

The CHAIRMAN. Well, Doctor, thank you very much. We appreciate your help.

Dr. CARRICO. Certainly. Glad to be here.

TESTIMONY OF DR. MALCOLM PERRY

The CHAIRMAN. Dr. Perry, will you be sworn now, please?

Would you raise your right hand and be sworn, please?

Do you solemnly swear the testimony you are about to give before the Commission will be the truth, the whole truth, and nothing but the truth, so help you God?

Dr. PERRY. I do.

The CHAIRMAN. Will you be seated, please?

Mr. SPECTER will conduct the examination.

Mr. SPECTER. Will you state your full name for the record, please?

Dr. PERRY. Malcolm Oliver Perry.

Mr. SPECTER. What is your residence address?

Dr. PERRY. 4115 Parkland, Dallas, Tex.

Mr. SPECTER. Your professional address?

Dr. PERRY. 5323 Harley Hines Boulevard.

Mr. SPECTER. Is that the address of Parkland Memorial Hospital?

Dr. PERRY. That is the address of the University of Texas Southwestern Medical School.

Mr. SPECTER. Is that situated immediately adjacent to Parkland Memorial Hospital?

Dr. PERRY. That is correct.

Mr. SPECTER. Would you state your age, sir?

Dr. PERRY. 34.

Mr. SPECTER. What is your profession?

Dr. PERRY. I am a physician and surgeon.

Mr. SPECTER. Were you duly licensed to practice medicine by the State of Texas?

Dr. PERRY. Yes.

Mr. SPECTER. Would you outline briefly your educational background, please?

Dr. PERRY. After graduation from Plano High School in 1947, I attended the University of Texas and was duly graduated there in January of 1951 with a degree of Bachelor of Arts.

I subsequently graduated from the University of Texas Southwestern Medical School in 1955 with a degree of Doctor of Medicine. I served an internship of 12 months at Letterman Hospital in San Francisco, and after 2 more years in the Air Force I returned to Parkland for a 4-year residency in general surgery.

I completed that in—

Mr. DULLES. Where did you serve in the Air Force, by the way?

Dr. PERRY. I was in Spokane, Wash., Geiger Field.

At the completion of my surgery residency in June of 1962, I was appointed an instructor in surgery at the Southwestern Medical School.

But in September 1962, I returned to the University of California at San Francisco to spend a year in vascular surgery. During that time, I took and passed my boards for the certification for the American Board of Surgery.

I returned to Parkland Hospital and Southwestern in September of 1963, was appointed an assistant professor of surgery, attending surgeon and vascular consultant for Parkland Hospital and John Smith Hospital in Fort Worth.

Mr. SPECTER. What experience have you had, Dr. Perry, if any, in gunshot wounds?

Dr. PERRY. During my period in medical school and my residency, I have seen a large number, from 150 to 200.

Mr. SPECTER. What were your duties at Parkland Memorial Hospital, if any, on November 22d, 1963?

Dr. PERRY. On that day I had come over from the medical school for the usual 1 o'clock rounds with the residents, and Dr. Ronald Jones and I, he being

chief surgical resident, were having dinner in the main dining room there in the hospital.

Mr. SPECTER. Will you describe how you happened to be called in to render assistance to President Kennedy?

Dr. PERRY. Somewhere around 12:30, and I cannot give you the time accurately since I did not look at my watch in that particular instant, an emergency page was put in for Dr. Tom Shires, who is chief of the emergency surgical service in Parkland. I knew he was in Galveston attending a meeting and giving a paper, and I asked Dr. Jones to pick up the page to see if he or I could be of assistance.

The CHAIRMAN. Doctor, at this time I must leave for a session at the Supreme Court, and the hearing will continue. Congressman Ford, I am going to ask you if you will preside in my absence. If you are obliged to go to the Congress, Commissioner Dulles will preside, and I will be available as soon as the Court session is over to be here with you.

(At this point, Mr. Warren withdrew from the hearing room.)

Representative FORD. Will you proceed, please?

Mr. SPECTER. What action did you take after learning of the emergency call, Dr. Perry?

Dr. PERRY. The emergency room is one flight of stairs down from the main dining cafeteria, so Dr. Jones and I went immediately to the emergency room to render what assistance we could.

Representative FORD. May I ask this: In the confirmation of the page call, was it told to you that the President was the patient involved?

Dr. PERRY. It was told to Dr. Jones, who picked up the page, that President Kennedy had been shot and was being brought to Parkland. We went down immediately to the emergency room to await his arrival. However, he was there when we reached it.

Mr. SPECTER. Who else was present at the time you arrived on the scene with the President?

Dr. PERRY. When Dr. Jones and I entered the emergency room, the place was filled with people, most of them officers and, apparently, attendants to the Presidential procession. Dr. Carrico was in attendance with the President in trauma room No. 1 when I walked in. There were several other people there. Mrs. Kennedy was there with some gentleman whom I didn't know. I have the impression there was another physician in the room, but I cannot recall at this time who it was. There were several nurses there.

Mr. SPECTER. Were any other doctors present besides Dr. Carrico?

Dr. PERRY. I think there was another doctor present, but I don't know who it was, I don't recall.

Mr. DULLES. Can I ask a question here, Mr. Specter?

Mr. SPECTER. Certainly.

Mr. DULLES. What is the procedure for somebody taking command in a situation of this kind? Who takes over and who says who should do what? I realize it is an emergency situation. Maybe that is an improper question.

Dr. PERRY. No, sir.

Mr. DULLES. But it would be very helpful to me—

Dr. PERRY. No, sir; it is perfectly proper.

Mr. DULLES. In reviewing the situation to see how you acted.

In a military situation, you have somebody who takes command.

Dr. PERRY. We do, too. And it essentially is based on the same kind of thing.

Mr. DULLES. I would like to hear about that.

If it doesn't fit in here—

Mr. SPECTER. It is fine.

Dr. PERRY. It is based on rank and experience, essentially. For example, Dr. Carrico being the senior surgical resident in the area, at the time President Kennedy was brought in to the emergency suite, would have done what we felt was necessary and would have assumed control of the situation being as there were interns and probably medical students around the area, but being senior would take it. This, of course, catapulted me into this because I was the senior attending staff man when I arrived and at that time Dr. Carrico has noted I took over direction of the care since I was senior of all the people

there and being as we are surgeons, the department of surgery operates that portion of the emergency room and directs the care of the patients.

Mr. DULLES. Did you try to clear the room of unnecessary people?

Dr. PERRY. This was done, not by me, but by the nurse supervisor, I assume, but several of the people were asked to leave the room. Generally, this is not necessary. In an instance such as this, it is a little more difficult, as you can understand.

Mr. DULLES. Yes.

Dr. PERRY. But this care of an acutely injured and acutely injured patients goes on quite rapidly. Over 90,000 a year go through that emergency room, and, as a result, people are well trained in the performance of their duties. There is generally no problem in asking anyone to leave the room because everyone is quite busy and they know what they have to do and are proceeding to do it.

Mr. DULLES. Thank you very much.

Mr. SPECTER. Upon your arrival in the room, where President Kennedy was situated, what did you observe as to his condition?

Dr. PERRY. At the time I entered the door, Dr. Carrico was attending him. He was attaching the Bennett apparatus to an endotracheal tube in place to assist his respiration.

The President was lying supine on the carriage, underneath the overhead lamp. His shirt, coat, had been removed. There was a sheet over his lower extremities and the lower portion of his trunk. He was unresponsive. There was no evidence of voluntary motion. His eyes were open, deviated up and outward, and the pupils were dilated and fixed.

I did not detect a heart beat and was told there was no blood pressure obtainable.

He was, however, having ineffective spasmodic respiratory efforts.

There was blood on the carriage.

Mr. DULLES. What does that mean to the amateur, to the unprofessional?

Dr. PERRY. Short, rather jerky contractions of his chest and diaphragm, pulling for air.

Mr. DULLES. I see.

Mr. SPECTER. Were those respiratory efforts on his part alone or was he being aided in his breathing at that time?

Dr. PERRY. He had just attached the machine and at this point it was not turned on. He was attempting to breathe.

Mr. SPECTER. So that those efforts were being made at that juncture at least without mechanical aid?

Dr. PERRY. Those were spontaneous efforts on the part of the President.

Mr. SPECTER. Will you continue, then, Dr. Perry, as to what you observed of his condition?

Dr. PERRY. Yes, there was blood noted on the carriage and a large avulsive wound on the right posterior cranium.

I cannot state the size, I did not examine it at all. I just noted the presence of lacerated brain tissue. In the lower part of the neck below the Adams apple was a small, roughly circular wound of perhaps 5 mm. in diameter from which blood was exuding slowly.

I did not see any other wounds.

I examined the chest briefly, and from the anterior portion did not see anything.

I pushed up the brace on the left side very briefly to feel for his femoral pulse, but did not obtain any.

I did no further examination because it was obvious that if any treatment were to be carried out with any success a secure effective airway must be obtained immediately.

I asked Dr. Carrico if the wound on the neck was actually a wound or had he begun a tracheotomy and he replied in the negative, that it was a wound, and at that point—

Mr. DULLES. I am a little confused, I thought Dr. Carrico was absent. That was an earlier period.

Dr. PERRY. No, sir; he was present.

Mr. DULLES. He was present?

Dr. PERRY. Yes; he was present when I walked in the room and, at that point, I asked someone to secure a tracheotomy tray but there was one already there. Apparently Dr. Carrico had already asked them to set up the tray.

Mr. SPECTER. Dr. Perry, backtracking just a bit from the context of the answer which you have just given, would you describe the quantity of blood which you observed on the carriage when you first came into the room where the President was located?

Dr. PERRY. Mr. Specter, this is an extremely difficult thing. The estimation of blood when it is either on the floor or on drapes or bandages is grossly inaccurate in almost every instance.

