

SELECT COMMITTEE ON ASSASSINATIONS *F-40*

NAME Dr. Malcolm Oliver Perry Date 1/11/78 Time 4:40 p.m.
 University of Washington
 Address Medical School Place Dr. Perry's office
Seattle, Washington

Interview:

Dr. Malcolm Perry is currently a professor of Surgery at the University of Washington Medical School. He can be contacted at 206/543-3105. Andy Purdy and I interviewed Dr. Perry because of his participation in the medical treatment of President Kennedy at Parkland Memorial Hospital in Dallas, Texas.

Dr. Perry began the interview by stating that the intervening 14 years since the assassination have "not sharpened my recall." Dr. Perry then proceeded to relate his recollection of the wounds of President Kennedy and of the medical treatment the Parkland doctors administered to JFK.

Dr. Perry began by stating that one of the wounds that JFK had suffered was "about 1/3 of the way" up on the anterior aspect of the neck. Dark blood (a sign of insufficient oxygen) was oozing from the wound when Perry first observed JFK. Dr. Perry believes that the wound measured approximately 6-7 mm in size and was roughly round, although he couldn't two primary medical emergencies of restoring state for sure since combating the breathing and stopping bleeding prevented him from even taking the time to wipe

Interviewer

Donald A. Purdy, Jr. *T. Mark Flanagan, Jr.*
 (Signature)

Donald A. Purdy, Jr. / T. Mark Flanagan, Jr.

(Name)

Date Transcribed 1/30/78

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the blood from the wound. Perry said that Dr. Jones, who was already treating JFK when Perry arrived, had inserted a tube down the trachea to facilitate breathing but that the air passage still seemed blocked. Due to this dilemma, Dr. Perry determined that a tracheotomy was necessary "then or never" and therefore made a transverse incision straight through the bullet wound on the anterior aspect of the neck at approximately the second or third trachea ring. While Perry performed this operation, Dr. Jones initiated I. V. treatment. At approximately this time, Drs. McClelland, Barter, and Peter arrived to assist in the treatment of President Kennedy.

Based on his examination of the trachea, Dr. Perry stated that the lateral wall of the trachea was damaged and had the characteristics of a penetrating rather than a blunt trauma. In the vicinity of the strap muscles, Dr. Perry observed some discoloration of the pleura; it looked like "it was bruised, with some blood" present. Perry stated that on the basis of this observation alone, that the blood could have been from the trachea or the lung. For this reason, other Parkland doctors inserted chest tubes into JFK's chest to help treat any possible injury

to the lungs. Perry then surmised that on the basis of the lateral wound to the trachea plus the skin wound on the anterior portion of the neck, that some type of pathway from a bullet was present but that the exact trajectory was very difficult to determine since bullets do not necessarily travel in straight paths, particularly if they are partially spent.

Perry followed this statement by saying that there was no discernible path. Further, at no time during his treatment of JFK was Perry aware of the wound in the President's upper back. Dr. Perry also stated that little bleeding was coming from this wound and that based on his observations, no major artery had been hit in this area.

Dr. Perry, an expert in arterial injuries, stated that the amount of blood loss or the degree of arterial injury can rarely be diagnosed through blood pressure and that a major artery can be struck without necessarily causing major blood loss.

Dr. Perry also mentioned that during his treatment of President Kennedy other Parkland doctors began cardiac massage which lasted approximately twenty minutes. At the conclusion of the cardiac massage, Dr. Kemp declared JFK dead.

Dr. Perry stated that the throat wound alone probably was not fatal and would not have prevented JFK from speaking.

Perry "looked at" the head wound "but didn't examine it." He believed the head wound was located on the "occipital parietal" region of the skull and that the right posterior aspect of the skull was missing. Dr. Perry did not detect or look for any possible entry wound in the rear of the head.

