

BLAKEY NARRATION:  AUTOPSY

September 7, 1978

Thank you Mr. Chairman.

John F. Kennedy was the fourth American President to be assassinated, the first in 60 years. It is somewhat remarkable, therefore, that despite major advances in medical technology, his autopsy created the most controversy, though in two of the earlier murders, there was a dispute over the fine points of the post-mortem examination.

In the case of Abraham Lincoln in 1864, the autopsy surgeons disagreed over the path of the bullet through the President's head. X-ray techniques that could have settled the issue had not yet been invented.

Ironically, when William McKinley was shot in 1901, his wife ordered the autopsy terminated before the fatal bullet could be located, and although x-ray equipment was available - Thomas Edison had sent his newly invented machine to the pathologists - it wasn't used.

The one assassination not to raise an autopsy controversy was that of James Garfield in 1881.

The handling of President Kennedy's treatment and autopsy - first in Texas then in Washington - by the doctors, the Warren Commission, and by the President's family, on the other hand, has given rise to more questions touching on his assassination than any other single factor. The facts of what happened and

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the questions that have arisen out of these facts merit the closest attention.

President Kennedy was, of course, rushed to Parkland Memorial Hospital, arriving there at 12:38 p.m. central standard time. He and Governor Connally were taken into the emergency room.

The first doctors to attend the President were Malcolm Perry and Charles J. Carrico. According to each, they observed a massive head wound and a small, circular wound in the neck just below the Adam's apple. Later, they referred to it "as an entry wound". Dr. Perry performed a tracheotomy to help the President breathe. The incision was made at the throat wound, making it subsequently difficult to determine the nature of the wound or even to notice its existence.

The other Parkland doctors have differed dramatically in their descriptions of the head wound. Dr. Robert McClelland, in a written report dated November 22, 1963, described it as "a massive head and brain injury from a gunshot wound of the left temple". Dr. William Kemp Clark said he observed a large gaping hole in the rear of the President's head.

The Parkland doctors worked on the President for about 20 minutes. They did not examine his back, so they could not have been aware of a wound there. <sup>if there was</sup> The only head wound they <sup>say they</sup> saw was the massive one they described. Their job was to administer emergency treatment, not to measure the location

of wounds or to determine that all wounds had been accounted for. The Parkland doctors' duties extended only up to the time of the death of the President.

Efforts to save the President were futile. And Dr. Clark pronounced him dead at 1 p.m., central standard time. It was a formality. The President was beyond help before he arrived at the hospital.

The doctors who examined Governor Connally were Robert Shaw, Charles Gregory and George Shires. They described the wounds to his back, chest, wrist and thigh. The Governor, at first listed as critical, fully recovered.

After the President was declared dead, his body was taken to Air Force One for the flight back to Washington. On the return flight, Mrs. Kennedy decided to have the autopsy performed at Bethesda Naval Hospital, since the President had served in the Navy. Commander James J. Humes was appointed chief autopsy surgeon. He, in turn, chose Doctors J. Thornton Boswell and Pierre A. Finck to assist him. The autopsy began at 8 p.m. eastern standard time. Other doctors, laboratory technicians, Secret Service and FBI agents and military personnel were in attendance. Members of the Kennedy family and friends remained in the tower suite of the hospital.

Preliminary x-rays failed to detect the presence of a missile in the President's body. Commander Humes was then

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|| given authority to conduct a full autopsy by Admiral Calvin B. Galloway and Dr. George Burkley, the White House physician.

Dr. Humes first determined that a missile had entered the rear of the head and exited at the top right side of the skull, resulting in a large exit wound and leaving tiny metallic particles throughout the brain.

|| Next, he found a wound he determined had entered the upper back. Pathologists tried to probe this wound, but they could only detect a pathway that extended a few inches. They could not find a point of exit. Despite uncertainty over the missile track, Dr. Humes decided not to dissect the track through the neck.

At about this time, Dr. Humes was informed by FBI agents that a bullet had been discovered on a stretcher in the emergency room at Parkland. He and the other pathologists tentatively decided the bullet had penetrated a few inches into the President's back and had been dislodged during emergency treatment at the hospital.

|| During the autopsy, pieces of bone discovered in the presidential limousine were brought to Bethesda, where they were determined to have been part of the President's skull.

THE MOST!  
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| Dr. Humes made note of the tracheotomy incision. The pathologists examined most major organs of the President's body. X-rays and photographs were taken. The brain was retained for future examination; slides were extracted from tissue sections and organs.

The autopsy ended at about 11 p.m. eastern standard time.