As you know, many hospitals have studied this extensively to try to determine whether they were able to do it with any accuracy but they cannot. I can just tell you there was considerable blood present on the carriage and some on his head and some on the floor but how much, I would hesitate to estimate. Several hundred CC's would be the closest I could get but it could be from 200 to 1,500 and I know by experience you cannot estimate it more accurately.

Mr. SPECTER. Would you characterize it as a very substantial or minor blood loss?

Dr. PERRY. A substantial blood loss.

Mr. SPECTER. Now, you mentioned the President's brace. Could you describe that as specifically as possible?

Dr. PERRY. No, sir; I did not examine it. I noted its presence only in an effort to reach the femoral pulse and I pushed it up just slightly so that I might palpate for the femoral pulse, I did no more examination.

Mr. SPECTER. In the course of seeking the femoral pulse, did you observe or note an Ace bandage?

Dr. PERRY. Yes, sir.

Mr. SPECTER. In the brace area?

Dr. PERRY. Yes, sir. It was my impression, I saw a portion of an Ace Bandage, an elastic supporting bandage on the right thigh. I did not examine it at all but I just noted its presence.

Mr. SPECTER. Did the Ace Bandage cover any portion of the President's body that you were able to observe in addition to the right thigh?

Dr. PERRY. No, sir; I did not go any further. I just noted its presence right there at the junction at the hip. It could have been on the lower trunk or the upper thigh, I don't know. I didn't care any further.

Mr. SPECTER. Would you continue to describe the resuscitative efforts that were undertaken at that time?

Dr. PERRY. At the beginning I had removed my coat and watch as I entered the room and dropped it off in the corner, and as I was talking to Dr. Carrico in regard to the neck wound, I glanced cursorily at the head wound and noted its severe character, and then proceeded with the tracheotomy after donning a pair of gloves. I asked that someone call Dr. Kemp Clark, of neurosurgery, Dr. Robert McClelland, Dr. Charles Baxter, assistant professors of surgery, to come and assist. There were several other people in the room by this time, none of which I can identify. I then began the tracheotomy making a transverse incision right through the wound in the neck.

Mr. SPECTER. Why did you elect to make the tracheotomy incision through the wound in the neck, Dr. Perry?

Dr. PERRY. The area of the wound, as pointed out to you in the lower third of the neck anteriorly is customarily the spot one would electively perform the tracheotomy.

This is one of the safest and easiest spots to reach the trachea. In addition the presence of the wound indicated to me there was possibly an underlying wound to the neck muscles in the neck, the carotid artery or the jugular vein. If you are going to control these it is necessary that the incision be as low, that is toward the heart or lungs as the wound if you are going to obtain adequate control.

Therefore, for expediency's sake I went directly to that level to obtain control of the airway.

Mr. SPECTER. Would you describe, in a general way and in lay terms, the purpose for the tracheotomy at that time?

Dr. PERRY. Dr. Carrico had very judiciously placed an endotracheal tube but unfortunately due to the injury to the trachea, the cuff which is an inflatable balloon on the endotracheal tube was not below the tracheal injury and thus he could not secure the adequate airway that you would require to maintain respiration.

(At this point, Mr. McCloy entered the hearing room.)

Mr. SPECTER. Dr. Perry, you mentioned an injury to the trachea.

Will you describe that as precisely as you can, please?

Dr. PERRY. Yes. Once the transverse incision through the skin and subcutaneous tissues was made, it was necessary to separate the strap muscles covering the anterior muscles of the windpipe and thyroid. At that point the trachea was noted to be deviated slightly to the left and I found it necessary to sever the exterior strap muscles on the other side to reach the trachea.

I noticed a small ragged laceration of the trachea on the anterior lateral right side. I could see the endotracheal tube which had been placed by Dr. Carrico in the wound, but there was evidence of air and blood around the tube because I noted the cuff was just above the injury to the trachea.

Mr. SPECTER. Will you now proceed to describe what efforts you made to save the President's life?

Dr. PERRY. At this point, I had entered the neck, and Dr. Baxter and Dr. McClelland arrived shortly thereafter. I cannot describe with accuracy their exact arrival. I only know I looked up and saw Dr. Baxter as I began the tracheotomy and he took a pair of gloves to assist me.

Dr. McClelland's presence was known to me at the time he picked up an instrument and said, "Here, I will hand it to you."

At that point I was down in the trachea. Once the trachea had been exposed I took the knife and incised the windpipe at the point of the bullet injury. And asked that the endotracheal tube previously placed by Dr. Carrico be withdrawn slightly so I could insert a tracheotomy tube at this level. This was effected and attached to an anesthesia machine which had been brought down by Dr. Jenkins and Dr. Giesecke for better control of circulation.

I noticed there was free air and blood in the right mediastinum and although I could not see any evidence, myself any evidence, of it in the pleura of the lung the presence of this blood in this area could be indicative of the underlying condition.

I asked someone to put in a chest tube to allow sealed drainage of any blood or air which might be accumulated in the right hemothorax.

This occurred while I was doing the tracheotomy. I did not know at the time when I inserted the tube but I was informed subsequently that Dr. Paul Peters, assistant professor of urology, and Dr. Charles Baxter, previously noted in this record, inserted the chest tube and attached it to underwater seal or drainage of the right pneumothorax.

Mr. DULLES. How long did this tracheotomy take, approximately?

Dr. PERRY. I don't know that for sure, Mr. Dulles. However, I have—a matter of 3 to 5 minutes, perhaps even less. This was very—I didn't look at the watch, I have done them at those speeds and faster when I have had to. So I would estimate that.

At this point also Dr. Carrico, having previously attached and assisting with the attaching of the anesthesia machine was doing another cut down on the right leg; Dr. Ronald Jones was doing an additional cut down, venous section on the left arm for the insertion of plastic cannula into veins so one may rapidly and effectively infuse blood and fluids. These were being done.

It is to Dr. Carrico's credit, I think he ordered the hydrocortisone for the President having known he suffered from adrenal insufficiency and in this particular instance being quite busy he had the presence of mind to recall this and order what could have been a lifesaving measure, I think.

Mr. SPECTER. Would you identify who Dr. Baxter is?

Dr. PERRY. Yes. Dr. Charles Baxter is, when I noted when I asked for the call, is an assistant professor of surgery also and Dr. McClelland.

Mr. SPECTER. And is Dr. McClelland occupying a similar position at Parkland Memorial Hospital as Dr. Baxter?

Dr. PERRY. That is correct.

Mr. SPECTER. Would you identify Dr. Jenkins?

Dr. PERRY. Dr. M. T. Jenkins is professor and chairman of the department of anesthesiology and chief of the anesthesia service, and Dr. Giesecke is assistant professor of anesthesiology at Parkland.

Mr. SPECTER. Have you now identified all of the medical personnel whom you can recollect who were present at the time the aid was being rendered to the President?

Dr. PERRY. No, sir; several other people entered the room. I recall seeing Dr. Bashour who is an associate professor of medicine and chief of the cardiology section at Parkland.

Dr. Don W. Seldin, who is professor and chairman of the department of medicine, and I previously mentioned Dr. Paul Peters, assistant professor of urology, and I believe that Dr. Jackie Hunt of the department of anesthesiology was also there, and there were other people, I cannot identify them, several nurses and several others.

Mr. SPECTER. Dr. William Kemp Clark arrived at about that time?

Dr. PERRY. Dr. Clark's arrival was first noted to me after the completion of the tracheotomy, and at this point, the cardi tachyscope had been attached to Mr. Kennedy to detect any electrical activity and although I did not note any, being occupied, it was related to me there was initially evidence of a spontaneous electrical activity in the President's heart.

However, at the completion of the tracheotomy and the institution of the sealed tube drainage of the chest, Dr. Clark and I began external cardiac massage. This was monitored by Dr. Jenkins and Dr. Giesecke who informed us we were obtaining a satisfactory carotid pulse in the neck, and someone whose name I do not know at this time, said they could also feel a femoral pulse in the leg. We continued external cardiac massage, I continued it as Dr. Clark examined the head wound and observed the cardi tachyscope. The exact time interval that this took I cannot tell you. I continued it until Dr. Jenkins and Dr. Clark informed me there was no activity at all, in the cardi tachyscope and that there had been no neurological or muscular response to our resuscitative effort at all and that the wound which the President sustained of his head was a mortal wound, and at that point we determined that he had expired and we abandoned efforts of resuscitation.

Mr. SPECTER. Would you identify Dr. Clark's specialty for the record, please?

Dr. PERRY. Dr. Clark is professor and chairman of the department of neurosurgery at the University of Texas Southwestern Medical School, and chief of the neurosurgical services at Parkland Hospital.

Mr. SPECTER. Now, you described a condition in the right mediastinum. Would you elaborate on what your views were of the condition at the time you were rendering this treatment?

Dr. PERRY. The condition of this area?

Mr. SPECTER. Yes, sir.

Dr. PERRY. There was both blood, free blood and air in the right superior mediastinum. That is the space that is located between the lungs and the heart at that level.

As I noted, I did not see any underlying injury of the pleura, the coverings of the lungs or of the lungs themselves. But in the presence of this large amount of blood in this area, one would be unable to detect small injuries to the underlying structures. The air was indicated by the fact that there was some frothing of this blood present, bubbling which could have been due to the tracheal injury or an underlying injury to the lung.

Since the morbidity attendant upon insertion of an anterior chest tube for sealed drainage is negligible and the morbidity which attends a pneumothorax is considerable, I elected to have the chest tube put in place because we were giving him positive pressure oxygen and the possibility of inducing a tension on pneumothorax would be quite high in such instances.

Mr. SPECTER. What is pneumothorax?

Dr. PERRY. Hemothorax would be blood in the free chest cavity and pneumo-

thorax would be air in the free chest cavity underlying collapse of the lungs.
Mr. SPECTER. Would that have been caused by the injury which you noted to the President's trachea?