Dr. Perry stated that Dr. James Carrico, then a first-year resident, recalled that the President may have had Addison's Disease and therefore administered steroids to combat any possible shock that may have occurred. Dr. Perry also stated that steroid treatment tends to produce a sense of euphoria. Dr. Perry could not recall if Dr. Burkley, the President's physician, had also given the Parkland doctor steroids to administer to JFK.

Dr. Perry stated that after Dr. Kemp Clark had declared JFK dead, he proceeded upstairs to where other doctors were attending Governor Connally. He specifically aided Dr. Thomas Shires who was operating on Governor Connally's thigh wound. Dr. Perry's role in this treatment

was limited to determining whether the bullet had struck an artery. Dr. Perry stated that it had not.

Dr. Perry described the wound to Governor Connally's thigh as superficial. In regard to the fragment shown in the X-ray of Governor Connally's thigh, Dr. Perry stated that it appeared to be imbedded in the thigh. Perry stated that it is normal procedure not to remove fragments so long as they pose no harm (such as being very close to a major artery) since fragments themselves would not cause infections. What's harmful are the threads of cloth a fragment will sometimes carry into a wound when it travels through clothing.

After showing Dr. Perry a tracing from one of the autopsy photographs of the tracheotomy wound, Dr. Perry stated that the small half sphere in the bottom of the sketch along the perimeter of the incision was quite likely part of the bullet wound. He did say, however, that this irregularity could have been caused from the weight of the tracheal tube which can deform the perimeter of the incision.

This interview was concluded by a taping session concerning a concise description of JFK's wounds.

KENNEDY

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INVESTIGATION INTERVIEW SCHEDULE1. Identifying Information:

Name Dr. Malcolm Perry Date 1/11/78
 Address University of Washington Place Same
 City/State Medical Center Telephone _____
Seattle, Washington
 Date of Birth _____ M or S _____
 Social Security _____ Spouse _____
 Children _____

2. Physical Description:

Height _____ Color Eyes _____ Hair _____
 Weight _____ Special Characteristics _____
 Ethnic Group _____

3. Personal History:

- a. Present Employment: _____
 Address _____
 Telephone _____
- b. Criminal Record
 1. Arrests _____
 2. Convictions _____

4. Additional Personal Information:

- a. Relative(s): Name _____
 Address _____

- b. Area frequented: _____
- c. Remarks: _____

Investigator Andy Purdy/Mark FlanaganDate 1/11/78

Form #4-B

SELECT COMMITTEE ON ASSASSINATIONS

NAME Dr. Malcolm Perry Date 1/11/78 Time 5:45 p.m.
 Address _____ Place University of Washington
 _____ Medical Center
 _____ Seattle, Washington

Interview:

FLANAGAN: Staff members present are: Andy Purdy, Staff Counsel; Mark Flanagan, Staff Researcher. We are interviewing Dr. Malcolm Perry.

PURDY: Okay...and then, Dr. Perry, you could please acknowledge that we are taping you and that this is with your permission.

DR. PERRY: This is with my permission and I am here.

PURDY: This will all -- let the record show that we have just had a discussion which began approximately 4:30 -- this, of course, is Pacific time -- where we went through the chronology of events of November 22nd, 1963, which you were involved in, and your specific recollections about the treatment and the wounds. Is that correct?

DR. PERRY: That's correct.

* * * * *

PURDY: Dr. Perry, could you please state your present position.

PERRY: I'm Professor of Surgery at the University of Washington, vascular consultant and chief at Harbor View Medical Center.

PURDY: Could you please tell us what experience you've

Interviewer

Andy Purdy (Typed)
Mark Flanagan (Typed)

Date Transcribed 3/9/78 /am

had with gunshot wounds since 1963.

PERRY: Well, happily, it hadn't been exactly the same, but I've had quite a bit and I remained after 1963 when I returned to Parkland and University of Texas Southwestern Medical School from California as an Assistant Professor of Surgery. I stayed there until 1974, and during that time I remained as Chief of Vascular Surgery at Parkland Hospital and the VA Hospital and had the opportunity to treat numerous traumatic wounds of all types -- gunshot, knife, blood trauma, and over the ensuing years up till 1974 around several hundred cases. And then subsequent to arriving here, and inasmuch as I run a trauma service at Harbor View Medical Center, I've had the opportunity to continue to treat traumatic wounds of all types -- probably, oh, several every month. I don't keep a compilation. Those figures are available in my records, of course, but I don't have it off the top of my head.