On the morning of Saturday, November 23, Dr. Humes spoke by telephone with Dr. Perry in Dallas, who explained that he had made the tracheotomy incision through a small, circular throat wound. Dr. Humes then theorized it was an exit corresponding to the entry wound in the upper back, and he reflected this belief in his autopsy report filed November 24.

|| All participants in the autopsy were under Naval orders - not lifted until the Select Committee began its investigations - to be silent as to its results, but rumors began to fly anyway, and confusing news accounts began to appear. The effect these news accounts had on public perceptions is important to emphasize. Here is a sampling from the New York Times:

November 23 - the President suffered an entrance wound in the Adam's apple and a massive head wound in the head.

December 17 - the FBI had concluded one bullet had struck the President in the right temple and another had hit where the right shoulder joins the neck.

December 19 - the pathologists had determined a bullet had lodged in the back, a second had struck the right, rear of the head.

J. Edgar Hoover, the Director of the FBI, submitted the Bureau's report of the assassination to the Warren Commission on December 9, and a supplement to it was filed January 13, 1964. They reflected the preliminary observations of FBI agents, who had attended the autopsy.

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By early February, the theory - the so-called single bullet theory that one bullet had traversed President Kennedy's back and throat wounds and caused Governor Connally's wounds - began to emerge. At this time, and for several months to come, members of the Warren Commission and its staff were taking testimony from the doctors who had attended the President and who had participated in the autopsy. They had also viewed the Zapruder film. As far as is known, no member of the Commission or its staff ever carefully examined the autopsy x-rays or photos, although Chief Justice Warren reportedly did see them.

REPORTED TO HAVE

In September 1964, the Warren Commission issued its report, in which it concluded the President had been struck by two bullets, one in the back and one in the rear of the skull, as the autopsy report had indicated. Although it used carefully guarded language, the Commission concluded that the bullet that exited the President's throat also caused all of Governor Connally's wounds. Finally, the Commission said the bullet that was found on the stretcher at Parkland Hospital was the one that hit both the President and Governor Connally. This bullet, known by its exhibit number, CE 399, has come to be known as the pristine bullet.

NOT MAGIC?

Not long after publication of the Warren Report, criticism of its findings began to appear. In 1966, Edward Jay Epstein,

in Inquest, revealed that the FBI report of December 9, 1963 stated that the missile that entered the President's back did not exit - this, in spite of the fact that the FBI had access to Dr. Humes' written report indicating otherwise. In addition, in 1966, Mark Lane published his Rush to Judgment. He quoted the early comments of several doctors at Parkland, in which they described the throat wound "as one of entry". Lane then argued that if the President was hit from both the front and back, there had to be more than one assassin. Lane also criticized the "single bullet" theory, suggesting that it had been devised by the Warren Commission to explain how one assassin could have inflicted all the wounds in the requisite time period. As the "single bullet" theory fell, so Lane argued, the specter of two gunmen rose.

In 1967, Josiah Thompson, in Six Seconds in Dallas, proposed that the President had been struck simultaneously by two shots, one from the rear and one from the front.

In October 1966, the autopsy materials, which had been, up until that time, retained by the Kennedy family, were transferred to the custody of the National Archives under a restrictive deed of gift that sharply limited public access to them. In November 1966, the autopsy pathologists were asked by the Department of Justice to review the x-rays and photographs; this was the first time they had ever viewed the photographs. They concluded they were consistent with their original autopsy findings.

REVIEWED  
NEVER INDEXED, ANY

In 1968, Acting Attorney General Ramsey Clark convened a panel of medical experts for the purpose of making an independent review of the x-rays and photos. The panel confirmed the autopsy findings as to the number of wounds and the general direction from which the shots came, but it differed with the pathologists at Bethesda on one important point: it said the wound in the rear of the President's head was 10 centimeters above where they had placed it in the autopsy.

In 1975, the Rockefeller Commission asked still another panel of experts to review the photographic evidence. The findings concurred with those of the panel appointed by Clark.

In 1976, the Select Committee was charged by the House to undertake its investigation into the assassination of President Kennedy. The Committee recognized that it was obligated to examine all the medical issues that had arisen over the years.

They include:

1. The number of bullets that struck President Kennedy and Governor Connally.
2. The number of wounds each man received, their locations and whether they were wounds of entry or exit.
3. The 10 centimeter discrepancy in the location of the wound to the rear of the President's head.
4. The course of the so-called single bullet through both President Kennedy and Governor Connally.



5. The apparent backward motion of the President's head, as shown in the Zapruder film, as he is hit by the fatal bullet.

6. The possibility that the President was struck in both the rear and front of the head.

7. The statements of the Parkland doctors concerning President Kennedy's wounds.

8. The authenticity of the autopsy x-rays and photographs.

9. The competence and validity of the autopsy, including an allegation that the pathologists were ordered to perform an incomplete examination.

