SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS
5230 Medical Center Drive
Dallas, Texas 75235

TELEPHONE 638-1131
AREA CODE 214
REPLY TO:
P.O. BOX 35728

005095

Office of the Director

February 2, 1978

Mr. Donald A. Purdy, Jr.
Staff Counsel
Select Committee on Assassinations
U.S. House of Representatives
3331 House Office Building, Annex 2
Washington, D.C. 20515

Dear Mr. Purdy:

At 1:05 p.m. on November 9, 1977 Robert R. Shaw, M.D. former Professor of thoracic surgery at Southwestern Medical School was interviewed in my office at the Institute of Forensic Sciences. Present at the time of the interview were Mr. Donald A. Purdy, Jr., T. Mark Flanagan, Jr., and of course Doctor Shaw and myself.

Doctor Shaw appeared to be a very healthy, enthusiastic man whose powers of recollection are excellent, although some of the observations that he related were obviously somewhat stereotype because of many previous interviews regarding the subject at hand. To a very marked degree the information and answers given by Doctor Shaw were similar to those reported in the article published in volume 60, January 1964 of the Texas State Journal of Medicine.

I shall attempt to condense what Doctor Shaw related to me at the time of the interview for ease of reading. I will put the report in the form of a series of very small paragraphs. You already have the original diagram made by Doctor Shaw illustrating the point of entrance and exit of the bullet in J.B.C. and also showing to the best of his recollection the actual size of both the entrance and exit wounds.

J.B.C. was lying on his back when first seen by Shaw. A 5 cm. greatest dimension wound was present just below the right nipple. It was irregular in shape, sucking and there was paradoxical motion noted.

Lateral to the scapula on the right posterior thoracic wall was a small wound.

Doctor Shaw debrieded the anterior wound.

There was a tunnel made by the missile in passing through the chest wall.

The bullet struck the fifth rib in a tangential manner and shattered approximately 10 cm. of the posterior and lateral aspect of the fifth rib. The serratus anterior muscle was torn and the fifth and sixth intercostal muscles were intact and the periostium of the rib was nearly intact.

Shaw removed more of the fifth rib to enter the chest wall. There was damage of the middle lobe of the right lung due to the impact upon the chest. It actually was ripped into two segments and there was a leak in the bronchus. The lower two thirds of the lower lobe of the right lung looked just like liver "just a bag of blood."

Shaw repaired the right middle lobe. It inflated well. There was not need to touch the lower lobe of the right lung except for a 1 cm. long rent in it. This was oversewn.

Shaw cut off approximately 5 cm. of the anteriorly placed chest tube and placed a posterior tube in the 8th interspace.

There was an obvious rent in the latissimus dorsi muscle. A Penrose drain was placed here.

The wound in the back was shaped as if the bullet had entered at a slight declination. Shaw probed through this wound with his finger and felt the Penrose drain that he had placed in the latissimus dorsi muscle.

In measuring the diagram made by Doctor Shaw at the time of this interview so the better to illustrate the size of the entrance and exit wounds, it is interesting that the entrance wound measurement taken from this diagram are 1.5 x 0.8 cm. with the long dimension in the longitudinal plane of the body (the long axis of the body) and that the exit wound is approximatley 5 cm. in greatest dimension.

At the conclusion of the interview Doctor Shaw signed the diagram this was witnessed by Purdy, Flanigan, and Petty, the original copy taken by Purdy.

Although conclusions are not called for, this being merely a report of an interview, it is obvious that Doctor Shaw is describing a wound of the chest which did not pass through the plural cavity but rather was more of a "slapping" wound.

Sincerely yours,

Charles S. Petty, M.D.

CSP:jf
d

SELECT COMMITTEE ON ASSASSINATIONS

E-71

NAME Dr. Robert Shaw Date 11 9 77 Time 1:00

Address 7403 Villanova Place Dallas County Institute of Forensic Sciences, Dallas

Dallas, Texas 75225 214 691 6136 -- 214 752 3752

Date of Birth: 11/15/05

Interview:

Dr. Shaw arrived at the trauma room in which Governor Connally was being treated five minutes past his arrival. The residents (Drs. Boland, Duke, Giesecke) had done an excellent job.

The Governor's front chest had 5 cm (obvious) wound of exit - paradoxical motions of chest were evident. There was a smaller tunneling wound in the back/chest. The bullet struck the 5th rib in a tangential way pushing it out, causing a fracture at a point farther up the rib (like a tree limb breaking from pressure exerted near its end). Bullet and rib fragments exited out the front of the Governor causing the larger exit hole.

Shaw said the lower 2/3ds of the Governor's lower lung lobe was like liver, full of blood and holes caused by secondary (bone) missile fragments. There was a rent in the latissimus dorci.

The rear entrance wound was not 3 cm as indicated in one of the operative notes. It was a puncture-type wound, as if

(continued)

Interviewer Andy Purdy
(Signature)

Andy Purdy
(Typed)

Date Transcribed 11/17/77 by
(I

a bullet had struck the body at a slight declination (i.e. not at a right angle). The wound was actually approximately 1½ cm. The ragged edges of the wound were surgically cut away, effectively enlarging it to approximately 3 cm.