PURDY: Could you describe, generally, President Kennedy's condition when you entered the room and what treatment was under way.

PERRY: When I reached the emergency room at Parkland that day, the President had just been brought in and the initial resuscitation was under way. There were several people in the room -- the nurses and several doctors. And Dr. Jim Carrico, who was the first-year surgical resident in charge in the emergency room, was attempting to establish an airway. He had a laryngoscope in his hand and was attempting to get an endotracheal tube in. IV's were being started and the President's clothing was being removed to

permit us access to the limbs for intravenous fluids and resuscitation and placement of various catheters and tubes. He had agonal respiration. I attempted to feel for a pulse in the left groin and didn't feel one. And Jim said he had no blood pressure but that he was breathing. And he also apprised me at that time that there was a wound of the trachea that he could see through the laryngoscope, but he couldn't get the tube past it -- it was too far down. And I asked for a tracheostomy tray, and Betty Hinchcliffe, one of the nurses, had already prepared it, and I dropped my coat in a corner and put on some gloves and started to prepare to do a tracheostomy to get the airway. At that time I noted a wound in the anterior aspect of the neck in the lower third which was roughly round, exuding, very slowly, dark blood, partially obscuring its edges. The wound was somewhere, probably 4 to 6 mm in diameter. I did not have her wipe the blood off and inspect the wound and gave it a cursory glance while I was putting my gloves on and preparing the trache tray. I also asked at that time that several other doctors, specifically, McClelland, Baxter and Dr. Clark, be summoned from the medical school to come and help. And I asked Dr. Jones to start an IV, and Dr. Carrico, who was also busy with another IV at the same time, I think in the leg, as I recall it. And then I took the knife and I cut directly through the anterior neck wound in an attempt to secure control of the trachea and the tracheal injury that Jim had mentioned. I noticed a head injury, but I didn't examine it at that time, but I did see some evidence of brain tissue on the cart. I reached

the trachea and the strap muscles, which were bruised as I previously noted in my testimony before the Warren Commission, and at that time I secured the trachea with an Allis clamp and brought it up to the field and I saw the injury to the right lateral aspect of the trachea where it had been damaged and I cut into the trachea at that spot and started to place an intratracheal tube in. And about that time a set of hands came into field to help me, which later I identified as Dr. McClelland's, and we completed placing the tracheostomy tube into place and hooked him up to the respirator. Because there was some bruising and also some bubbly looking blood over there on the right serial pleura, upper portion of the chest, why I thought perhaps there might also have been a hemorrhage or pneumothorax accident. I asked Dr. Baxter to put in a right chest tube, which he did. And Dr. Jones put in a left one, I think, about the same time. And the respirator was going. I didn't see any other evidence of injury and there was very little bleeding because he had no obtainable blood pressure. There didn't seem to be anything else hitting the neck other than the trachea and some of the muscles on the looser radial tissue and the bruised apical pleura. About that stage, Dr. Clark had arrived and he told me that the electrocardiograph indicated that cardiac arrest had just occurred, and so we started closed cardiac massage. And we persisted with that until it became apparent that it was futile. And Kemp said, "well, it's too late to get him back," and so I quit.

And I looked at the head wound briefly by leaning over the table and noticed that the perietal occipital head wound was largely evulsive and there was visible brain tissue in the macard and some cerebellum seen and I didn't inspect it further. I just glanced at it and I went on outside and later was summoned up to the operating room to help in the care of Governor Connally.

PURDY: Could you give us a characterization of the edges of the anterior neck wound?

