                                                                                                                       perhaps an exit wound on a bullet entering in the
                                                                                                Page 98
                                                                                                                                                                                                             Page 101
       difficult to see down through the hair.
DR. BAXTER: All --
                                                                                                                       back of his head.
                                                                                                                                        And I remember I saw that one
       DR. JONES: I didn't see any indentation of the skull or anything like half of
                                                                                                                      night. It was, I guess, the first time they had showed it on that Geraldo Rivera program, and
                                                                                                                       when I first saw that film and his head was
       the top of the head was missing.
       DR. BAXTER: All matted with blood. Unless you were up there and directly
                                                                                                                       thrown backward, it first looked like maybe that
                                                                                                                      that was because the car sped up and therefore
jerked his head backward, but they replayed the
       examining it, I don't think anybody could make a
       statement from what I saw. I mean, it was just one mass of blood and hair.
                                                                                                                      film in slow motion and then several times after that I've seen the same thing. And the car didn't start moving forward rapidly until several frames after his head had been thrown backward by
10
      DR. PETERS: I was amazed when I saw the first X ray of the skull -- the lateral skull of the extent of the fragmentation of the
12
                                                                                                                      what strikes me as could have been the force from
a bullet coming from the front. That's just my
impression. That's all it is, and that's not
13
      skull. I did not appreciate that I think because
a lot of it was covered by scalp at the time we
worked on him. We were doing a resuscitation,
15
                                                                                                               15
                                                                                                                      inconsistent with my view of that wound.

DR. PETERS: I think at the
       not a forensic autopsy
17
                                                                                                               17
                                                                                                                      time, that day particularly I think is just as Dr. Perry described it. It could have been an entrance wound with a big exit wound at the back of the skull. We were to learn later he had a
                        MR. GUNN: Now, for many people
18
                                                                                                               18
       the ultimate question is whether President
       Kennedy was shot from the front or from behind, and I want to avoid that sort of question not
20
      because it's unimportant but what I -- what I'm mostly interested in are the observations that
                                                                                                                      bullet that transversed through the back of his neck and out the front and that Malcolm would be
                                                                                                               22
                                                                                                                      best qualified to speak about that because he saw -- and I guess Charlie and maybe Ron, too --
       you have about what you observed yourself rather
       than what you might imagine.
                                                                                                Page 99
                                                                                                                                                                                                             Page 102
      But in saying that, I also don't want to cut off observations that you think, based upon your own experience and your examination of President Kennedy, that would be
                                                                                                                      the wound before anything was done to it.

But Dr. Lattimer, my friend, and
the FBI fired 500 shots into skulls with various
contents -- liquid, plaster of Paris, so forth --
and it showed that when an individual struck from
       useful to have as part of the record.
 5
                                                                                                                      behind with a high velocity missile, the head is propelled towards the shooter. Of course, I didn't know that that day. I hadn't seen the Zapruder film yet, and all we had was the President lying before us.