Wrist: The wrist wound had been described as a "comminuted" fracture, meaning (according to Dr. Shaw) it was "compounded" (I.E. in more than two pieces). The work on the wrist was primarily done by Dr. Gregory (deceased).

Dr. Shires did the work on the thigh wound.

In response to Dr. Petty's questions, Dr. Shaw provided the following:

1) The bullet entering the back did not strike dead on, hitting instead on a decline.
2) The entrance wound was olvode (see Dr. Shaw's drawing attached).
3) The shape of the entrance wound was consistent with a missile striking in a slightly downward trajectory. It is Dr. Shaw's opinion that the wound was not caused by a tumbling bullet (an inference drawn, explicitly, from his belief that a tumbling bullet would not have had sufficient force to cause the remainder of the Governor's wounds).
4) Dr. Shaw believes that the bullet which hit the Governor had not struck any other objects because of his conclusion that the bullet was not tumbling.

He does note that the entrance wound was longer along the vertical axis.

5) The bullet did not traverse the thorax; it was essentially "...a chest wall wound ...," with much of the damage to the Governor being caused by a "blast-like" effect which resulted from the bullet tangentially striking the fifth rib, turning pieces of it into secondary missiles.

6) He described the chest wound as a "slap wound" exerting an inward force on the body from the secondary fragments.

7) The blood found in the lung's lower lobe was from a tear in the middle lobe and contusion from the slapping effect of the bullet, as well as from the penetration of multiple rib fragments ("...it was very much like a blast injury ...").

8) The bullet did not traverse the lung; there was essentially a chest wall injury which involved the lung because of a blast injury effect ("...there was a bronchial tear in the middle lobe in addition to the rent...").

Dr. Shaw examined the original Connally X-rays and the enhanced copies. He could not detect any metal fragments in the chest or in the femur (thigh bone). The only metal fragment he denoted was a small one in the subcutaneous tissue in

in the thigh. He did notice the rib fracture in the chest X-ray, as well as rib pieces.

Dr. Shaw indicated that the enhanced X-ray of the fragment in the thigh convinced him that the object was metal because it has greater density than bone and the existence of a hook-like end of the object is more consistent with metallic than with bone characteristics.

Regarding press accounts that he felt the metal fragment was too heavy to have come from C.E.399, Dr. Shaw said he is not qualified to speculate as to the actual size or weight of the fragment in the thigh or those in the wrist (even though he admittedly did so before the Warren Commission 4 H 113). He did say he has never been satisfied that the bullet found on Governor Connally's stretcher had caused all of the Governor's wounds.

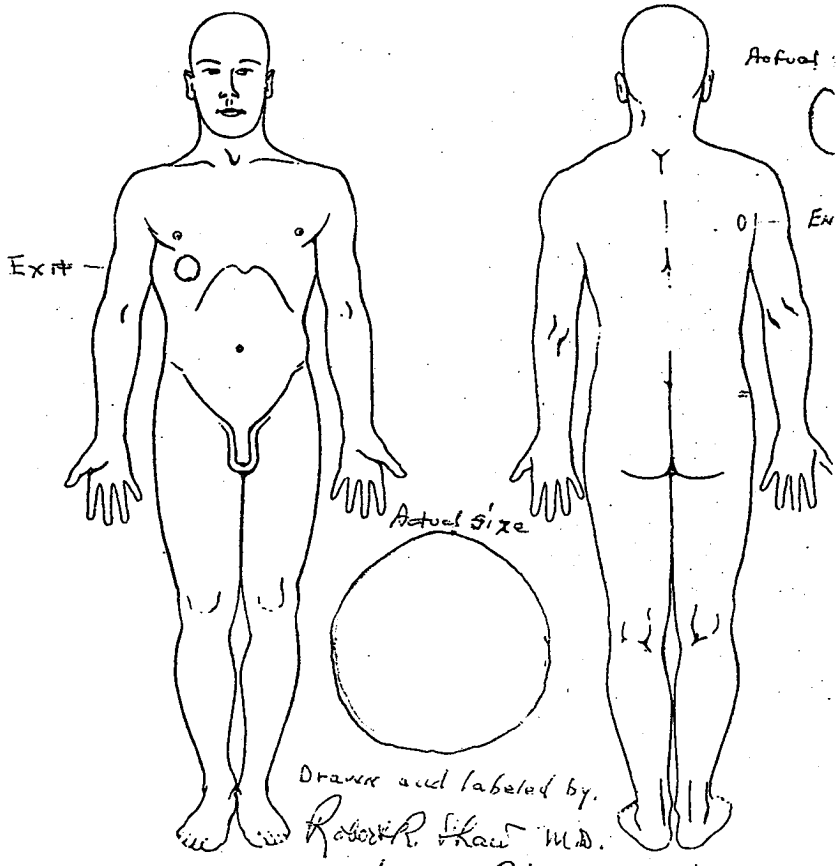
Shaw believes the "...bullet found on the limousine floor was more likely the one which went through Connally." He believes the bullet that went through the President's neck may have gotten caught in the Governor's clothing and another bullet struck the Governor causing his wounds.

Regarding the wrist wound, Shaw said he first thought the bullet entered through the volar aspect and exited the dorsum; he was later convinced by Dr. Gregory (and currently believes) that the exact opposite was the case.

THE SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Name_____ Autopsy No._____

Color_____ Age_____ Date_____



For protocol

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