PERRY: Yeah. I previously pointed out that they were neither ragged nor clean-cut. I suppose that's a misnomer because, actually, I didn't inspect it that well. What I meant to infer by that initial description was the fact that I couldn't see a clean punched wound; it was roughly round, the edges were bruised and a little blurred because, as I mentioned, there was several big drops of old blood, and some of it coagulated, of course, on and about the wound, so I didn't really inspect the margins carefully. I think the terms I used before was neither ragged nor clean-cut -- and that may not have been appropriate. I should have probably said I couldn't see 'em that well -- it might have been a better answer.

PURDY: You described the damage to the trachea as you saw it. Was there some further description you can give of damage? I think you stated previously, for example, that there were some bruises...

PERRY: Yeah, it's on the right lateral side of the trachea -- there was a laceration. But again, I don't remember exactly how I put that all these years ago, but it was on the right side of the trachea, and that it was incomplete, and I don't remember whether it was a third or a quarter of the circumference, and -- I can't remember exactly. There was a laceration. The bruising that I mentioned was in the apical pleura and the strap muscles. The trachea was clearly lacerated.

PURDY: You also stated prior to the taping that there was possibly some damage in the mediastenum?

PERRY: Mediastinum.

PURDY: Mediastinum?

PERRY: Yeah. That's that same area. The mediastinum is that area that's bounded by the lungs on each side, and the sternum in front, and the spine in the back. Contains the heart and all the great vessels and various structures.

PURDY: You described the use of the chest tubes to determine whether or not there was any pneumothorax or hemothorax...

PERRY: Let me...actually not to determine, Andy, but to treat. I didn't know whether there was or not. I surmised there might well be a hemothorax or pneumothorax because, not knowing the trajectory of the -- of the missile, and when I saw the bruised apical pleura and there was some bubbly blood in that area, and I didn't know whether that blood had been frothed a little bit as a result

of air coming out of the trachea in our attempts to breathe for him or whether it was coming out of a lung. And as a result, since a tension pneumothorax or serious chest injury could have obviously been a serious problem, why we elected to put in a chest tube. But the chest tube, I later learned, was not necessary because the chest cavity was not violated -- but I didn't know that at the time. It wasn't done diagnostically; it was done therapeutically.

PURDY: How did you determine that the pleural cavity was not violated?

PERRY: Found that out later in the autopsy report.

PURDY: Was your feeling at the time that you finished your treatment that the pleural cavity had been violated or you...

PERRY: Didn't know -- didn't have any idea. I didn't -- we didn't do any more. After Dr. Clark and I decided that resuscitation failed, why I didn't do anything else, so I don't really know. I didn't find that out until some time later.

PURDY: What did your inspection of the anterior neck area disclose to you about the condition of major vessels in the area?

PERRY: Well, of course, that didn't tell me anything. As we discussed a little earlier, he had no blood pressure that was obtainable, and therefore, there was essentially very little bleeding. Even if he had had a major arterial injury, why he might have bled out and there wouldn't have been much; but there was no evidence of a major arterial injury. And the artery, the course that's closely applied to the trachea is the common carotid artery at that level. But it was not injured.

PURDY: Would President Kennedy have survived if he had only suffered the injury to the neck?

PERRY: Assuming the lack of complications, the odds are quite well and good that he would have. Occasionally, tracheal wounds are associated with subsequent stenosis and require repairs, but they generally--a wound such as this is usually survivable -- yes.

PURDY: To what extent, if any, would the President's speech have been impaired in the short or the long term?

PERRY: Well, this is again some of that conjecture that got me in a lot of trouble before, but I suspect very little. There's no reason why he couldn't talk with that particular injury that was temp...an artery -- that's not enough to keep him from talking. It was below the larynx and it wouldn't have been constituted enough of an air leak so make him so breathless that he couldn't speak.

FLANAGAN: Dr. Perry, could you go over and describe the conversations that you subsequently had after treating the President at Parkland with Dr. Humes, the surgeon who performed the autopsy?