Dr. PERRY. There was no evidence of a hemothorax or a pneumothorax through my examination; only it is sufficient this could have been observed because of the free blood in the mediastinum.

Mr. SPECTER. Were the symptoms which excited your suspicion causable by the injury to the trachea?

Dr. PERRY. They were.

Mr. SPECTER. At what time was the pronouncement of death made?

Dr. PERRY. Approximately 1 o'clock.

Mr. SPECTER. By whom was death announced?

Dr. PERRY. Dr. Kemp Clark.

Mr. SPECTER. Was there any special reason why it was Dr. Kemp Clark who pronounced the President had died?

Dr. PERRY. It was the opinion of those of us who had attended the President that the ultimate cause of his demise was a severe injury to his brain with subsequent loss of neurologic function and subsequent massive loss of blood, and thus Dr. Clark, being a neurosurgeon, signed the death certificate.

Mr. SPECTER. In your opinion, would the President have survived the injury which he sustained to the neck which you have described?

Dr. PERRY. Barring the advent of complications this wound was tolerable, and I think he would have survived it.

Mr. SPECTER. Have you now described all of the treatment which was rendered to the President by the medical team in attendance at Parkland Memorial Hospital.

Dr. PERRY. In essence I have, Mr. Specter. I do not know the exact quantities of balance salt solutions or blood that was given. I mentioned the 300 mg. of hydrocortisone Dr. Carrico ordered and, of course, he was given oxygen under pressure which has been previously recorded. The quantities of substances or any other drugs I have no knowledge of.

Mr. SPECTER. In general you have recounted the treatment?

Dr. PERRY. That is correct.

Mr. SPECTER. Have you now stated for the record all of the individuals who were in attendance in treating the President that you can recollect at this time?

Dr. PERRY. Yes, sir; I have.

Mr. SPECTER. Will you now describe as specifically as you can, the injury which you noted in the President's head?

Dr. PERRY. As I mentioned previously in the record, I made only a cursory examination of the President's head. I noted a large avulsive wound of the right parietal occipital area, in which both scalp and portions of skull were absent, and there was severe laceration of underlying brain tissue. My examination did not go any further than that.

Mr. SPECTER. Did you, to be specific, observe a smaller wound below the large avulsed area which you have described?

Dr. PERRY. I did not.

Mr. SPECTER. Was there blood in that area of the President's head?

Dr. PERRY. There was.

Mr. SPECTER. Which might have obscured such a wound?

Dr. PERRY. There was a considerable amount of blood at the head of the cartilage.

Mr. SPECTER. Would you now describe as particularly as possible the neck wound you observed?

Dr. PERRY. This was situated in the lower anterior one-third of the neck, approximately 5 mm. in diameter.

It was exuding blood slowly which partially obscured it. Its edges were neither ragged nor were they punched out, but rather clean.

Mr. SPECTER. Have you now described the neck wound as specifically as you can?

Dr. PERRY. I have.

Mr. SPECTER. Based on your observations of the neck wound alone, do you

have a sufficient basis to form an opinion as to whether it was an entrance wound or an exit wound,

Dr. PERRY. No, sir. I was unable to determine that since I did not ascertain the exact trajectory of the missile. The operative procedure which I performed was restricted to securing an adequate airway and insuring there was no injury to the carotid artery or jugular vein at that level and at that point I made the procedure.

Mr. SPECTER. Based on the appearance of the neck wound alone, could it have been either an entrance or an exit wound?

Dr. PERRY. It could have been either.

Mr. SPECTER. Permit me to supply some additional facts, Dr. Perry, which I shall ask you to assume as being true for purposes of having you express an opinion.

Assume first of all that the President was struck by a 6.5-mm. copper-jacketed bullet fired from a gun having a muzzle velocity of approximately 2,000 feet per second, with the weapon being approximately 160 to 250 feet from the President, with the bullet striking him at an angle of declination of approximately 45 degrees, striking the President on the upper right posterior thorax just above the upper border of the scapula, being 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process, passing through the President's body striking no bones, traversing the neck and sliding between the large muscles in the posterior portion of the President's body through a fascia channel without violating the pleural cavity but bruising the apex of the right pleural cavity, and bruising the most apical portion of the right lung inflicting a hematoma to the right side of the larynx, which you have just described, and striking the trachea causing the injury which you described, and then exiting from the hole that you have described in the mid-line of the neck.

Now, assuming those facts to be true, would the hole which you observed in the neck of the President be consistent with an exit wound under those circumstances?

Dr. PERRY. Certainly would be consistent with an exit wound.

Mr. SPECTER. Now, assuming one additional fact that there was no bullet found in the body of the President, and assuming the facts which I have just set forth to be true, do you have an opinion as to whether the wound which you observed in the President's neck was an entrance or an exit wound?

Dr. PERRY. A full jacketed bullet without deformation passing through skin would leave a similar wound for an exit and entrance wound and with the facts which you have made available and with these assumptions, I believe that it was an exit wound.

Mr. SPECTER. Do you have sufficient facts available to you to render an opinion as to the cause of the injury which you observed in the President's head?

Dr. PERRY. No, sir.

Mr. SPECTER. Have you had an opportunity to examine the autopsy report?

Dr. PERRY. I have.

Mr. SPECTER. And are the facts set forth in the autopsy report consistent with your observations and views or are they inconsistent in any way with your findings and opinions?

Dr. PERRY. They are quite consistent and I noted initially that they explained very nicely the circumstances as we observed them at the time.

Mr. SPECTER. Could you elaborate on that last answer, Dr. Perry?

Dr. PERRY. Yes. There was some considerable speculation, as you will recall, as to whether there were one or two bullets and as to from whence they came. Dr. Clark and I were queried extensively in respect to this and in addition Dr. Carrico could not determine whether there were one or two bullets from our initial examination.

I say that because we did what was necessary in the emergency procedure, and abandoned any efforts of examination at the termination. I did not ascertain the trajectory of any of the missiles. As a result I did not know whether there was evidence for 1 or 2 or even 3 bullets entering and at the particular time it was of no importance.

Mr. SPECTER. But based on the additional factors provided in the autopsy report, do you have an opinion at this time as to the number of bullets there were?

Dr. PERRY. The wounds as described from the autopsy report and coupled with the wounds I have observed it would appear there were two missiles that struck the President.

Mr. SPECTER. And based on the additional factors which I have provided to you by way of hypothetical assumption, and the factors present in the autopsy report from your examination of that report, what does the source of the bullets seem to have been to you?

Dr. PERRY. That I could not say. I can only determine their pathway, on the basis of these reports within the President's body.

As to their ultimate source not knowing any of the circumstances surrounding it, I would not have any speculation.

Mr. SPECTER. From what direction would the bullets have come based on all of those factors?

Dr. PERRY. The bullets would have come from behind the President based on these factors.

Mr. SPECTER. And from the level, from below or above the President?

Dr. PERRY. Not having examined any of the wounds with the exception of the anterior neck wounds, I could not say. This wound, as I noted was about 5 mm., and roughly circular in shape. There is no way for me to determine.

Mr. SPECTER. Based upon a point of entrance in the body of the President which I described to you as being 14 cm. from the right acromion process and 14 cm. below the tip of the right mastoid process and coupling that with your observation of the neck wound, would that provide a sufficient basis for you to form an opinion as to the path of the bullet, as to whether it was level, up or down?

Dr. PERRY. Yes, it would.

In view of the fact there was an injury to the right lateral portion of the trachea and a wound in the neck if one were to extend a line roughly between these two, it would be going slightly superiorly, that is cephalad toward the head, from anterior to posterior, which would indicate that the missile entered from slightly above and behind.

Mr. SPECTER. Dr. Perry, have you been a part of or participated in any press conferences?

Dr. PERRY. Yes, sir; I have

Mr. SPECTER. And by whom, if anyone, were the press conferences arranged?

Dr. PERRY. The initial press conference, to the best of my knowledge, was arranged by Mr. Hawkes who was identified to me as being of the White House Press, and Mr. Steve Landregan of the hospital administration there at Parkland, and Dr. Kemp Clark.

They called me, I was in the operating suite at the time to assist with the care of the Governor, and they called and asked me if it would be possible for me to come down to a press conference.

Mr. SPECTER. At about what time did that call come to you, Doctor?

Dr. PERRY. I am not real sure about that but probably around 2 o'clock.

Mr. SPECTER. What action, if any, did you take in response to that call?

Dr. PERRY. I put in a page for Dr. Baxter and Dr. McClelland since they were also involved, and went down to the emergency room where I met Mr. Hawkes and Dr. Clark. And from there we went up to classrooms one and two which had been combined into a large press room, and was packed with gentlemen and ladies of the press.

Mr. SPECTER. In what building was that located?

Dr. PERRY. This was in Parkland Hospital, in the classroom section.

Mr. SPECTER. Are you able to identify which news media were present at that time?

Dr. PERRY. No, sir; there were numerous people in the room. I would estimate maybe a hundred.

Mr. SPECTER. What doctors spoke at that press conference?

Dr. PERRY. Dr. Clark and I answered the questions.

Mr. SPECTER. Who spoke first as between you and Dr. Clark?

Dr. PERRY. I did.

Mr. SPECTER. Would you state as specifically as you can the questions which were asked of you at that time and the answers which you gave?

Dr. PERRY. Mr. Specter, I would preface this by saying that, as you know, I have been interviewed on numerous occasions subsequent to that time, and I cannot recall with accuracy the questions that were asked. They, in general, were similar to the questions that were asked here. The press were given essentially the same, but in no detail such as have been given here. I was asked, for example, what I felt caused the President's death, the nature of the wound, from whence they came, what measures were taken for resuscitation, who were the people in attendance, at what time was it determined that he was beyond our help.

Mr. SPECTER. What responses did you give to questions relating to the source of the bullets, if such questions were asked?