The Committee convened a panel of forensic pathologists to evaluate and interpret the medical evidence. It consists of two groups of doctors - one that had previously reviewed the autopsy photographs and x-rays and one that had not.

Panel members who had previously reviewed the evidence are:

Dr. Werner Spitz, medical examiner of Detroit, Michigan.

Dr. Cyril H. Wecht, coroner of Allegheny County, Pennsylvania.

Dr. James T. Weston, chief medical investigator, University of New Mexico School of Medicine, Albuquerque, New Mexico.

Panel members who had not previously reviewed the evidence are:

Dr. John I. Coe, chief medical examiner of Hennepin County, Minnesota.

Dr. Joseph H. Davis, chief medical examiner of Dade County, Florida.

Dr. George S. Loquvam, director of the Institute of Forensic Sciences, Oakland, California.

Dr. Charles S. Petty, chief medical examiner, Dallas County, Texas.

Dr. Earl Rose, professor of pathology, University of Iowa, Iowa City, Iowa.

The moderator of the panel is Dr. Michael M. Baden, chief medical examiner of New York City.

The panel was asked by the Committee to undertake four fundamental assignments:

1. To determine whether there are basic conclusions in the field of forensic pathology on which most of the panel members can agree.
2. To perform a detailed critique of the autopsy of President Kennedy.
3. To write a report of its findings.
4. To make recommendations for pursuing matters outside the expertise of forensic pathologists.

The Committee arranged to have the two groups of medical experts express their views in a single report with the stipulation that, should any member hold a dissenting opinion, it would be stated in the body of the report.

To illustrate the location of the wounds, the Committee has engaged Miss Ida Dox, an experienced medical illustrator, to render drawings.

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Miss Dox graduated from the Johns Hopkins Medical School, Department of Art as Applied to Medicine. She has served as medical illustrator for the Anatomy Department of Georgetown University Schools of Medicine and Dentistry. Presently, she is the medical illustrator for the Department of Medical-Dental Communication at the Georgetown University Schools of Medicine and Dentistry.

Miss Dox has made over four thousand original medical illustrations for Georgetown University and other leading medical schools, medical publishers and pharmaceutical companies. Her illustrations have appeared in a wide variety of medical textbooks, journals and pharmaceutical literature.

It would be appropriate now, Mr. Chairman, to call Miss Dox.

The Committee asked Dr. Lowell Levine to determine whether the autopsy x-rays are, in fact, those of President Kennedy.

Dr. Levine received a D.D.S. degree from the New York University College of Dentistry in 1963. He has lectured at universities across the country and currently is a clinical associate professor at the New York University School of Medicine, as well as the NYU College of Dentistry. Dr. Levine serves as clinical forensic dentistry consultant to the offices of the Chief Medical Examiner of the City of New York and of Nassau County, New York.

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Dr. Levine received his certification in odontology from the American Board of Forensic Odontology. He is a fellow of the American Academy of Forensic Sciences and a diplomate and a board member of the American Board of Forensic Odontology.

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Dr. Levine has been in charge of identification in a large number of mass disasters, both in the United States and abroad. He has published numerous professional papers.

It would be appropriate now, Mr. Chairman, to call Dr. ]<sup>x</sup>  
Levine.

The Committee asked Mr. Calvin S. McCamy to determine whether the autopsy photographs are, in fact, the original, unmodified autopsy photographs of President Kennedy.

Mr. McCamy received a B.S. degree in chemical engineering and an M.S. degree in physics from the University of Minnesota. He has taught mathematics at the University of Minnesota and physics at Clemson University. He has been chief of image optics and photography with the National Bureau of Standards. Currently, he is with the Macbeth Division of the Kollmorgen Corporation.

Mr. McCamy serves as chairman of the American National Standards' Working Group on Print Quality for Optical Character Recognition, chairman of the American Society of Photogrammetry Standards Committee and advisor to the U. S. delegation to the International Organization for Standardization Committee on Photography.

Mr. McCamy is a fellow of the Optical Society of America, the Society of Motion Picture and Television Engineers and the Society of Photographic Scientists and Engineers. He serves on the editorial review boards of several technical journals and he has authored numerous papers on photography, color printing and other aspects of chemistry and physics.

It would now be appropriate, Mr. Chairman, to call Mr. *LEVIN* McCamy.

Mr. Chairman, Dr. Baden, Captain Humes, and Drs. Wecht and Petty have been asked to appear as witnesses here today.