PERRY: Yeah. This won't be too accurate, Mark, because I found out, interestingly enough, that later I had my dates a little bit fouled up. They called me twice and I couldn't remember -- I didn't write 'em down. I've learned to keep better records since then, but -- and I didn't remember exactly when they called me and about what, but I was called twice back from Bethesda. And the conversation of the first one, as I recall, and I need, I should go back and look at my testimony in my notes here

and I haven't done that, I guess, I should have to find out exactly what we're talking about on that first one. But we discussed the thing and I told him about the tracheostomy wound and told him that I had cut right through the small wound in the neck. And Dr. Humes at that time had described that they had had a little difficulty tying up that posterior entrance wound -- as allegedly to be an entrance wound, I shouldn't get in this hot water -- that posterior wound with the -- couldn't find out where it went. And they surmised that during the cardiac massage and everything that perhaps the bullet had fallen out -- which seemed like a very unlikely event to me, to say the least. But at any rate, when I told him that there was a wound in the anterior neck, lower third, he said: "That explains it!" I believe that was the exclamation that he used -- because that tied together their findings with mine. Now there was a second call about the chest tubes, I think. And I believe that was the next day. I'm not sure of that. Maybe they called me twice that morning.

PURDY: At one point in your testimony, to help clear it up with you, you said that the calls came about 30 minutes apart.

PERRY: Was it twice in the same morning? It's possible. There should be something in the record of that. They had a record of it, Andy, and I just don't remember, you know. Between Friday and the President and Sunday and Oswald, and all those conferences and interviews, I got a little bit confused -- 'cause Saturday morning I was asked to come up to the hospital and talk to a whole bunch of people and so I was up there Saturday too. And I don't

remember -- but maybe it was two, both...

... Saturday was when they called?

PERRY: Yeah, twice.

FLANAGAN: I believe so.

PERRY: But they called twice. And they asked me about the chest tubes--or something to that effect. Was it chest tubes?

PURDY: Yeah. In your testimony you say that "the initial phone call was in relation to my doing a tracheotomy," and you informed them...

PERRY: ...that I'd cut right through the wound.

PURDY: Right. Do you remember whether or not there was any discussion in either of the calls about whether there had been any surgical incisions made in the President's back?

PERRY: I don't remember. I don't know why they would. He might have asked me, but I didn't even look at his back--so I wouldn't have known the answer to that if there had been. But I don't recall him asking that question. He might have asked -- I got asked so many questions along about that time, I don't remember who asked them. I didn't even look at Mr. Kennedy's back -- which was another thing I wish we'd have done.

FLANAGAN: One further question on these lines. To your knowledge, did the Bethesda Hospital or Humes -- did they ever receive any, for instance, handwritten notes that might have been taken by them...

PERRY: Should have.

FLANAGAN: ...I mean after the assassination.

PERRY: Yeah. You know, we -- yeah, that's a good question, too, Mark, because we all sat down afterwards and wrote out in our own -- as Lil Abner would say, hand writ -- notes our recollection of what happened down there, knowing that we'd get a little fuzzy about it. And I think they got copies of those; I'm not sure of that, though. Those copies were available, because we made them available to the investigating committees, and I know our inspector and all the guys around here. We all wrote down some of them and they were available for everybody. I think several of the people from various investigating agencies looked at 'em. They made a bunch of copies and they should be widely circulated. Interestingly enough is the discrepancy between what people remember -- it's kinda like the blind men and the elephant -- that's what they remember. Dr. McClelland's and some of the others' are quite different from some of ours -- which I thought...

FLANAGAN: Is this normal procedure -- that Parkland Hospital would follow writing down...

PERRY: No. Normally, what we do -- well, normally, yes; but normally just one of us. Normally, the guy -- myself, for example, since I ostensibly was responsible for the surgery and the rest of it, normally the guy who's attending and who's doing the job writes a summary about it afterwards for the record. The reason all of us did was we thought it might be important -- more than the usual -- to have a good record. I'm not sure it served its purpose. I haven't read everybody's, but I've read some of them and I found they didn't correspond with what

I remembered.

