

The Beginnings....DALLAS DOCTORS (Tzion)

- MALCOLM PERRY performed together with Carrico the Traechtomy
- CHARLES J. CARRICO
- ROBERT McCLELLAND head wound
- Dr. Earl Rose- the coroner at Parkland Hospital
- KEMP CLARK pronounced Kennedy dead at 2 PM

The journey to Washington (Tzion)

- In Texas, the death of an individual (crime) was a state crime not a federal one. As such it was illegal for the Secret Service to remove the body of the president (Baden 7).
- Dr. Earl Rose was physically moved out of the way by the Kennedy entourage in their haste to get to the airport with the body and LBJ. LBJ refused to leave without Jackie. Jackie refused to leave without the body of her husband and the secret service were concerned that LBJ might be in danger too (3:00pm).
- Kennedy's body was brought to Bethesda Naval hospital on 7:35PM November 22. Commander James J. Humes, the chief pathologist, was not sanguine about doing the autopsy. He had never done one like it before. (he was about to have a party).
- He was also assured by Col. Pierre Finck that he would receive help, as Finck himself was coming to observe and help if necessary. However, Finck as it turned out had never done an autopsy on a gunshot wound. He had been in charge of for over a decade the records of service men who had died of gunshot wounds.
- No actual forensic analyst had ever "explored" the body of the president.

The Navy staff (Lola)

Dr James Humes (Cmdr.)

- trained in general pathology
- chief of anatomic pathology (Spartacus)
 - o Medical specialty that is concerned with the diagnosis of disease based on the gross, microscopic, chemical, immunologic and molecular examination of organs, tissues, and whole bodies (Wikipedia)
- experience with forensic pathology had been limited to a one week course at AFIP some 10 years before that day (Why were the students, not the lecturers called in?)
- Never performed forensic autopsy
- Died in 1999

Dr Thornton Boswell (Cpt.)

- trained in general pathology
- Chief of Pathology
 - o diagnosis of disease through examination of organs, tissues, bodily fluids, and whole bodies
- Never performed forensic autopsy

Dr Pierre Finck (Col.)

- trained in general pathology
- Chief of the Wound Ballistics Pathology
 - o Pathologists who investigate deaths due to gunshot wounds should have at least an elementary understanding of wound ballistics (the study of the effects of penetrating projectiles on the body).
- “reviewed hundreds of cases of wounds...largely administrative and supervisory”
- Never performed forensic autopsy

Bethesda (Lola)

- James J. Humes had never performed an autopsy for a gunshot wound before.
- He was under orders and “was the low man in the Hierarchy. In the military, you don’t tell generals and admirals that you are under-qualified for the job” (Baden, 9).
- Humes was also under the impression from both the Military and the FBI that he was not really supposed to do an autopsy, but rather find the bullet that went through the president’s back.
- The room was not the right environment for performing an autopsy. Generals, admirals, secret service agents, FBI agents and cabinet members milled around. Humes was shocked and overwhelmed as he had no control over what was happening in the room. Felt like he was pleasing his superiors rather than actually getting the work done (Baden 11).
- To add a problem to an already complicated issue, Humes who wrote, “the complexity of these fractures and the fragments thus produced tax satisfactory verbal descriptions and are better appreciated in photographs and roentegenograms which are produced”. Unfortunately, the photographer who was present and was snapping away, caught the attn. of a FBI agent, was kicked out before he finished. The films were exposed and are in the archives (Baden 10).
- The man the FBI instead replaced him had never taken pictures of an autopsy and was unprepared in photographing gunshot wounds. His pictures showed it. None of his pictures clearly showed the difference between the entrance and exit wounds. The body’s was not in clear focus and pictures of the organs were not taken (Baden 14).

Autopsy/ Wounds (Tzion/Lola)

- Kennedy had arrived with a neck, back, and throat wound. Humes did not call Dallas (why???) to find out which hospital procedures had been performed prior to the president’s departure from Parkland Hospital (Baden 13).
- Did not know that a tracheostomy had been performed through the exit wound in order to help the president “breath” even though he was dead by then.
- Humes took X-rays to see if the bullet was still there. However, when he found nothing, he told the FBI that the bullet entered in the back, gone in a few inches and then fallen out of the same

hole it entered. However, bullets do not do that. As a bullet passes through the body track it makes collapses on itself. The bullet can't back out (Baden 15).