Dr. PERRY. I could not. I pointed out that both Dr. Clark and I had no way of knowing from whence the bullets came.

Mr. SPECTER. Were you asked how many bullets there were?

Dr. PERRY. We were, and our reply was it was impossible with the knowledge we had at hand to ascertain if there were 1 or 2 bullets, or more. We were given, similarly to the discussion here today, hypothetical situations. "Is it possible that such could have been the case, or such and such?" If it was possible that there was one bullet. To this, I replied in the affirmative, it was possible and conceivable that it was only one bullet, but I did not know.

Mr. SPECTER. What would the trajectory, or conceivable course of one bullet have been, Dr. Perry, to account for the injuries which you observed in the President, as you stated it?

Dr. PERRY. Since I observed only two wounds in my cursory examination, it would have necessitated the missile striking probably a bony structure and being deviated in its course in order to account for these two wounds.

Mr. SPECTER. What bony structure was it conceivably?

Dr. PERRY. It required striking the spine.

Mr. SPECTER. Did you express a professional opinion that that did, in fact, happen or it was a matter of speculation that it could have happened?

Dr. PERRY. I expressed it as a matter of speculation that this was conceivable. But, again, Dr. Clark and I emphasized that we had no way of knowing.

Mr. SPECTER. Have you now recounted as specifically as you can recollect what occurred at that first press conference or is it practical for you to give any further detail to the contents of that press conference?

Dr. PERRY. I do not recall any specific details any further than that.

Representative FORD. Mr. Specter—was there ever a recording kept of the questions and answers at that interview, Dr. Perry?

Dr. PERRY. This was one of the things I was mad about, Mr. Ford. There were microphones, and cameras, and the whole bit, as you know, and during the course of it a lot of these hypothetical situations and questions that were asked to us would often be asked by someone on this side and recorded by someone on this, and I don't know who was recorded and whether they were broadcasting it directly. There were tape recorders there and there were television cameras with their microphones. I know there were recordings made but who made them I don't know and, of course, portions of it would be given to this group and questions answered here and, as a result, considerable questions were not answered in their entirety and even some of them that were asked, I am sure were misunderstood. It was bedlam.

Representative FORD. I was thinking, was there an official recording either made by the hospital officials or by the White House people or by any government agency?

Dr. PERRY. Not to my knowledge.

Representative FORD. A true recording of everything that was said, the questions asked, and the answers given?

Dr. PERRY. Not to my knowledge.

Mr. DULLES. Was there any reasonably good account in any of the press of this interview?

Dr. PERRY. No, sir.

Representative FORD. May I ask—

Dr. PERRY. I have failed to see one that was asked.

Representative FORD. In other words, you subsequently read or heard what was allegedly said by you and by Dr. Clark and Dr. Carrico. Were those reports by the news media accurate or inaccurate as to what you and others said?

Dr. PERRY. In general, they were inaccurate. There were some that were fairly close, but I, as you will probably surmise, was pretty full after both Friday and Sunday, and after the interviews again, following the operation of which I was a member on Sunday, I left town, and I did not read a lot of them, but of those which I saw I found none that portrayed it exactly as it happened. Nor did I find any that reported our statements exactly as they were given. They were frequently taken out of context. They were frequently mixed up as to who said what or identification as to which person was who.

Representative FORD. This interview took place on Sunday, the 24th, did you say?

Dr. PERRY. No, there were several interviews, Mr. Ford. We had one in the afternoon, Friday afternoon, and then I spent almost the entire day Saturday in the administrative suite at the hospital answering questions to people of the press, and some medical people of the American Medical Association. And then, of course, Sunday, following the operation on Oswald, I again attended the press conference since I was the first in attendance with him. And, subsequently, there was another conference on Monday conducted by the American Medical Association, and a couple of more interviews with some people whom I don't even recall.

Representative FORD. Would you say that these errors that were reported were because of a lack of technical knowledge as to what you as a physician were saying, or others were saying?

Dr. PERRY. Certainly that could be it in part, but it was not all. Certainly a part of it was lack of attention. A question would be asked and you would incompletely answer it and another question would be asked and they had gotten what they wanted without really understanding, and they would go on and it would go out of context. For example, on the speculation on the ultimate source of bullets, I obviously knew less about it than most people because I was in the hospital at the time and didn't know the circumstances surrounding it until it was over. I was much too busy and yet I was quoted as saying that the bullet, there was probably one bullet, which struck and deviated upward which came from the front, and what I had replied was to a question, was it conceivable that this could have happened, and I said yes, it is conceivable.

I have subsequently learned that to use a straight affirmative word like "yes" is not good relations; that one should say it is conceivable and not give a straight yes or no answer.

"It is conceivable" was dropped and the "yes" was used, and this was happening over and over again. Of course, Dr. Shires, for example, who was the professor and chairman of the department was identified in one press release as chief resident.

Mr. DULLES. As what? I didn't get it.

Dr. PERRY. As chief resident. And myself, as his being my superior, whereas Dr. Ronald Jones was chief resident of course, nothing could be further from the truth in identifying Dr. Shires as chief resident. I was identified as a resident surgeon in the Dallas paper. And I am not impressed with the accuracy of the press reports.

Mr. McCLOY. I don't know whether you have covered this very well. Let me ask you about the wound, the wound that you examined in the President's neck.

You said that it would have been tolerable. Would his speech have been impaired?

Dr. PERRY. No, sir; I don't think so. The injury was below the larynx, and certainly barring the advent of any complication would have healed without any difficulty.

Mr. McCLOY. He would have had a relatively normal life?

Dr. PERRY. Yes, sir.

Mr. McCLOY. Did you, any other time, or other than the press conference or any other period, say that you thought this was an exit wound?

Dr. PERRY. No, sir; I did not.

Mr. McCLOY. When the President was brought, when you first saw the President, was he fully clothed, or did you cut the clothing away?

Dr. PERRY. Not at the time I saw him. Dr. Carrico and the nurses were all in attendance, they had removed his coat and his shirt, which is standard procedure, while we were proceeding about the examination, for them to do so.

Mr. McCLOY. But you didn't actually remove his shirt?

Dr. PERRY. No, sir; I did not.

Mr. McCLOY. Did you get the doctor's experience with regard to gunshot wounds?

Mr. SPECTER. Yes, sir; I did.

Mr. McCLOY. You said something to the effect that, of knowing the President had an adrenalin insufficiency, is that something you could observe?

Dr. PERRY. This is common medical knowledge, sir, that he had had in the past necessarily taken adrenalin steroids to support this insufficiency. Dr. Carrico, at this moment of great stress, recalled this, and requested this be given to him at that time, this is extremely important because people who have adrenalin insufficiency are unable to mobilize this hormone at the time of any great stress and it may be fatal without support from exogeneous drugs.

Mr. McCLOY. In other words, you had a general medical history of the President before he was—common knowledge.

Dr. PERRY. No more so than anyone else, sir, except this would have stuck with us, sir, since they were already in that line.

Mr. McCLOY. Did you discuss with any of the other doctors present, and you named quite a number of them, as to whether this was an exit wound or an entrance wound?

Dr. PERRY. Yes, sir; we did at the time. But our discussion was necessarily limited by the fact that none of us knew, someone asked me now—you must remember that actually the only people who saw this wound for sure were Dr. Carrico and myself, and some of the other doctors were quoted as saying something about the wound which actually they never said at all because they never saw it, because on their arrival I had already made the incision through the wound, and despite what the press releases may have said neither Dr. Carrico nor myself could say whether it was an entrance or an exit wound from the nature of the wound itself and Dr. McClelland was quoted, for example, as saying he thought it was an exit wound, but that was not what he said at all because he didn't even see it.

Mr. McCLOY. And it is a fact, is it not, that you did not see what we now are supposed to believe was the entrance wound?

Dr. PERRY. No, sir; we did not examine him. At that time, we attended to the matters of expediency that were life-saving and the securing of an adequate airway and the stanching of massive hemorrhage are really the two medical emergencies; most everything else can wait, but those must be attended to in a matter of minutes and consequently to termination of treatment I had no morbid curiosity, my work was done, and actually I was rather anxious to leave.

Mr. McCLOY. That is all.

Mr. SPECTER. Yes.

(Discussion off the record.)

Mr. DULLES. I suggest, Mr. Specter, if you feel it is feasible, you send to the doctor the accounts of his press conference or conferences.

And possibly, if you are willing, sir, you could send us a letter, send to the Commission a letter, pointing out the various points in these press conferences where you are inaccurately quoted, so we can have that as a matter of record.

Is that feasible?

Dr. PERRY. That is, sir.

Would you prefer that each clipping be edited individually or a general statement?

Mr. DULLES. Well, I think it would be better to have each clipping dealt with separately. Obviously, if you have answered one point in one clipping it won't be necessary to answer that point if it is repeated in another clipping.

Dr. PERRY. Yes, sir.

Mr. DULLES. Just deal with the new points.

Dr. PERRY. I can and will do this.

Representative FORD. This would be where Dr. Perry is quoted himself, or Dr. Carrico, or anyone else, they would only pass judgment on the quotes concerning themselves.

Mr. DULLES. That would be correct.

Dr. PERRY. Yes, because some of the other circumstances in some of the press releases which have come to my attention have not been entirely accurate either, regarding sequence of events, and although I would not have knowledge about those you would not want those added necessarily, just any statement alluded to have been made by me.

Mr. DULLES. I think that would be better.

Don't you think so, Mr. Chairman?

Representative FORD. I think it would be the proper procedure.

Is this a monumental job, Mr. Specter?

Mr. SPECTER. No, I think it is one which can be managed, Congressman Ford. I might say we have done that with some of the clippings.

There was an article, as the deposition records will show when you have an opportunity to review them, they have not been transcribed, as to an article which appeared in La Expres, statements were attributed to Dr. McClelland—

Mr. DULLES. Which paper?