PURDY: Do you remember any in particular?

PERRY: No, no, but I remember the stuff about Bob McClellands. We talked about that later because we talked about the thing in the temple. And we all kind of laughed about that but I just, you know, Bob was told when he joined in there and like me he didn't spend much time because he saw I needed help. And when he started helping me with the trache, he asked where he was shot. And somebody told him he was shot in the left temple and he accepted that as being true, when actually it wasn't true and I think Bob wrote that down -- or if he didn't write it down, he told somebody that, which was interesting. But, you know, you get naive and trustworthy and that's a bad way to be.

PURDY: As you recall, your testimony says that the second conversation you had with Dr. Humes was in regard to the placement of the chest tube for drainage of the chest cavity.

PERRY: It's interesting to me -- and I'm not being critical-- but it's interesting to me that the pathology report does not reflect that. The autopsy report said that those incisions were made to combat subcutaneous emphysema, which is not a -- in the current jargon -- a viable therapeutic technique.

FLANAGAN: What would have been a normal routine, if it existed at the time, after someone taken into emergency expired, and then you wrote up some reports...

PERRY: What do we usually do?

FLANAGAN: What would occur then with the reports, for instance?

PERRY: They'd go in the hospital records.

FLANAGAN: Hospital record with the forensic pathologist in the area that might examine the body...

PERRY: Yeah, they're all there. It all goes in the record. We'd write a narrative summary and I must say, if I may be a little bit immodest, I write mine right away. I'm very good about that sort of thing -- mainly because I found that if I do it right then, it's like an operative report. When I come out of the operating room I dictate the operative report right then because it gets progressively hazier. And I usually sit down and write it as soon as I finish. I write a short op. note anytime I do an operation on the chart. We prepare them right then. And that's what we would do. And that would become a part of the legal hospital record.

PURDY: To what extent, if any, did your observation of the nature of the President's wounds in the anterior neck convince you that a missile of some kind had gone through that area?

PERRY: Well, I suppose I could enumerate those, Andy. It's kinda like, you know, I can look at you and Mark and I tell -- I know which one's which without enumerating the features of your physiognomy. I've got a picture of you in my head now. Well, it's the same thing with this. When I looked at that -- there's an injury to the side of the trachea, there's a wound in the front of the neck, there's some concussive damage to surrounding organs -- these are the kind of things one sees with gunshot wounds in a blast injury and that sort of business. And with high velocity when you see a lot. Now the low velocity stuff -- it's often just a track, a wound track, with very little

concussive or blast injury. And this one was in between. There was evidence of some blast injury, but not like, say, one sees with a high velocity rifle like a 3006 or 223 or something. This is quite different.

PURDY: Did your observations of the nature of the wounds give you any information as to the possible trajectory of a missile through the President?

PERRY: No, I really can't say that. I can speculate again, and I did speculate about that -- but all I can say is if you were to tie up the wound in the neck, the wound in the trachea, and the strap muscle business, apparently something passed that way. And as I mentioned earlier, the pathway of bullets striking tissues of varying densities is not uniformly rectilinear -- it curves and moves with it -- and they may be deflected by what appears to be a relatively minor structure -- a tough fascia layer, a muscle layer, or something -- it may deflect the bullet, especially if it's down, if its energy's low and it's down near the bottom of its velocity curve, it may be deflected in travel for long distances in a circuitous fashion. So I think it's very chancey business to make conjectures about trajectory when you don't have the whole wound track exposed and you're just looking at two points. We never probe wounds, for example, that's ridiculous; it doesn't help you a bit. And you get all kinds of wounds in which you try to project where it went, and that's an exercise in futility, usually. So, I don't know where it went.

That may be more than you wanted to hear about that, I don't know.

PURDY: Do you have an opinion based on those two points that you described as to the origin of the missile that caused the damage?