- Humes did not understand what happened to the head bullet either. It was found in the floor of the Kennedy car in the front. It had struck the windshield strut and broken in two. The Back bullet was found on a stretcher in the hospital (Baden 16).
- It took Humes about two hours to complete the actual autopsy. (approx from 8-12AM). However, Humes did not perform the autopsy for all of those four hours). The rest of the night he spent (12-5:30AM) helping the mortician embalm the body and put the skull together. **THE AUTOPSY SHOULD HAVE THAKEN THE BETTER PART OF THE EVENING. A COMPLICATED AUTOPSY TAKES MORE THAN 8 HOURS TO COMPLETE. AND NO ONE CAN DISAGREE WITH THE FACT THAT KENNEDY'S SITUATION WAS COMPLICATED.**
- Humes took notes but did not write the report. He took daughter to her confirmation on Saturday morning. He noticed a problem with his notes when he returned on the same afternoon. They were stained with blood. Humes also called Dallas to talk to Dr. Malcolm Perry and found out about the front exit wound. However, after burning the original notes. It was difficult to retrace the journey bullet had taken (Michael Baden **Confessions of a Medical Examiner**: 1989).
- Dr. Perry's revelation that the president had a bullet hole in his throat must have astounded Dr. Humes. At the autopsy, the three pathologists observed only the large tracheotomy incision in the neck. The reason was simple. Dr. Perry had sliced right through the bullet hole as he made the tracheotomy. Thus, no bullet hole was visible by the time the autopsy began. But now, James Humes faced a serious dilemma. He and his colleagues had failed to include one of Kennedy's wounds in their autopsy findings. Dr. Perry's description of the wound as very small and round sounded like the description of an entrance wound. But with no exit wounds anywhere in the body and no bullets found still in the body, Humes was puzzled. It appeared that both the bullet that entered the president's back and the one that entered his throat had not exited, yet had somehow disappeared .
- After thinking about this, Dr. Humes telephoned Dr. Perry again to obtain a more precise description of the throat wound. During their conversation, Humes had a sudden inspiration and shouted, "so that's it!" He went home, attended a school function with his son, and slept for several hours. Then he took his original autopsy notes, stained with John Kennedy's blood, and burned them in his fireplace. Then he drew up a new autopsy protocol based on the new information he had gleaned from Dr. Perry The new report stated that a bullet had entered Kennedy's neck and exited from his throat. Even though there was only slight medical evidence to confirm this, Dr. Humes concluded that it provided the only reasonable explanation for the wounds in Kennedy's body (Michael Kurtz, **Crime of the Century** (1982)).
- By the end, Humes wrote the final report that had omissions, and errors.
 - The bullets were not tracked
 - Brain was not sectioned..... it went on missing.
 - Measurements were inaccurate
 - Head wound was not described

- Weights of body organs made no sense (i.e. liver “weighted” 650 grams 1.5 lbs which is way to small to sustain life.
- There was no mention of the president’s Addison disease.
- Wounds were photographed through the hair.
- **THE FAMOUS FOUR INCH MISCALCULATION. HUMES PLACED THE HEAD WOUND 4 INCHES lower THAN WHERE IT ACTUALLY WAS NEAR THE NECK RATHER THAN THE COWLICK.**

State of Equipment at Bethesda? (Lola)

- Boswell “thought it was ‘foolish’ to have the postmortem at Bethesda because it was largely a ‘training school for technologists’ and lacked the necessary facilities.”
- Used a portable x-ray machine because morgue wasn’t equipped; JFK could have been taken to the hospital’s X-Ray room. BUT he was not.
- Bethesda Naval Hospital was chosen based on apparently Jackie Kennedy’s request. “The Kennedy Assassination Tapes” states that Mrs. Kennedy “...Owing to President Kennedy’s naval service...will ask for the postmortem to be done at the Naval Medical Hospital in Bethesda.”(30) According to BOT, she was convinced by Burkley that “the autopsy should be conducted at a military hospital for ‘security’ reasons. Bethesda would be more appropriate because her husband was in the navy.”(177)
- Security-wise Walter Reed would have been a better choice as “regular postmortem[s]” were performed in Walter Reed “by law and under guard.” The fact that Bethesda was a naval hospital seems to be the only reason it was even mentioned.

- **Kennedy’s Clothes (Lola)**

According to BOT, Humes and Boswell claimed they never saw Kennedy’s clothes that night, and didn’t see it till months later. (173) Finck on the other hand was going to go analyze the clothing when he was stopped by a high ranking officer who told him, his interest were purely academic. When he saw it months later, the holes in the shirt were inconsistent with the autopsy report.

Transcript (Lola)

- Finck and the other Bethesda Doctors failed to dissect the back wound because they were instructed by someone not to. Finck doesn’t recall who told them not to (most likely Galloway and Kenney -> since they may have been in charge) But at one point he tried to pin it on The Kennedys.
- He claims they were told to examine the head and chest, and that he attempted to probe the area, but it only went in the first fraction of an inch. Clearly, there was some higher force controlling the doctors and the autopsy, and it is for this reason that Finck refused to give a straight answer several times, when asked why he didn’t operate on the neck wound.

Warren Commission Report (Both of Us)

- The commission used scientific jargon to describe the wounds of entrance and exit so that the average reader (like us) would not be able to understand what happened and how the bullets transferred throughout the body. The language was very complicated and it makes one wonder, how much of it was the truth and how much was fabricated. (reference page 541)
- The jargon was very confusing.

MILITARY INTERFERENCE

FBI AGENTS

- FRANCIS O'NEILL
- JAMES W. SIBERT

PEOPLE PRESENT DURING THE AUTOPSY

1. Adm. Calvin B. Galloway, commanding officer of the U.N.
[sic] National Naval Medical Center;
2. Adm. George C. Burkley, White House physician to the
President;
3. Comdr. James J. Humes, director of the laboratories of
the National Medical School, Naval Medical Center,
Bethesda, Md.;
4. Capt. James H. Stover, Jr., commanding officer of the
Naval Medical School;
5. John Thomas Stringer, Jr., medical photographer;
6. James H. Ebersole, assistant chief radiologist at the
Bethesda Naval Medical Center;
7. Floyd Albert Riebe, medical photographer;
8. Pierre A. Finck, M.D., chief of the military

environmental pathology division and chief of the wound

ballistics pathology branch at Walter Reed