Mr. SPECTER. A French paper, La Expres. And I questioned the doctors quoted therein and developed for the record what was true and what was false on the statements attributed to them, so we have undertaken that in some circles but not as extensively as you suggest as to Dr. Perry, because we have been trying diligently to get the tape records of the television interviews, and we were unsuccessful. I discussed this with Dr. Perry in Dallas last Wednesday, and he expressed an interest in seeing them, and I told him we would make them available to him prior to his appearance, before deposition or before the Commission, except our efforts at CBS and NBC, ABC and everywhere including New York, Dallas and other cities were to no avail.

The problem is they have not yet cataloged all of the footage which they have, and I have been advised by the Secret Service, by Agent John Howlett, that they have an excess of 200 hours of transcripts among all of the events and they just have not cataloged them and could not make them available.

Mr. DULLES. Do you intend to catalog them?

Mr. SPECTER. Yes, they do, Mr. Dulles. They intend to do that eventually in their normal process, and the Secret Service is trying to expedite the news media to give us those, and it was our thought as to the film clips, which would be the most direct or the recordings which would be the most direct, to make comparisons between the reports in the news media and what Dr. Perry said at that time, and the facts which we have from the doctors through our depositions and transcript today.

Representative FORD. Can you give us any time estimate when this catalog and comparison might be made?

Mr. SPECTER. Only that they are working on it right now, have been for some time, but it may be a matter of a couple of weeks until they can turn it over.

(Discussion off the record.)

Mr. McCLOY. Mr. Chairman, I have some doubt as to the present propriety of making, of having the doctor make, comments in respect to a particular group of newspaper articles. There have been comments, as we all know, around the world, of great variety and great extent, and it would be practically impossible, I suppose, to check all of the accounts and in failing to check one would not wish to have it suggested that others, the accuracy of others was being endorsed.

I would suggest that the staff make an examination of the files that we have of the comments, together with such tape recordings as may have been taken of the actual press conferences, and after that examination is made we can then determine, perhaps a little more effectively, what might be done to clarify this

situation so that it would conform to the actual statements that the doctor has made.

Mr. DULLES. Well, Mr. McCloy, it is quite satisfactory with me and I agree with you we cannot run down all of the rumors in all of the press and it is quite satisfactory with me to wait and see whether we have adequate information to deal with this situation when we get in the complete tapes of the various television, radio and other appearances, so that we have a pretty complete record of what these two witnesses and others have said on the points we have been discussing here today.

So I quite agree we will await this presentation to the doctors until we have had a further chance to review this situation.

What I wanted to be sure was that when we are through with this we do have in our files and records adequate information to deal with a great many of the false rumors that have been spread on the basis of false interpretation of these appearances before television, radio, and so forth and so on.

Representative FORD. Is that all, Mr. Dulles, and Mr. McCloy?

Mr. DULLES. Yes.

Mr. McCLOY. May I ask at this point, did you examine Governor Connally, too?

Dr. PERRY. I was in the operating room briefly to see about his leg.

Mr. McCLOY. You haven't come to that point in your interrogation.

Mr. SPECTER. I did not.

Mr. McCLOY. I understood you to say you did examine Oswald.

Dr. PERRY. Yes, sir; I operated on Oswald.

Mr. SPECTER. Have you now described in general the press conferences in which you participated immediately after the treatment which you rendered to President Kennedy and following the treatment which you assisted in rendering to Mr. Oswald?

Dr. PERRY. To the best of my knowledge.

Mr. SPECTER. And did you make an effort to leave the area of Dallas immediately following the Monday after the weekend of the assassination and the killing of Oswald in an effort to get away from the press conferences?

Dr. PERRY. I left Monday afternoon approximately 3 o'clock.

Mr. SPECTER. Where did you go?

Dr. PERRY. I went to McAllen, Tex., to the home of my mother-in-law.

Mr. SPECTER. And how far is that from Dallas?

Dr. PERRY. About 560 miles.

Mr. SPECTER. Did you leave instructions as to revealing the destination that you set upon?

Dr. PERRY. No, only with Dr. Shires and my secretary.

Mr. SPECTER. And were you contacted by the press in McAllen?

Dr. PERRY. The following day.

Mr. SPECTER. And were your whereabouts given either by Dr. Shires or your secretary?

Dr. PERRY. No, it was not.

Mr. SPECTER. Will you relate briefly the sequence that followed in McAllen, Tex.

Dr. PERRY. The gentleman from UPI came out and knocked on the door, and I was quite surprised, not having told anyone where I was going, and I asked him if he would mind telling me how he found out how I was there, and looking back at it I was kind of naive, I went to a relative and told no one else. He had a wire in his hands which he showed me indicating it had come from the Dallas office, naming the place where I was, and the exact address, and who I was staying with.

Mr. SPECTER. Did he ask to take pictures of you?

Dr. PERRY. He did.

Mr. SPECTER. What was your response?

Dr. PERRY. This was denied.

Mr. SPECTER. And did he ask you questions?

Dr. PERRY. He did, essentially the same questions which I have reiterated as to the emergency treatment that was undertaken. He did not press the point as to the number of bullets or anything of that, and I told him I had no knowl-

edge of that. He only asked about the emergency measures I had taken and I related them to him as I have to you.

Mr. SPECTER. Subsequently, did an article appear about you in the Saturday Evening Post?

Dr. PERRY. It did.

Mr. SPECTER. Would you outline briefly the circumstances surrounding the appearance of that article as you felt them to be?

Dr. PERRY. We were contacted, not I directly but Dr. Shires, by the medical editor of the Saturday Evening Post, this was all related to me by Dr. Shires, in regard to a possible story. This was declined, since Dr. Shires and those of us in the department felt that the news value was gone and this was commercialism, and they told Dr. Shires, I am told, that they would not print anything.

However, an article appearing under a New York Herald Tribune uncopyrighted by-line apparently was subsequently acquired by them and published.

Mr. SPECTER. And was that article accurate, inaccurate, or what was the level of accuracy of the contents thereof?

Dr. PERRY. The level of accuracy was not very good at all. It was overly dramatic, garish and in poor taste, and ethically damaging to me.

Mr. SPECTER. In what way was it ethically damaging to you, Dr. Perry?

Dr. PERRY. As you know, it is our policy that the physician's name in the treatment of any patient be essentially kept quiet. There are unusual circumstances surrounding this one, of course, and our names were made public. But this mentions my name freely, published a photograph that apparently was taken of me at the press conference and had previously appeared in a newspaper, and a picture of the emergency room, trauma room No. 1, and although most of the people in the medical profession, I have subsequently been assured by the Society of Surgeons and AMA, that they realize I had no part in it, which is obvious to them because of the gross inaccuracies. Nonetheless it is harmful to me as a member of the faculty of the medical school to have such an article in print.

Mr. SPECTER. Dr. Perry, did you have occasion to discuss your observations with Comdr. James J. Humes of the Bethesda Naval Hospital?

Dr. PERRY. Yes, sir; I did.

Mr. SPECTER. When did that conversation occur?

Dr. PERRY. My knowledge as to the exact accuracy of it is obviously in doubt. I was under the initial impression that I talked to him on Friday, but I understand it was on Saturday. I didn't recall exactly when.

Mr. SPECTER. Do you have an independent recollection at this moment as to whether it was on Friday or Saturday?

Dr. PERRY. No, sir; I have thought about it again and the events surrounding that weekend were very kaleidoscopic, and I talked with Dr. Humes on two occasions, separated by a very short interval of, I think it was, 30 minutes or an hour or so, it could have been a little longer.

Mr. SPECTER. What was the medium of your conversation?

Dr. PERRY. Over the telephone.

Mr. SPECTER. Did he identify himself to you as Dr. Humes of Bethesda?

Dr. PERRY. He did.

Mr. SPECTER. Would you state as specifically as you can recollect the conversation that you first had with him?

Dr. PERRY. He advised me that he could not discuss with me the findings of necropsy, that he had a few questions he would like to clarify. The initial phone call was in relation to my doing a tracheotomy. Since I had made the incision directly through the wound in the neck, it made it difficult for them to ascertain the exact nature of this wound. Of course, that did not occur to me at the time. I did what appeared to me to be medically expedient. And when I informed him that there was a wound there and I suspected an underlying wound of the trachea and even perhaps of the great vessels he advised me that he thought this action was correct and he said he could not relate to me any of the other findings.

Mr. SPECTER. Would you relate to me in lay language what necropsy is?

Dr. PERRY. Autopsy, postmortem examination.

Mr. SPECTER. What was the content of the second conversation which you had with Comdr. Humes, please?

Dr. PERRY. The second conversation was in regard to the placement of the chest tubes for drainage of the chest cavity. And I related to him, as I have to you, the indications that prompted me to advise that this be done at that time.

Mr. SPECTER. Dr. Perry, did you observe any bruising of the neck muscles of President Kennedy when you were engaged in your operative procedure that you have described?

Dr. PERRY. This bruising, as you describe, would have been obscured by the fact that there was a large amount of blood, hematoma, present in the neck and the mediastinum and hence all the blood tissues were covered by this blood.

Mr. SPECTER. A few moments ago in response to a question by Mr. McCloy I believe you commented that, as you recollected it, very few of the doctors would have had an opportunity to observe the hole in the President's neck and I think you said that only you and Dr. Carrico would have had such an opportunity. Can you state, with absolute certainty, at which point the various doctors arrived in the room? And bear in mind on this that while you have not had the opportunity to review the depositions, some of the other doctors have expressed the view that they have had an opportunity to see the wound. Specifically, Dr. M. T. Jenkins said in a deposition that he did see the wound, and I have not had an opportunity to ask you that question before, because you made the comment during the course of the testimony today.

But I would like your comment on, in your opinion, whether the other doctors would have had an opportunity, perhaps, to observe the neck wound prior to the tracheotomy?