PERRY: No, I don't, and the reason is that I didn't clearly identify either an entrance or an exit wound. In the press conference I indicated that the neck wound appeared like an entrance wound, and I based this mainly on its size and the fact that exit wounds in general tend to be somewhat ragged and somewhat different from entrance wounds. Now, this doesn't pertain, of course, in bullets that are deformable or in bullets that are tumblers, and many bullets, especially fired from the handguns and this sort of thing, tend to tumble, and as a result, they make keyhole injuries and various things. But in general, full jacketed bullets make pretty small entrance holes. And so I don't really know. I thought it looked like an entrance wound because it was small, but I didn't look for any others and so that was just a guess.

PURDY: Based on your observations of the wounds, was it more likely that the damage was caused by a missile or something like a small bone fragment?

PERRY: Oh, I think it's more likely to be a missile from that than bone fragment. The only reason I say that is that secondary missiles, which is what a bone fragment would be, generally don't attain the velocities that produce this sort of thing. They can, but usually would not at that level. Remember Governor Connally

had some secondary missile damage as a result of a bullet striking his fifth rib and the rib acted as a secondary missile. But that's not the usual and I think it's probably just...

PURDY: Is it possible that the missile which caused the wound in the anterior neck could have fractured the transverse process and still resulted in the type of wound that you saw?

PERRY: I suppose so. Again, you're asking me to make a lot of suppositions which get me in trouble, but I suppose so. If one had a fairly high velocity missile that was full jacketed, it would have enough remaining velocity to go on through after striking something, like a transverse process -- it could get on through. You're talking now about tangential wounds and thickness of bone and all this sort of thing, and we don't even know bullet types. So these things are possible, yes, but it doesn't seem very likely. But again, that's a guess and it's not worth any more than that -- than a guess -- on my part.

PURDY: Based on your experience with wounds in these intervening years, have you been able to draw any firmer or any different conclusions based on the nature of the wounds you recall?

PERRY: Do you want a short answer? Or a long answer?

PURDY: Like whatever answer you want to give.

PERRY: Okay, let me give you a medium answer, but with a qualified anecdote. The answer is no, I haven't. I haven't changed my mind about any of it and the reason is I have no new information. As I mentioned earlier, 14 years hasn't sharpened my

recall. I've told it as well as I can remember it. But I did it best when I was fresh -- and things change a little bit. But I was just telling you, just night before last I had a young lady shot with a 3006. We had a multitude of wounds in that young lady, and they were hard to explain. Her right humerus was shattered with an injury to the artery and the ulnar nerve was transected. The whole back of her arm was blown off. She also had a fractured radius in the left arm with no injury to the artery. It was fractured and there was no fragments in that wrist. She also had a wound to her left neck area, and a fragment was in there. We had the devil's own time trying to figure it out and then later we found out what happened. She was shot, and with a 3006 hunting rifle, high velocity, which blasted her arm pretty good. The bullet hit the concrete, shattered, and those other two were secondary injuries from the fragments that got her arm and got her neck. But we didn't know that. And this is the kinda thing you can get into. So I don't know.

FLANAGAN: Dr. Perry, you mentioned earlier that after you had been down ^{/in} Trauma Room 1 administering to President Kennedy that you then went over to see Governor Connally in the Operating Room -- I guess that's upstairs in Parkland Hospital.

PERRY: Second floor

FLANAGAN: Could you relate the scope of your involvement in treating Governor Connally?

PERRY: Yeah. When I left downstairs I went outside a minute and sat down and then they called and asked me if I'd come up to the OR where Dr. Shires was operating on Governor Connally's leg. Dr. Shaw and Dr. Gregory had been involved, of course, when we were working on chest and arms and this sort of thing. He had a penetrating injury of the left thigh, as I recall, kind of anterior-medial and so I went up and got a scrub suit, changed clothes, and went back to the OR -- which was my operating room, as a matter of fact, back in OR5 where I usually worked -- and Dr. Shires was looking at the wound. They'd incised the skin; and were looking at the thigh wound, and I just looked over his shoulder and agreed with their opinion that the wound was not serious, that it had not penetrated deeply into the leg, that the artery was not in danger, and that it wasn't necessary to expose the artery.