But their evidence would tend to
                        So I'm not encouraging you to
 6
       give your ultimate conclusions or your beliefs,
but to the extent that you think that you have
       something appropriate to put into the record
       based upon your own experience in the Trauma Room 1, in your experience as medical experts, I would
                                                                                                               10
                                                                                                                                        But their evidence would tend to
                                                                                                                      suggest that the President's head was propelled backwards because of the nature of the velocity
       be interested in hearing that.
                                                                                                               12
                        Dr. Jones.
13
                        DR. JONES: Your question has to
                                                                                                                       of the bullet that struck the skull going from a
                                                                                                                      harder outer cranium into a soft custard-like
brain. And so that was -- that's the only
evidence I know for the head going backwards.
DR. MCCLELLAND: Could I make a
15
       do with what we saw as we walked in, which is
                                                                                                               15
       what we've testified.
16
      DR. PETERS: Not what we've learned 30 years later?
17
18
                                                                                                               18
                        MR. GUNN: Yes
19
                                                                                                               19
                                                                                                                      comment about that?
                        DR. JONES: And Dr. Perry and I
                                                                                                                                       DR. PETERS: Sure.
                                                                                                               20
      walked in. We both looked at the president.
Dr. Carrico was at the head of the table, and we
                                                                                                                      DR. McCLELLAND: I'm no physicist and I'm no ballistics expert, but it
                                                                                                               21
                                                                                                               22
                                                                                                                      just seems to me -- and I would appreciate
       both recognized probably simultaneously that it
                                                                                                               23
      did not look like he had an airway or any IV access. And addressing the entrance wound that
                                                                                                                      everybody else's thoughts on that -- that those
                                                                                                                      are not good parallel experiments because those
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	BAXTER, R. JONES	Cond	ens	selt R. MCCLELLAND, M. PERRY, P. P	EIEK2
		Page 103			Page 106
1	skulls were either suspended on strings or were	0	1	with the arms being propelled.	0
2	sat on stools, not attached to anything.		2	And if you look closely at the	
3	The President's body was		3	pictures, his hands are not coming up as one	
4	attached to a 170-some-odd-pound body and the		4	would grasp his neck. They're coming up together	
5	force of that bullet was transmitted to his head		5	above the wound, which is I don't remember the	
6	as it was attached to that body. So I don't		6	name of the individual who described it, but a	
7 8	think you can say that because an unattached		7	sign of acute spinal cord injury. So he could have already had a little bit of that at the time	
9	skull blows off like that, that that relates to anything about what		8 9	the second bullet hit.	
10	DR. PETERS: Well, I think the		10	MR. GUNN: I don't think that	
11	forces could be applied to the skull, and Walter		11	there was any and I should stay out of this	
12	Alvarez, the physicist, did predict the actual		12	conversation mostly. But I don't think that	
13	behavior of the missile, you know, prior to them		13	there was any evidence of spinal cord injury in	
14	carrying out the experiments.		14	the President, though, and the autopsy doctor	
15	DR. McCLELLAND: Well, but what		15	DR. PETERS: I don't know if	
16	I'm saying, Paul, that you can't say that an		16	there is a bullet showing fragmentation of the	
17	unattached skull as opposed to a skull that's		17	an injury to one of the cervical vertebrae on a	
18	attached to a heavy body, that it could propel		18	lateral view, so there could have been some	
19	the skull off a stool which weighs nothing but it		19	contusion in that area which could have been	
20			20	quite a stimulation to the spinal cord resulting	
21			21	in that reflex. I don't think it was bruised	
22	bullet were fired from the front and it carried		22	itself.	
23	the head and the body backward, which I think is		23	MR. GUNN: I think that that is	
24	very likely what happened. But an unattached skull sitting on a stool, I mean, you can say		24	something that some people see on the X rays, some don't.	
123	onen often of a scoot, I moun, you can say		23	JOHN GOH C.	
		Page 104			Page 107
1 2	that today		1	DR. PETERS: I see.	
2	DR. PETERS: Well, but the		2	MR. GUNN: But there was but	
3	forces directing just the head could be applied		3	there was no evidence in the autopsy itself of	
4	to the head regardless of what it's attached to.		4	any spinal cord injury as far as I understand,	
5	I mean, it's going to		5	but the record speaks for itself.	
6 7	DR. McCLELLAND: It couldn't		6	DR. PETERS: We're getting off a	
8	carry the body		8	little bit into what ordinary citizens might	
9	DR. PETERS: undergo a certain motion		9	speculate about instead of what we as doctors DR. McCLELLAND: And it's all	
10	DR. McCLELLAND: Couldn't carry		10	speculation.	
111	the body backward.		11	DR. PETERS: thought that	
12	DR. PETERS: No, probably not.		12	day. Yeah.	
13	At that point		13	DR. JONES: In relation to the	
14	DR. McCLELLAND: That's what I'm		14	interior neck wound, one of the things that might	
15	saying.		15	have come out in questioning was whether or not	
16	DR. PETERS: the body would		16	that could even be due to a bone fragment. I	
17	come into play, I think.		17	don't know whether that injury was traced all the	
18	DR. PERRY: May I offer one		18	way from the back to the front for sure and	
19	perhaps physiological explanation for your		19	demonstrated conclusively that those two wounds	
20	consideration?		20	truly corrected connected. Excuse me.	
21	When you pith a frog, brain stem		21	DR. PERRY: And is it not a	
22	injury, they go into marked opisthotonos. When		22	matter of record that there was also gilding	
23	you give electric shock to a patient, they go		23	metal on the knot of the tie? Isn't that	
24	into marked opisthotonos and occasionally even		24	correct?	
25	used to fracture vertebrae and we used muscle		25	MR. GUNN: On the knot of the	
1		Page 105			Page 108
1	relaxants.	-	1	tie?	-
2	In massive brain stem		2	DR PERRY: On the knot of the	
3	stimulation in both animals and humans causes		3	tie? There was injury to the tie and there was	
4	extension of the very strong extensor muscles of		4	some gilding metal, which is bullet jacket metal,	
5	the back rather than the flexor muscles of the		5	on the knot of the tie.	
6	body, and they are stronger. They hold us in the		6	MR. GUNN: I don't know.	
7	upright position. And almost all of those		7	DR. PERRY: I think that's in	
8 9	injuries propel the body, both animal and human, into an opisthotonos position, which is		8	the record.	
10	hyperextension. And it may be that the massive		10	MR. GUNN: One of the things in the during the autopsy, they did not link the	
11	electrical stimulation of a brain stem injury		11	wound in the back to the neck. That did not come	
12	would produce, just like electric shock does,		12	until after they spoke with Dr. Perry, so there	
	like pithing does, opisthotonos, which would		13	was no tracing. There was an attempt to use the	
13	extend the back and the head and propel it		14	probe, and they found that the probe went in a	
			15	short degree and then they could not find that it	
13	backwards.		16	connected anywhere.	
13 14			1		
13 14 15	backwards.		17	DR. PERRY: We mentioned the	
13 14 15 16	backwards. I don't know if it's true or		1	vagaries of trajectory, but when you put in a	
13 14 15 16 17 18 19	I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film.		17 18 19	vagarics of trajectory, but when you put in a probe in someone who's flaccid and someone who's	S
13 14 15 16 17 18 19 20	I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film. DR. PETERS: Now, in addition to		17 18 19 20	vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different.	S
13 14 15 16 17 18 19 20 21	backwards. I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film. DR PETERS: Now, in addition to that, only a second or so before he'd been shot		17 18 19 20 21	vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different. MR. GUNN: Sure.	S
13 14 15 16 17 18 19 20 21 22	backwards I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film. DR PETERS: Now, in addition to that, only a second or so before he'd been shot through the neck and he has his arms up, which		17 18 19 20 21 22	vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different. MR. GUNN: Sure. DR. PERRY: The pathway is	5
13 14 15 16 17 18 19 20 21 22 23	I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film. DR. PETERS: Now, in addition to that, only a second or so before he'd been shot through the neck and he has his arms up, which people say is a reflex described in the late		17 18 19 20 21 22 23	vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different. MR. GUNN: Sure. DR. PERRY: The pathway is entirely different in a person in action and one	S
13 14 15 16 17 18 19 20 21 22	I don't know if it's true or not, but I offer it for consideration as a possible physiologic explanation, what one sees on that film. DR. PETERS: Now, in addition to that, only a second or so before he'd been shot through the neck and he has his arms up, which people say is a reflex described in the late 1800s by a Russian neurologist, which is evidence		17 18 19 20 21 22	vagaries of trajectory, but when you put in a probe in someone who's flaccid and someone who's moving, entirely different. MR. GUNN: Sure. DR. PERRY: The pathway is	5