Dr. PERRY. Since I don't know with accuracy the exact times of their arrival, it is conceivable that others could have seen it. And Dr. Jenkins was apparently one of the early arrivals in the room.

However, at the time that I arrived, as I related, Dr. Carrico was present and Dr. Jones and I. Dr. Jones immediately directed himself toward obtaining another intravenous infusion, and I immediately went to the neck wound. At the time of arrival of the other surgeons which assisted me in the operation, I had already made the incision.

Dr. Jenkins could have arrived at the time that I was preparing to make the incision and seen the wound. It is possible, I don't know when he came in the room. I know he did not examine the wound per se.

Mr. SPECTER. And similarly Dr. Jones has commented in the course of his deposition about the situation with respect to the wound in the neck.

Based on your observations, would it be consistent with what you know to be fact that he had an opportunity to examine the neck wound?

Dr. PERRY. I know he might have seen it because he and I entered the room simultaneously, we came down together. To my knowledge, he did not examine the wound although he might have noted the wound present as I went to work.

Mr. SPECTER. Specifically what did he do then as you went to work?

Dr. PERRY. He was standing immediately on my left at that point, doing a venesection, a cut down in the left arm for the administration of fluids so he was able to observe the performance of the tracheotomy.

Mr. SPECTER. In your opinion, Dr. Perry, was President Kennedy alive or dead on arrival at Parkland?

Dr. PERRY. The President was alive in that spontaneous ineffective respiratory motions were observed by me, and although I never detected a pulse or a heartbeat, I was told there was also electrical activity on the cardiograph when it was initially attached indicating there was spontaneous activity of the heart.

He was, therefore alive for medical purposes.

Mr. SPECTER. Who told you about the electrical activity on the cardiograph?

Dr. PERRY. Dr. Clark.

Mr. SPECTER. Was any bullet found by you or by any other doctor at Parkland in the President's body?

Dr. PERRY. I found none. To the best of my knowledge neither did anyone else.

Mr. SPECTER. Was the President ever turned over at any time?

Dr. PERRY. Not by me nor did I see it done.

Mr. SPECTER. Were you present as long as any other doctor was present in the emergency room?

Dr. PERRY. No, sir; I think that at the time that I left trauma room number one, I went outside, and washed my hands, and I opened the door briefly to retrieve my coat which I had left there on the floor and the nurse handed me my coat.

At that time as I recall Doctor Jenkins was still in the room and there were several other people there including Mrs. Kennedy and the priest, and some gentlemen whom I did not know.

Mr. SPECTER. Now, did you make any effort to examine the clothing of President Kennedy?

Dr. PERRY. I did not.

(At this point, Representative Boggs entered the hearing room.)

Mr. SPECTER. Why was it, Dr. Perry, that there was no effort made to examine the clothing of President Kennedy and no effort to turn him over and examine the back of the President?

Dr. PERRY. At the termination of the procedure and after we had determined that Mr. Kennedy had expired, I cannot speak for the others but as for myself, my work was done. I fought a losing battle, and I actually obviously, having seen a lot of wounds, had no morbid curiosity, and actually was rather anxious to leave the room. I had nothing further to offer.

Mr. SPECTER. With the President having been declared dead, did you consider it was your function to make any further exploration of the President's body?

Dr. PERRY. This is not my function or my prerogative. This would be undertaken by suitable authorities at the time of postmortem, people with experience superior to mine in determining things of this sort.

Mr. SPECTER. Where was Mrs. Kennedy, if you know, during the course of the treatment which you have described that you performed?

Dr. PERRY. I had the initial impression she was in the room most of the time although I have been corrected on this. When I entered the room she was standing by the door, rather kneeling by the door, and someone was standing there beside her. I saw her several times during the course of the resuscitative measures, when I would look up from the operative field to secure an instrument from the nearby tray.

Mr. DULLES. Under your procedure who had the responsibility for declaring that the President was dead?

Dr. PERRY. This was a combination of factors, Mr. Dulles, undertaken by those of us all in attendance, by Dr. Clark and Dr. Jenkins and myself particularly since we were the senior people there.

I was informed subsequently that Mrs. Kennedy left the room several times to just outside the door but returned although as I say, I saw her several times in the room. I did not speak to her nor she to me so I do not have any knowledge as to exactly what she was doing.

Mr. SPECTER. Did you observe any wound in the President's chest?

Dr. PERRY. I did not.

Mr. SPECTER. Did you observe any wound on the left side of the President's head?

Dr. PERRY. No, sir.

Mr. SPECTER. Have you heretofore during the course of your testimony today described all of the wounds in the President which you have observed?

Dr. PERRY. I have.

Mr. SPECTER. Were you and the other doctors affected, in your opinion, in your treatment of the President by virtue of the fact that he was the President of the United States?

Dr. PERRY. Yes, sir; I am sure that is true. At the time that I was going down the stairs to the emergency room I was, of course, quite concerned, not

knowing any of the circumstances surrounding the incident nor in what condition I would find him, and at the time that I entered the room, and it was my initial impression that he had a mortal wound.

At that point I directed myself to doing that which I could do and, of course, the time then became quite compressed during the course of the procedures and it was really not until afterwards that the full impact of what had happened began to hit me.

Mr. SPECTER. Did you have any occasion to render any treatment to Governor Connally at Parkland Hospital?

Dr. PERRY. I saw the Governor in regard to the consultation in regard to the injury to his leg. As I related earlier I am consultant in vascular surgery to the hospital, and the estimated course of the missile in his leg presupposed that he might have an injury to his femoral artery or vein and Dr. Shires asked me if I would put on a scrub suit and come to the operating room to assist in case it was necessary to do some arterial surgery.

It was not, however, so I did not operate.

Mr. SPECTER. At what time approximately did you arrive at the operating room where Governor Connally was being cared for?

Dr. PERRY. I don't know, sir.

Mr. SPECTER. Was it during the course of the operation performed by Dr. Shires?

Dr. PERRY. Yes, At that time I was there during the time Dr. Shires was there and Dr. Gregory was also operating on the arm at that point. Dr. Shaw had completed his portion of the procedure.

Mr. SPECTER. That would have been after the press conference had been completed?

Dr. PERRY. Yes, sir.

Mr. SPECTER. Did you have occasion to render medical aid to Lee Harvey Oswald on November 24?

Dr. PERRY. I did.

Mr. McCLOY. Before you get to that may I get clear, Dr. Shires and Dr. Gregory were in attendance?

Mr. SPECTER. Dr. Shaw in addition.

Dr. PERRY. Yes, and Shaw.

Mr. McCLOY. Shaw, Shires and Gregory?

Doctor PERRY. S-h-i-r-e-s.

Representative BOGGS. Before you get to Oswald may I ask one question? I am sure the doctor covered it. You said the minute you saw the President you felt he had suffered a mortal wound?

Dr. PERRY. Yes, sir.

Representative BOGGS. You saw the wound immediately then?

Dr. PERRY. Well, I saw his condition immediately, and as you are aware, I have attended a lot of people with severe injuries.

Representative BOGGS. Surely.

Dr. PERRY. And he obviously was in extremis when I walked in the room. And then I noted very cursorily the wound in the head and it was obvious that this was an extremely serious wound.

Representative BOGGS. Was he still alive when you saw him?

Dr. PERRY. He was.

Representative BOGGS. That is all.

Representative FORD. May I ask, Mr. Specter, during the total time that you were examining and treating the President, how much of his exposed body did you see?

Dr. PERRY. The upper trunk predominantly, Congressman Ford. His chest, and, of course, his arms were bare, neck and head. I did not examine any other portions of his body nor did I see any other portions except briefly when I felt for the femoral pulse on the left side.

Representative FORD. From the waist on up the front?

Dr. PERRY. Yes, sir.

Mr. SPECTER. Would you describe the treatment rendered to Mr. Oswald at Parkland Memorial Hospital by yourself and by others as you observed it?

Dr. PERRY. At the time I saw—starting with when I was called?

Mr. SPECTER. Yes.

Dr. PERRY. Well, I went immediately to the emergency room again, Dr. Jones and I who also was in the hospital again, and told me that I was the only attending surgeon present, and that they were bringing Mr. Oswald out, and I was in the surgery suite and I went directly to the emergency room just as he was being brought indoors.

Mr. SPECTER. At approximately what time was that?

Dr. PERRY. I really don't know, sir. It was about 11:15 or so when I was up in surgery. I had been seeing a baby in regard to an operation we had scheduled at 1 o'clock and then Dr. Jones came after me.

Mr. SPECTER. How long did it take you approximately to travel from the point where you received the notice that he was en route until your arrival at the emergency room?

Dr. PERRY. No more than 2 or 3 minutes.

Mr. SPECTER. And you say you arrived there simultaneously with Mr. Oswald?

Dr. PERRY. Just as he came in.

Mr. SPECTER. Precisely where in the hospital was it where you met Mr. Oswald?

Dr. PERRY. He was brought into the emergency room, trauma room number two, and as they wheeled him in I came around the corner.

Mr. SPECTER. What action did you take with respect to Mr. Oswald?

Dr. PERRY. Well, there were numerous people in attendance, more so than on the previous incident on Friday. He also obviously was quite seriously injured. He was cyanotic, very blue and although he also was attempting respirations, they were not effective, and an endotracheal tube was placed in him by one of the anesthesiologists, I think Dr. Jenkins, and I examined his chest and noted the entrance point of the bullet wound on the left side and I could feel the bullet just under the skin on the right side, right rear margin, indicating the bullet had passed entirely through his body and come to rest under the skin.

Mr. SPECTER. Where through his body?

Dr. PERRY. I beg your pardon sir, the bullet entered approximately the midaxillary line at about the 9th or 10th interspace on the left side of the chest cage, and came to rest just under the rib margin on the right side under the skin.

Mr. SPECTER. Could you supply in lay language what cyanotic means?