PURDY: Could you describe the approximate size and depth of the...

PERRY: No, Andy, I'm no help because the skin incision had been made and -- but the tissue looked fine. It didn't look like there was much of anything wrong with it. So, whatever it was, it was near spent, I suppose, or it was very minor because there was none of the type of thing one sees with any velocity in a missile, any significant velocity.

PURDY: Was it your opinion that it was a full bullet, part of a bullet, or a very small part of a bullet that caused the wound?

PERRY: Well, I don't know because there was so little wound I don't think I can say that -- but I was underwhelmed with what I saw, as the saying goes. It didn't look to me like much of a wound at all when we saw it. There wasn't much to it. Again, that's qualified because I didn't see the skin before...

FLANAGAN: What was the doctors' concern, if any, over the fragment that was in the thigh of Governor Connally?

PERRY: Well, the question came up whether that could possibly have come from a fragment that went zipping down through there and might have damaged some of the neurovascular bundle. As we indicated earlier, Mark, you're not really so concerned with the fragments themselves but what may be between where they began and where they ended. And inasmuch as where this wound was and the size and the scope of that fragment, we deemed it highly unlikely it caused any significant damage. And as I said, I was underwhelmed with the whole thing. I don't even know that that fragment wasn't there from before. I mean, we have no previous X-rays of that area. I guess it came then, but I've become a little more suspicious in my older age and seen people that have injuries that you don't know about. I don't know how long that had been there. No controls.

PURDY: Dr. Perry, I think that finishes the formal questions we had and we wanted to give you an opportunity to expound on any aspects of the nature of the wounds that you didn't have sufficient time or any items which perhaps had been left unresolved by previous testimony.

PERRY: Yeah, I...

FLANAGAN: Suggestions or comments

PERRY: Yeah, I feel I've already cluttered up your tape with a lot of professorial homilies and aphorisms throughout the course of this thing and I'm sorry about that, but it, you know, you make this a stilted one but I hope not to. No, I don't have any other comments. I wish to hell I remembered a little better and I wish I could add something substantial to your investigation, but I fear that I have no new information. I wish I had not speculated as to where the wounds came from. As I said, after our operation on Mr. Oswald when I had the press conference, at that time I had a typed prepared statement of what I had done when I operated on him and I didn't answer any questions. I found that was a very -- much better way to do things. And there was no hypothetical questions, no suppositions -- a typed statement was handed out and I didn't get in a lot of group discussions about what might have been. But I don't have anything else to add. I don't have any new information.

PURDY: One final short question. Did you or any of the doctors consider initiating any communications with the autopsy surgeons prior to the completion of the autopsy?

PERRY: No, we didn't and perhaps we were remiss in not doing so. It might have been a good idea. We ordinarily do that, as you know, and your question is very germane to what's going on here because ordinarily if I have a patient that dies very recently I usually call the pathologist down and we'll talk about it before and usually I try to attend the autopsy if it's done at

a time when I'm not in the operating room because it's an important part of our ongoing education. We always learn something. And I always tell 'em what I'm worried about. And sometimes I even assist in the autopsy if it's a specific case where that I think perhaps that the patient I operated on and the the knowledge that we get from that is helpful. And perhaps we should have called Commander Humes. It would have helped a lot had we done that, but the circumstances in which Mr. Kennedy was removed from the hospital were precipitative and abrupt, and most of us, quite frankly, weren't asked or consulted or anything about any of it and it was all just done. And as a result, we were essentially moved out of the area of environment and involvement and we assumed that that was it. And I -- perhaps that was our error. It'd been nice if we'd of talked to them before they started; I think we could have helped them a lot. And we probably should have initiated that ourselves, knowing what we knew.

PURDY: Thank you. Okay, Time is now 6:15. This taping session is over.