C. BAXTER, K. JUNES	Cond	CIIS	elt R. MCCLELLAND, M. PERKY, P. PETERS
was they did not make that determination during the course of the autopsy itself. DR. PERRY: All of us at this table learned a long time ago that probing wounds was a fruitless exercise and sometimes dangerous. MR. GUNN: Okay. Any other observations? (No audible response.) MR. GUNN: Well, then, let me thank you again for your time. I appreciate your coming here today. DR. PERRY: Can we depend on another 30 years before we're asked anything? MR. GUNN: My promise. (Deposition concluded at 11:21 a.m.)	Page 110	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	Page 112 CORRIGENDUM The witness wishes to make the following changes or corrections in the testimony as originally given: WITNESSES: CHARLES BAXTER, M.D. PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
This is to certify that I, Leticia Hernandez, Certified Shorthand Reporter in and for the State of Texas, certify that the foregoing deposition of CHARLES BAXTER, M.D., RONALD COY JONES, M.D., ROBERT M. MCCLELLAND M.D., MALCOLM O. PERRY, M.D., PAUL C. PETERS, M.D., was reported stenographically by me at the time and place indicated, said witness having been placed under oath by me, and that the deposition is a true record of the testimony given by the witness. I further certify that I am neither counsel for nor related to any party in this cause and am not financially interested in its outcome. Given under my hand of office on this the 11th day of September, 1998. LETICALIERNANDEZ, COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98 JIL JORDSON COURT REPORTING COMMISSION Expires: 12/31/98	Ü	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	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.
Taxable cost of original charged to Assassination Records Review Board: Any: Mr. T. Jeremy Gunn Any: Mr. T. Jeremy Gunn 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Page 111	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Page 114 C O R R I G E N D U M The witness wishes to make the following changes or corrections in the testimony as originally given: WITNESSES: RONALD COY JONES, M.D. PAGE NO. LINE NO. CHANGE REASON FOR CHANGE

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5		5	WITNESSES: MALCOLM O. PERRY, M.D.
6		6	PAGE NO. LINE NO. CHANGE REASON FOR CHANGE
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9	RONALD COY JONES, M.D.	9	
10		10	
11	STATE OF TEXAS *	11	
13	COUNTY OF *	13	
14	Subscribed and sworn to before me by the	14	
15	said witness, RONALD COY JONES, M.D., on this the	15	
16 17	day of, 1998.	16 17	
18	Notary Public for the State	18	
19	Notary Public for the State Commission Expires:	19	
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1	CORRIGENDUM The wife are visibles to make the following	1	
3	The witness wishes to make the following changes or corrections in the testimony as	2 3	
4	originally given:	4	
5	WITNESSES: ROBERT M. McCLELLAND, M.D.	5	
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2		2	The witness wishes to make the following
3		3	changes or corrections in the testimony as
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9	ROBERT M. MCCLELLAND, M.D.	9	
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14	STATE OF TEXAS *	14	
15	COUNTY OF *	15	
16	Subscribed and sworn to before me by the	16	
17 18	said witness, ROBERT M. MCCLELLAND, M.D., on this the day of, 1998.	17 18	
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20	Notary Public for the State	20	
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9	PAUL C. PETERS, M.D.		
10 11			
12 13			
14	STATE OF TEXAS *		
15 16	COUNTY OF * Subscribed and sworn to before me by the		
17	Subscribed and sworn to before me by the said witness, PAUL C. PETERS, M.D., on this the day of, 1998.		
18 19	day of, 1998.		
20	Notary Public for the State Of County of Commission Expires:		
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