

## CONTACT PROFILE



Document's Author: Douglas Home/ARRB

Date Created: 02/21/97

### Contact Description

**Contact Name:** Dr. Robert Grossman  
**Company:**  
**Title:** Neurosurgeon  
**Category:** Witnesses/Consultants  
**Street Address:**

**Phone Number:**

**FAX Number:**

**E-mail Address:**

**HSCA Letter Sent:**

### Additional Information

ARRB sent Dr. Grossman a contact letter on February 7, 1997 asking him to consent to an interview.

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# MEETING REPORT



Document's Author: Douglas Horne/ARRB

Date Created: 04/14/97

## Meeting Logistics

**Date:** 03/21/97  
**Agency Name:** Witnesses/Consultants  
**Attendees:** Jeremy Gunn, Doug Horne, and Robert G. Grossman  
**Topic:** ARRB Interviewed Dr. Robert G. Grossman

## Summary of the Meeting

On March 21, 1997 Jeremy Gunn and Doug Horne of the ARRB interviewed Dr. Robert G. Grossman in his office at Baylor Medical School in Houston, Texas. We interviewed Dr. Grossman because neither the Warren Commission nor the HSCA had done so. The interview was audiotaped, and Dr. Grossman executed 4 drawings which are labeled Grossman exhibits 1 through 4.

### President Kennedy's Wounds:

-He was a recently-hired instructor in Neurosurgery at Parkland in 1963, and Dr. Kemp Clark was his supervisor.

-When he arrived in Trauma Room One with Dr. Clark, the tracheotomy had already been performed.

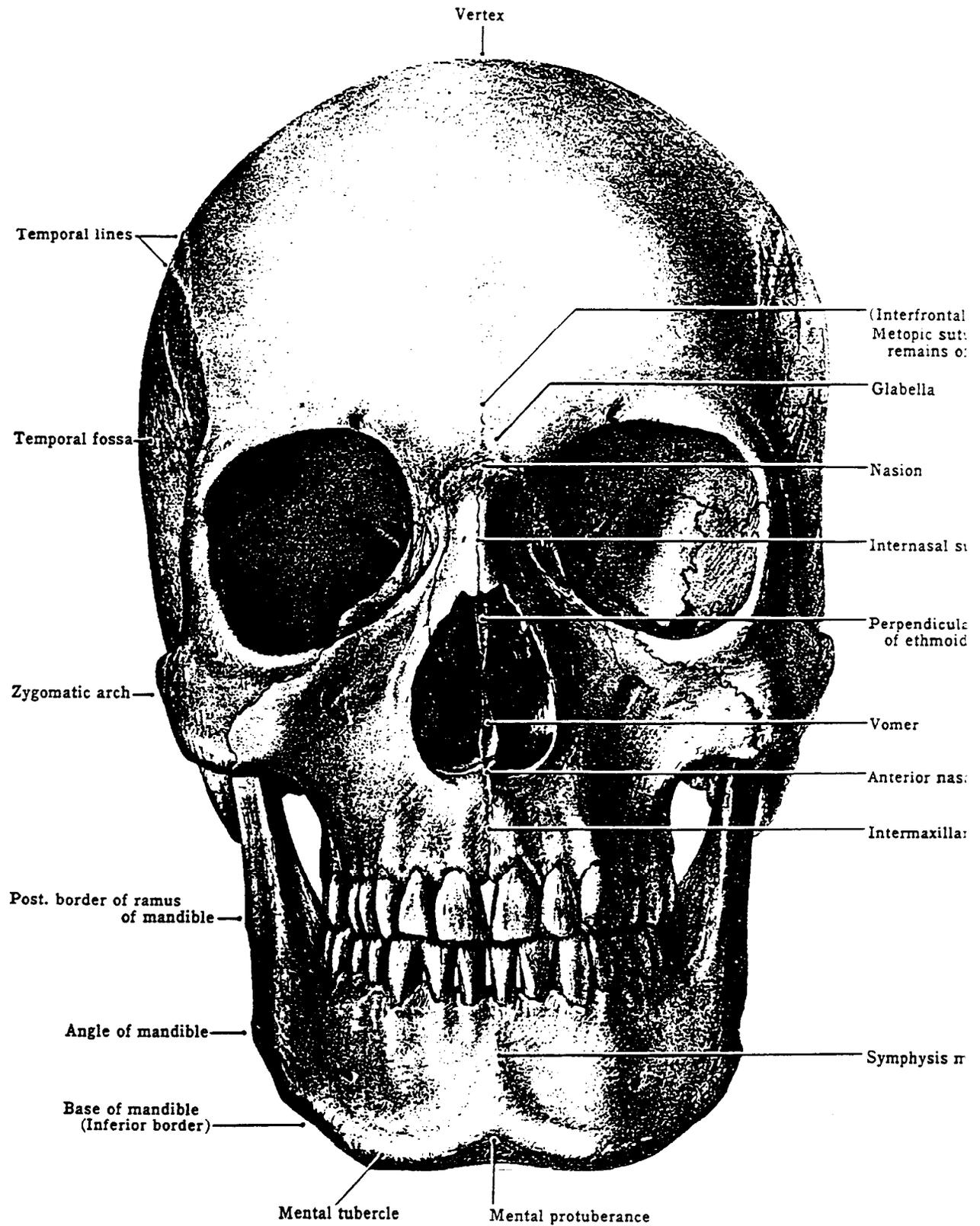
-He said he and Kemp Clark (Chairman of Neurosurgery at Parkland) together lifted President Kennedy's head so as to be able to observe the damage to the President's head. It was his impression that no one else in Trauma Room One even knew there was a head wound until he and Dr. Clark discovered that fact.