Dr. Baden received an M.D. degree from the New York University School of Medicine in 1959 and completed his residency in pathology at Bellevue Hospital in 1964. He has been a visiting professor of pathology, Albert Einstein School of Medicine, adjunct professor of law, New York Law School, and lecturer in pathology at the College of Physicians and Surgeons, Columbia University. A lecturer at various law and medical schools on legal medicine, he is presently associate professor of forensic medicine at the NYU School of Medicine.

Dr. Baden has received certifications in anatomic pathology, clinical pathology and forensic pathology from the American Board of Pathology. He is a fellow of the American Academy of Forensic Sciences, the College of American Pathologists and the American Society of Clinical Pathologists.

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Dr. Baden was a special forensic pathology consultant to the New York State Organized Crime Task Force that investigated the violence and deaths at Attica Prison, and he is a member of New York State Commissions investigating deaths in prisons and mental hygiene hospitals. He is the author of numerous professional articles and books.

Mr. Chairman, it would be appropriate now to call Dr. Baden.

Capt. Humes received an M.D. degree from the Jefferson Medical College in 1948 and completed his residency in pathology at the Armed Forces Institute of Pathology in 1956. He became a lieutenant commander in the U. S. Navy in 1956, and was assigned as associate pathologist at Tripler Army Hospital that year. In 1958 he was assigned Assistant Chief of Pathology at the U. S. Naval Hospital in San Diego, receiving the rank of full Commander one year later, in 1959.

Capt. Humes became chief of anatomic pathology at the National Naval Medical Center in Bethesda, Maryland in 1960. He became Director of Laboratories at the National Naval Medical Center in 1961, and in that capacity conducted the autopsy on President Kennedy. In 1965 he attained the rank of Captain. He retired from the Navy with that rank in 1967.

Capt. Humes has received certifications in clinical and anatomic pathology from the American Board of Pathology. He is a fellow and past president of the American Society of

Clinical Pathologists and the Association of Clinical Scientists. He has written numerous professional articles. Currently he is a clinical professor of pathology at Wayne State University School of Medicine, and Director of Laboratories and Vice President of Medical Affairs at St. John Hospital in Detroit.

It would now be appropriate, Mr. Chairman, to call Capt. Humes.

Dr. Wecht received an M.D. degree from the University of Pittsburgh School of Medicine in 1956, and LL.B. from the University of Maryland School of Law in 1962 and a J.D. from the University of Pittsburgh School of Law in 1962. He completed his residency in pathology in 1959 at the Veterans Administration Hospital, Pittsburgh. He has been the Acting Chief of Laboratory Service at the Leech Farm Veterans Administration Hospital and a pathologist at the Charleroi-Monessen Hospital. Currently, he is the Director of the Pittsburgh Pathology and Toxicology Laboratory and the Director of Laboratory Services and Chief Pathologist at the Central Medical Pavillion Hospital in Pittsburgh. Having lectured at numerous medical and law schools, he currently is a professor of law and the Director of the Institute of Forensic Science at Duquesne University School of Law. He is also an adjunct professor of pathology at Duquesne University School of Law.

He is also an adjunct professor of pathology at Duquesne University School of Pharmacy and an adjunct professor of epidemiology at the University of Pittsburgh Graduate School of Public Health.

Dr. Wecht has received certifications in anatomic, clinical and forensic pathology from the American Board of Pathology. He is a fellow of the College of American Pathologists, the American Society of Clinical Pathologists and the American Society of Forensic Odontology.

Dr. Wecht currently serves as Coroner of Allegheny County, Pennsylvania. He holds numerous editorial positions on the boards of medical and legal publications and he has written on a wide variety of medical and legal subjects.

It would be appropriate at this time, Mr. Chairman, to call Dr. Wecht.

Dr. Petty received an M.D., cum laude, from Harvard Medical School in 1950 and completed his residency in pathology in 1955 at New England Deaconess Hospital in Boston. He has been a lecturer at Northwestern University School of Law, a lecturer at the Dallas Institute of Mortuary Science and a professor of forensic pathology at Indiana University Medical Center. Currently he is the Chief Medical Examiner, Dallas County, Texas; Director of the Southwestern Institute of Forensic Sciences at Dallas, and professor of pathology and forensic sciences at the University of Texas Southwestern Medical School.



Dr. Petty is certified in the areas of pathologic anatomy, clinical pathology and forensic pathology by the American Board of Pathology. He is a fellow of the American Academy of Forensic Sciences, the American Association of Pathologists, the American Society of Clinical Pathologists and the College of American Pathologists.

Dr. Petty has served as a consultant to the Veterans Administration Hospital in Dallas and the Federal Aviation Administration. He is a member of the editorial Board of the Journal of Forensic Sciences and was the associate editor of the American Journal of Clinical Pathology from 1968 to 1972.

It would be appropriate now, Mr. Chairman, to call Dr. Petty.