Dr. PERRY. Blue from lack of oxygen.

Mr. SPECTER. Could you explain in lay language the midaxillary line?

Dr. PERRY. It is about the mid portion of the fold extending down from the armpit on the left. This is just rough because I glanced at that briefly and determined the nature of the path of the bullet and from looking at him it was obvious that this had traversed major structures in his body in order to reach that particular place, so while a cutdown was being done again to administer fluid, I asked someone to put in a left chest tube on him because it appeared it went in and I recalled surgery until they were bringing him directly up.

Dr. Tom Shires, Chief of the Surgical Services, came into the door at a point and Dr. McClelland, and we left and went to surgery to change clothes and they brought him from there immediately to surgery and we proceeded with the operation.

Mr. SPECTER. Who was present, if anyone, with Mr. Oswald at the time you arrived there?

Dr. PERRY. In the emergency room?

Mr. SPECTER. Yes.

Dr. PERRY. Dr. Jenkins was there, Dr. M. T. Jenkins, Chief of Anesthesiology. I think Dr. Giesecke was also there again, although I am not sure of that. I saw Dr. Risk who is a resident in urology and I saw Dr. Dulany who is a resident in surgery. Dr. Boland, I believe who is a resident in thoracic surgery and, of course, Dr. Jones and myself, and there were several other people, the nurses, I don't recall.

Mr. SPECTER. Will you describe briefly the physical layout utilized in taking

Mr. Oswald from trauma room number two which you have already described up to the operating room?

Dr. PERRY. We have an express elevator that connects delivery room, operating room, emergency room and it is approximately 20 yards from trauma room two, I would estimate, just around the corner, in an even corridor and although I was not there as they took him up, I was in the operating room preparing and scrubbing, he was wheeled directly there to the express elevator and taken to the second floor where the operating suites are.

Mr. SPECTER. Approximately how long does it take to get a patient from the trauma room up to the operating room?

Dr. PERRY. It depends on a lot of factors. One is if the elevator is there or not or if it happens to be in surgery or in the delivery room. But I have on occasion where it was necessary that you must go with all dispatch to the operating room, have done it in a matter of a few minutes.

They brought him right in the door, placed him on the elevator with a finger controlling the hemorrhage where you could take him directly to the operating room. I have done that in a matter, I am sure, of less than 3 or 4 minutes if I had to.

Mr. SPECTER. Approximately how long did it take to get Oswald from trauma room two to the operating room?

Dr. PERRY. I don't know, I was told subsequently it was 12 minutes from the time we had him up. And—

Representative Boggs. How long was it from the time he was shot until he reached the hospital?

Dr. PERRY. I have no knowledge of that, sir.

Representative Boggs. Do you know?

Mr. SPECTER. No; I don't know.

Mr. DULLES. Was he conscious at any time so far as you know?

Dr. PERRY. No, sir; he did not say a word.

Mr. DULLES. He was not conscious?

Dr. PERRY. No, sir; and even had he been, of course, once we had the endotracheal tube in he could not have spoken.

Mr. SPECTER. Who was in charge of the operation performed on Mr. Oswald?

Dr. PERRY. Dr. Tom Shires.

Mr. SPECTER. Who was in assistance with Dr. Shires?

Dr. PERRY. I first assisted Dr. Shires and then Ronald Jones and Dr. McClelland were also at the operation.

Mr. SPECTER. Will you describe the operative procedures employed on Mr. Oswald please?

Dr. PERRY. Yes. From the nature of the trajectory of the wound and the nature of the path of the bullet on the other side it was obvious that it had traversed major vessels, the aorta and vena cava. The aorta and vena cava, the heart area, and then a midline incision was made. A rapid prep with iodine was done, the patient was draped. An incision was carried rapidly into the abdominal cavity at which time we noticed approximately 3 litres of free blood which is an excess of three quarts. This was removed by suction, lap packs and by just moving it out in the form of clots with the hands. It was noted there was considerable bleeding appearing in both the right upper and left upper quadrants of the body. There was a large hematoma retroperitoneally in the midline also, causing the bowels to be pushed forward rather strikingly.

We immediately dissected over the portal vein on the right since it was apparently injured, and placed a vascular occlusive clamp of the Sittinsky type in this area to control the bleeding. Noted an injury to the right kidney and to the lobe of the liver. We also noted there was an injury to the stomach, the pancreas, the spleen. At that point it became apparent that he had indeed struck major vessels, and appeared to be the aorta, so the left colon was reflected very rapidly in order to allow us to enter the space behind the intestines, the retroperitoneal space, and at that point I controlled the bleeding from the aorta by finger pressure below and above this area.

The bullet had knocked the superior mesenteric artery completely off the aorta exposing a large area.

After I had controlled the bleeding Dr. Shires was able to dissect around the

area sufficient to allow us to gain control of the aorta, superior mesenteric artery and the vena cava and the placement of vascular clamps across these vessels in order to stop the hemorrhage.

At this point, he was being given blood and, of course, the suitable anesthesia measures which were oxygen under pressure. He did not require an anesthetic agent, I am told.

Mr. SPECTER. Who told you that, Dr. Perry?

Dr. PERRY. I think one of the residents did, one of the anesthesia residents. We at that point had restored his blood pressure. I don't know the exact recordings, but I was told subsequently it had returned to near normal levels since we had the bleeding controlled.

Mr. SPECTER. What was the situation with respect to his respiration at that time?

Dr. PERRY. It was being assisted and controlled, of course, by anesthesiology. This was no problem. We had a tube in place and was breathing for him so he had no problem with respiration. This was completely under control of anesthesia. The blood pressure was controlled and we stopped for a moment to determine how we would best go about repairing the structures and which would have priority, all the bleeding had stopped but, as I recall, the clamping of the aorta at the level of the superior mesenteric artery means, of course, that you must prevent blood from entering the kidneys, and this in itself can be hazardous if extended, and therefore we decided this must be repaired immediately in order to restore blood into the kidneys and the lower portion of the body.

Then Dr. Jenkins informed me and Dr. Shires that his cardiac action was becoming weak, and I don't remember all the details surrounding the medications and the things that were done at this particular time, but he developed a backward cardiac failure, his heart slowed abruptly and the blood pressure fell again and it was apparent the tremendous blood loss he had had set the stage for irreversible shock and lack of pumping action from the heart although he was being given massive transfusions, I don't know the exact number, probably he had 10 or 12 units. I believe it is in the record.

At this point when they told me a cardiac arrest had occurred as a result of the hemorrhage and blood loss I took a knife and opened the left chest in the fourth interspace and reached in to massage his heart, and the heart was flabby, and dilated, and apparently contained very little blood.

I began to massage the heart, to maintain it as we infused the blood and was able to obtain a palpable pulse in the carotid vessels going to the neck and into the head. We were unable to get the heart to go, and it began to fibrillate which is an uncoordinated motion of the muscles of the heart itself and the successive electrical shocks were applied with the defibrillator and to stimulate heart action, and we failed in this and the cardiac pacemaker was sewn in place, and it was handed to me by the thoracic surgery resident, and I sewed it into the heart to artificially induce heart action, this also was without benefit.

We were never able to restore effective heart action and then Dr. Jenkins informed us neurologically he was not responding, that his reflexes were gone, and he felt that he had expired.

Mr. SPECTER. At approximately what time did that occur?

Dr. PERRY. I don't know, Mr. Specter, I would have to look at the record.

Mr. SPECTER. At approximately how long after he arrived at the hospital did that occur?

Dr. PERRY. I don't know that, either.

Mr. SPECTER. Can you approximate the length of time of the operation itself?

Dr. PERRY. 45 minutes or so, I would say.

Mr. SPECTER. Is there any question but that he was alive during the course of your operative procedures?

Dr. PERRY. Oh, no, no question. The fact is we were very close, I think, to winning the battle. We have seen injuries of this magnitude, they rarely survive, this is a very serious injury and to the best of my knowledge I have not seen anyone with this particular set of injuries survive. But at one point once we controlled the hemorrhage and once I had control of the aorta and was

able to stop the bleeding of that area I actually felt we had a very good chance since everything had proceeded with expediency.

Mr. SPECTER. Have you been interviewed by any representative of the Federal Government in connection with your treatment of President Kennedy, Dr. Perry?

Dr. PERRY. Yes, I have.

Mr. SPECTER. By whom were you interviewed?

Dr. PERRY. I regret that I do not recall their names. I was interviewed by two gentlemen from the Secret Service approximately the following week, as I recall, and again about a month ago.

Mr. SPECTER. And what questions were asked of you on the first interview by the Secret Service?

Dr. PERRY. Essentially in regard to the treatment and once again speculation as to where the bullets might have originated and what the nature of the wounds were and I was unable to supply them with any adequate information.

Mr. SPECTER. Were the responses given by you to the Secret Service on that first interview essentially the same as you have given today?

Dr. PERRY. With minor variations in wording, they are essentially the same.

Mr. SPECTER. Approximately when did the second interview occur with the Secret Service?

Dr. PERRY. I think approximately a month ago, although I am not sure of that.

Mr. SPECTER. What was the content of that interview?

Dr. PERRY. A gentleman identified himself as being connected with the Warren Commission and Secret Service. I asked for his credentials which he duly supplied and he asked me in regard to any further information I might have pertaining to the events of that weekend, and we reiterated some of these statements which I made previously, and since I had nothing more to add, why it was terminated.

Mr. SPECTER. Did you supply any information which was in any way different from that which you have testified to here today?

Dr. PERRY. In essence; no, sir.

Mr. SPECTER. On the second interview, did the man identify himself to you as a Secret Service agent who was conducting a further inquiry at the request of the President's Commission?

Dr. PERRY. Yes, sir; he said he was with the Warren Commission.

Mr. SPECTER. Did I discuss the facts within your knowledge or take your deposition in Dallas on Wednesday, March 25, 1964?