-He said he observed two wounds to President Kennedy's head: one was a circular puncture in the occipital region (which he characterized as an entry wound), approximately 2 cm in diameter, near the EOP--centerline, or perhaps just right of center, through which he could see brain tissue which he believes was cerebellum; the second was a larger wound in the right parietal region (which he characterized as an exit wound) that was not an open hole in the cranium, but rather a plate of bone, about 6 cm in longest dimension, lifted up from the inside, which could really only be seen when Dr. Clark lifted up some of the President's hair. (See exhibits for details.)

-He believes the bullet entered through the tentorium and went through the right hemisphere of the cerebellum, before passing through the right cerebral hemisphere and exiting through the right parietal bone. (See exhibits for details.)

-Repeatedly during the interview, Dr. Grossman suggested that we interview Dr. Kemp Clark, and said that he felt Dr. Clark's observations would be more accurate than his, since Dr. Clark had much more experience at that time than he with gunshot wounds to the head and neurosurgery in general.

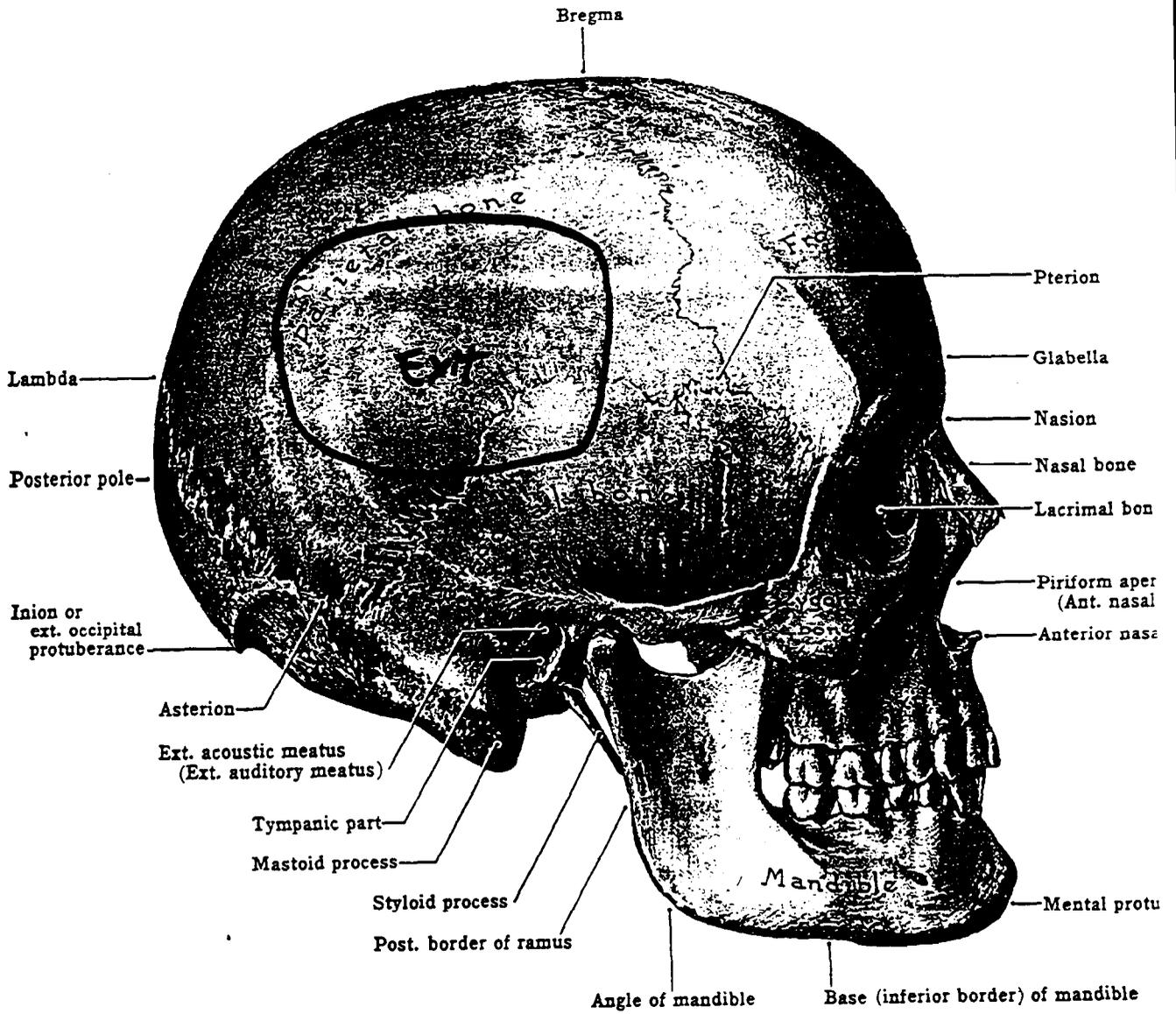
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7-4 SKULL, FRONT VIEW (NORMA FRONTALIS)

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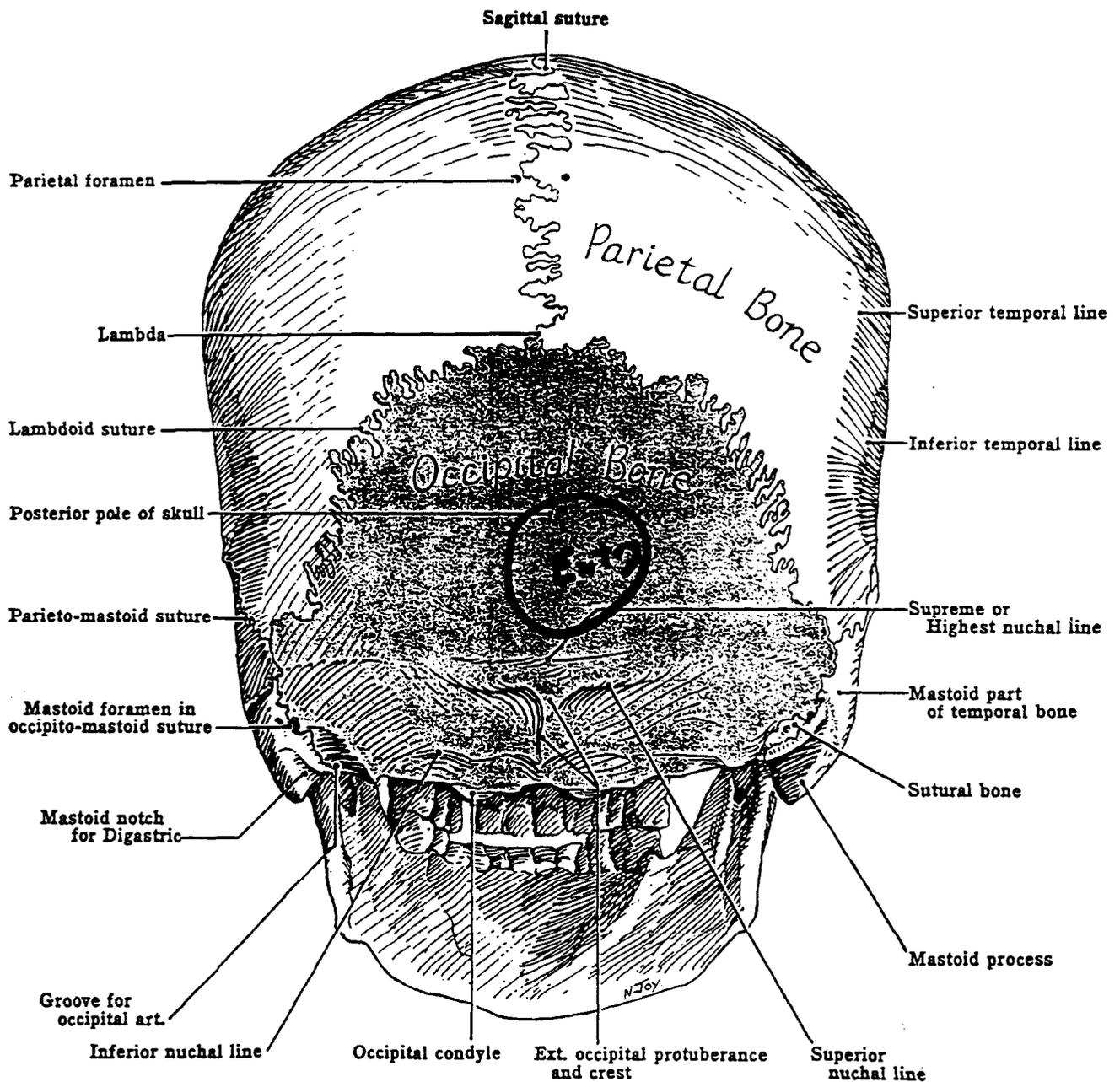
GROSSMAN 1



7-6 SKULL, FROM THE SIDE (NORMA LATERALIS)