Dr. PERRY. Yes.

Mr. SPECTER. And was the information which you provided at that time in advance of the deposition and during the course of the deposition itself the same as the information which you provided here today concerning the treatment of President Kennedy, your observations and opinions on President Kennedy?

Dr. PERRY. It is.

Mr. SPECTER. Have I made that transcript available to you this morning before we started this testimony?

Dr. PERRY. Yes.

Mr. SPECTER. Have you at any time changed any opinion which you held concerning any matter relating to President Kennedy?

Dr. PERRY. No, sir.

Mr. SPECTER. Did you prepare a handwritten report on your care of President Kennedy which became part of the record of Parkland Hospital?

Dr. PERRY. I did.

Mr. SPECTER. Which you identified during the course of the deposition proceeding as being your report?

Dr. PERRY. Yes, that is correct.

Mr. SPECTER. Do you have any other notes of your own relating to any of the matters which you testified here today?

Dr. PERRY. None.

Mr. McCLOY. What was the condition of, general physical condition, apart from the wounds, of Oswald, as you observed him? Was his body healthy?

Dr. PERRY. I made only a very cursory examination, Mr. McCloy. He appeared rather thin to me.

Mr. McCLOY. Not, you wouldn't call him a muscular type?

Dr. PERRY. No, he would be what we would describe as a thinnish individual, that is very thin; was wiry rather than bulky muscles.

Mr. McCLOY. Were there any signs that you observed cursorily, symptoms of any prior disease?

Dr. PERRY. No, I did not look for those.

Mr. DULLES. No distinguishing marks on the body that you saw, prior operations?

Dr. PERRY. No, sir; I did not look. There was no evidence of previous surgical operation on his abdomen, and I didn't examine anything else.

Of course, this also can be missed unless you are looking for it. We went through the midline and unless one went looking for it we did not have time and we would not see it.

Mr. SPECTER. Dr. Perry, was the chest tube inserted in the President's chest abandoned or was that operation or operative procedure completed?

Dr. PERRY. The chest tube, to be placed there, was supposedly placed into the pleural cavity. However, I have knowledge that it was not.

Mr. SPECTER. And what was the reason for its not being placed into the plueral cavity?

Dr. PERRY. I did not speak with certainty but at that point I think that we were at the end of the procedure and they just did not continue with it.

Mr. SPECTER. Had it become apparent at that time that the President expired?

Dr. PERRY. That, I think, is probably true, but I did not state that with certainty because I cannot state the exact sequence. I was employed myself at the time, and I think if it had been determined that this was not in, it would have been completed, if there was still time, but I am not sure of that. That is speculation.

Mr. SPECTER. With respect to the condition of the neck wounds, was it ragged or pushed out in any manner?

Dr. PERRY. No, it was not. As I originally described it, the edges were neither cleancut, that is punched out, nor were they very ragged. I realize that is not a very specific description but it is in between those two areas.

Mr. SPECTER. Was there blood in that area which tended to obscure your view?

Dr. PERRY. It was exuding blood during that procedure and thus I did not examine it very closely. In retrospect, I think it would have been of much more value had I looked at these things more carefully but I had directed my attention to other things.

Mr. SPECTER. Those complete my questions.

Representative FORD. Mr. McCloy?

Mr. Dulles?

Have you examined the autopsy report made by the officials in Bethesda?

Dr. PERRY. Yes, sir, I have.

Representative FORD. Does your testimony conform to the facts stated in that report?

Dr. PERRY. I think so. At the time the testimony which I have given here of my knowledge without the—was given the same as it was without the basis of that report. But now having had access to that report, I think it ties in very nicely. I see no discrepancies at all. For example, had I known that he had these other two wounds, it would have been much easier at the time to state a little more categorically about the trajectory of the missiles, but not knowing about those I could only speculate.

Representative FORD. There is no basic conflict between what you have testified to or what you have said previously, and the autopsy report?

Dr. PERRY. None at all.

Representative BOGGS. Just one question. I presume this question has been asked.

This neck wound, was there any indication that that wound had come from the front?

Dr. PERRY. There is no way to tell, sir, for sure. As you may recall, passage of a high velocity missile, the damage it does, is dependent on two factors, actually, one being deformation of the missile, increase in its relative caliber, and the other the expending of the energy of that missile in the object it strikes.

For example, the energy used to carry the missile beyond the object that it struck is obviously not going to cause much of an injury. If there is a missile of relatively high velocity, although I consider this a medium velocity weapon, that the missile for entrance or exit had the bullet not been deformed would not be substantially different, had it not been deformed nor particularly slowed in its velocity.

Representative Boggs. By that, you mean it would be difficult to determine the point of exit and the point of entrance under those circumstances?

Dr. PERRY. Yes, sir; unless one were able to ascertain the trajectory. If you could, for example, make check points between what the missile might have struck, then you could ascertain trajectory. But with a relatively high velocity missile, this also is difficult due to the amount of blast injury which occurs in enclosed tissues, similar to those I am sure you have seen to those discussed, so blast injury can be an area remote from the exact passage of the missile itself.

Representative Boggs. Of course, your main concern was to try to save the President's life and not—

Dr. PERRY. Yes, sir; it actually never occurred to me until all the questions began to come, and I was ill-prepared to meet them, but it never occurred to me that, to investigate, because I was busy, and I have done these types of things many times.

It just never occurred to me to look into it until afterwards.

Representative Ford. Any questions, Dean Storey?

Mr. STOREY. No, thank you, sir.

Representative Ford. Mr. Murray?

Mr. MURRAY. No.

Mr. DULLES. I have one more question I would like to ask.

Did you know anything about the spent bullet that was found on, I don't know what you call it—the litter?

Dr. PERRY. On the carriage?

Mr. DULLES. On the carriage.

Dr. PERRY. My first knowledge of that was one of the newspaper publications had said there was a bullet found there. I don't know now whether it was or was not. I didn't find it.

Mr. SPECTER. May I say, Mr. Dulles, on that subject, I took several depositions on that subject in the Dallas Hospital and I think we have a reasonably conclusive answer on that question; and, in fact, it came from the stretcher of Governor Connally.

Dr. PERRY. They were quoted as having removed a bullet from Governor Connally's leg, the press quoted that, but a bullet was not removed from Governor Connally's leg.

Mr. SPECTER. There was no bullet removed from Governor Connally's leg, but there was a wound there, but there was a very small fragment embedded in the femur, as the deposition of Drs. Shaw, Shires, and Gregory will show. But the bullet was found on a stretcher and the question arose as to whose stretcher it was, and we have traced the two stretchers in a way so as to exclude the possibility of its being the stretcher on which President Kennedy was carried, and we have traced the path of Governor Connally's stretcher and have narrowed it to two stretchers. And the bullet came off of one of the two stretchers, so that, through the circumstances of the facts, it is reasonably conclusive that it came from the stretcher of Governor Connally.

Representative Ford. How long did it take you to go from where you were when the page came to get down to trauma room No. 1?

Dr. PERRY. A matter of no more than a minute or so, Congressman Ford. It is down one flight of stairs and the door is almost immediately adjacent to the dining room where we would go and we did not wait on the elevator. We went down the stairs.

Representative FORD. How long after the President was brought in before you went to trauma room No. 1?

Dr. PERRY. That I don't know either. My last recollection in regard to time was approximately 12:30 when I was having lunch prior to rounds, and Dr. Jones picked up the page and as we went downstairs I took off my watch and dropped it in my coat pocket, rather expecting to do some kind of procedure, and I took off my coat and I never looked at the clock until afterwards.

Mr. McCLOY. One more question, I want to get clear.

The extent to which you examined Governor Connally's wounds, as I gather, you were asked to stand by.

Dr. PERRY. That is right, sir.

Mr. McCLOY. Rather than to be involved in a close examination of the wounds.

Dr. PERRY. That is right, sir.

Mr. McCLOY. So you are not generally familiar?

Dr. PERRY. No, sir; all I did was come into the operating room, put on a scrub suit, cap and mask, and looked at the thigh wound before Dr. Shires started the operation. That was the extent of the episode into the wound, and I stayed there while he carried it down to the lower portion of the wound and indicated there was no serious injury, and I left the operating room at that point.

Mr. McCLOY. And you didn't see the other two wounds?

Dr. PERRY. I didn't see the other wounds at all, sir.

Representative FORD. Thank you very much, Dr. Perry.

Your testimony has been most helpful.

(Whereupon, at 11:45 a.m., the President's Commission recessed.)

Tuesday, March 31, 1964

TESTIMONY OF ROBERT A. FRAZIER AND RONALD SIMMONS

The President's Commission met at 9 a.m. on March 31, 1964, at 200 Maryland Avenue NE., Washington, D.C.

Present were Chief Justice Earl Warren, Chairman; Representative Hale Boggs and John J. McCloy, members.

Also present were J. Lee Rankin, general counsel; Melvin Aron Eisenberg, assistant counsel; Norman Redlich, assistant counsel; Charles Murray and Lewis Powell, observers; and Leon Jaworski, special counsel to the attorney general of Texas.

TESTIMONY OF ROBERT A. FRAZIER

The CHAIRMAN. Mr. Frazier, the purpose of today's hearing is to take the testimony of yourself and Mr. Ronald Simmons.

You are, we understand, a firearms expert with the FBI, and Mr. Simmons is a firearms expert with the Weapons System Division at Fort Meade, Md.

You are asked to provide technical information to assist the Commission in this work.

Would you raise your right hand and be sworn, please?

You solemnly swear the testimony you are about to give before this Commission will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. FRAZIER. I do.

The CHAIRMAN. You may be seated, please.

Mr. EISENBERG. Mr. Frazier, will you give your name and position?

Mr. FRAZIER. Robert A. Frazier, Special Agent, Federal Bureau of Investigation, assigned to the FBI Laboratory, Washington, D.C.