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GROSSMAN 2



### 7-9 SKULL FROM BEHIND (NORMA OCCIPITALIS)

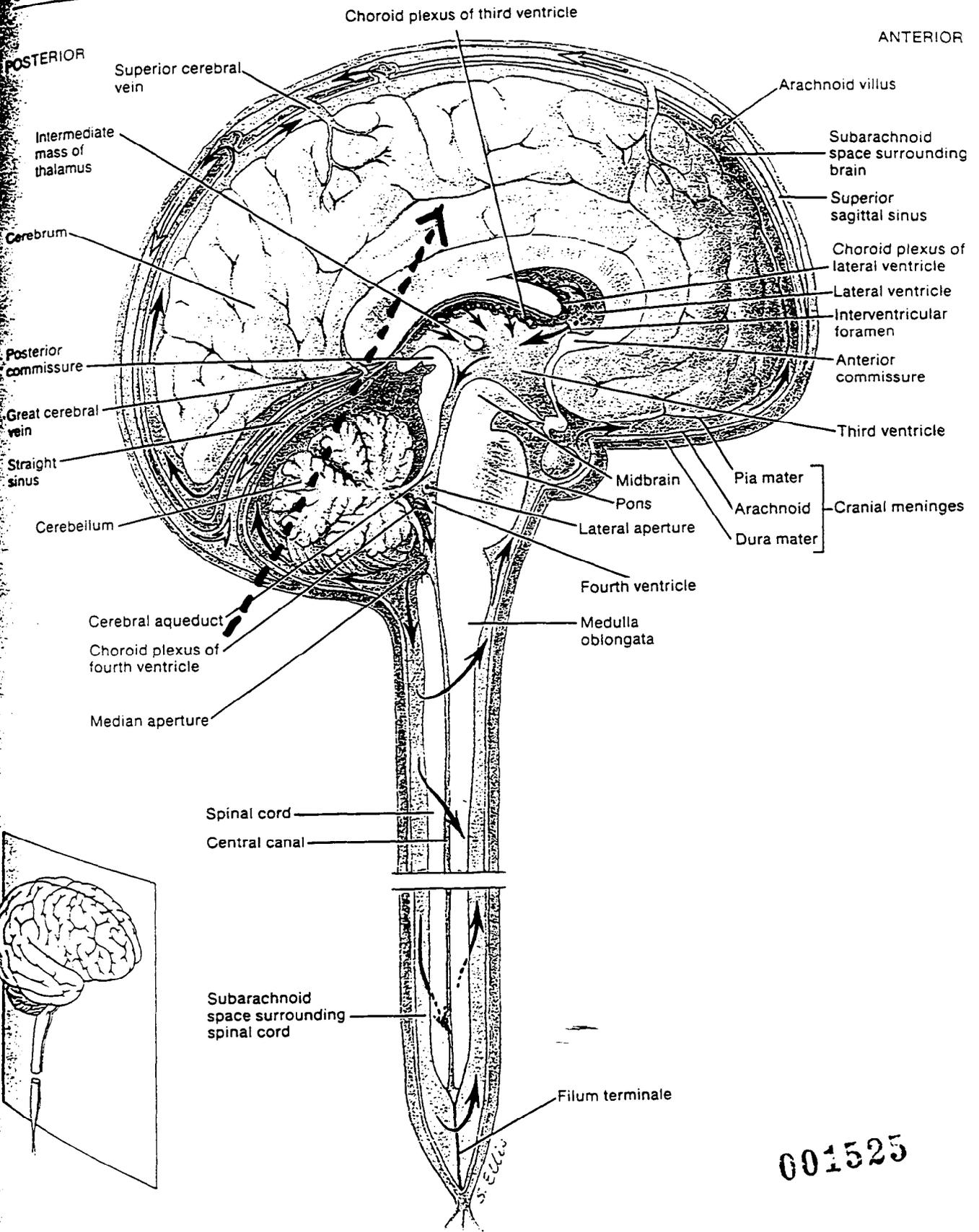
Observe:

1. The outline is horseshoe-shaped from the tip of one mastoid process over the vertex to the tip of the other.
2. At the base of the skull, the outline is nearly straight from one mastoid process to the other, except where the occipital condyles project downward. On each side, it crosses two grooves (for the origin of the posterior belly of Digastric laterally, and for the occipital artery medially). Between the condyles is the foramen magnum.
3. The surface is convex. Near the center is the lambda. From it a triradiate suture runs: the sagittal (interparietal) upward in the median plane, and the lambdoid (parietooccipital) inferolaterally to the blunt postero-inferior angles of the parietal bones where it bifurcates.
4. On each side are two inconstant foramina for emissary veins and meningeal arteries: parietal and mastoid foramina.
5. Midway between lambda and foramen magnum is the external occipital protuberance or inion. From it the superior nuchal line curves laterally and crosses the lateral aspect of the mastoid, dividing it into a smooth upper and a rough lower part.
6. The surface below the superior nuchal line is the nuchal area for the muscles of the neck or nucha.

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GROSSMAN 3

**FIGURE 14.4** Meninges and ventricles of the brain. Arrows indicate the direction of flow of cerebrospinal fluid.



(a) Brain, ventricles, spinal cord, and meninges in sagittal section

Figure continues

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GROSSMAN 4

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