

The JFK Autopsy: Verified, Re-Verified, and
Verified Again

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Explanatory Foreword

The report of the 1968 medical panel on its examination of the JFK autopsy photographs and X-rays has been the subject of a searching critical analysis by Harold Weisberg, author of Whitewash and other books on the assassination. Mr. Weisberg shared with me the results of his study, in conversation only days after the panel's report was made public on January 16, 1969. At the end of March he was good enough to invite me to read his full-length manuscript, Post-Mortem III, a compendium and critical analysis of all information and documents available as of the present time on the autopsy, including the photographs and X-rays.

That Mr. Weisberg produced a work of great scope and microscopic detail with such astonishing speed testifies to his commitment and his conviction that the full truth about the Dallas assassination must be pursued and that all misrepresentation must be tirelessly exposed. His manuscript, in its mastery of the staggering complex of the forensic evidence and pseudo-evidence which continues to burgeon and proliferate in the case of the JFK assassination, is a tour de force of the highest magnitude.

In preparing this article, I have merely retraced the work which had already been done by Harold Weisberg. The exclusive credit for the methodology and the findings belongs to him. His book-length manuscript should be published and become available to the public. But publication is not yet prospective. Some of the findings are therefore indicated in this preliminary, interim survey of the examinations of the JFK autopsy photographs and X-rays.

Chronology

During the autopsy on the night of November 22, 1963 photographs (both color and black and white) and X-rays of the total body were taken. The photographs were not developed but were placed into the custody of the Secret Service, still in their cassettes, together with the X-rays, upon completion of the autopsy.

In April 1965 the photographs and X-rays were transferred into the custody of the late President's family. In November 1966 they were deposited in the National Archives under restrictions and prohibitions which effectively barred any examination of this evidence by qualified experts and scholars, for at least five years and perhaps indefinitely. At the time of this transfer, the photographs and X-rays were examined (the photographs, for the first time) by two of the autopsy surgeons, Dr. J. J. Humes and Dr. Thornton Boswell, who then stated that the photographs and X-rays were consistent with and corroborated the findings set forth in the autopsy report.

From December 1966 to April 1967, Rep. Theodore R. Kupferman of New York made a series of requests for an opportunity for examination of the photographs and X-rays by noted forensic pathologists Dr. Milton Helpern and Dr. Cyril H. Wecht assisted by a technical expert on the Warren Commission documentation. Kupferman persisted up to the level of the White House but his request was repeatedly rejected.

In a book published early in 1967, William Manchester alleged that the autopsy photographs and X-rays had been inspected independently by three experts, each unknown to the others, and that each had concluded that they verified the autopsy findings. Manchester's allegation remains wholly unsubstantiated and an article in the July 1967 Commentary suggests that his "three experts" were purely imaginary.

In January 1967 the three autopsy surgeons (Drs. Humes, Boswell, and Pierre Finck), at the request of the Department of Justice, made a five-hour examination of the autopsy photographs and X-rays. Their five-page report dated January 26, 1967 was not made public until a year later, when it was released by Attorney General Ramsey Clark on January 16, 1969. The report states that the photographs and X-rays "corroborate our visual observations during the autopsy and conclusively support our medical opinion as set forth in the summary of our autopsy report."

On January 6, 1968 the text of an agreement setting forth the terms and conditions under which the photographs and X-rays had been deposited in the Archives in 1966, together with an inventory of the items deposited, was published in The New York Times.

On January 26, 1968 Dr. Thornton Boswell wrote to Attorney General Ramsey Clark expressing concern about the "continuing controversy and speculation" about the autopsy findings and the photographs and X-rays. He recommended that an impartial board of experts should be convened at an early date to examine the available material and to resolve outstanding questions.

A four-man medical panel (see page 13 for list of members) assisted by legal counsel was convened at Washington, D.C. on February 26 and 27, 1968 to examine the photographs, X-rays, and other items of evidence (the stretcher bullet, bullet fragments, motion picture films and frames, clothing, and documents). The panel prepared a sixteen-page report stating that the photographs and X-rays supported the conclusions of the autopsy report and the Warren Report and concurring in the view that "President Kennedy was struck by two bullets fired from above and behind him, one of which traversed the base of the neck on the right side without striking bone and the other of which entered the skull from behind and exploded its right side."

The convening of the 1968 panel was kept secret until its report was suddenly disclosed for the first time by Attorney General Ramsey Clark in a press release of January 16, 1969. The panel's report was treated as the lead story in most radio and television news programs and in many newspapers, which headlined the panel's verification of the autopsy findings but saw no inconsistencies in the body of the report.

At the time of the release of the 1968 panel's report, two legal actions had been initiated by parties seeking to secure access to and examination of the autopsy photographs and X-rays. Dr. John Nichols, pathologist at the University of Kansas Medical Center, instituted proceedings against the U.S. Government and the Archivist, in the U.S. District Court at Kansas; and the District Attorney of Orleans Parish, Louisiana, issued a subpoena for the photographs, X-rays, and other items of evidence.

The subpoena was the subject of a hearing before Judge Charles W. Halleck at the Court of General Sessions, District of Columbia. The eminent forensic pathologist Dr. Cyril H. Wecht testified as an expert witness for the plaintiff on February 14, 1969, and took serious exception to the 1968 panel's report.

Judge Halleck on February 17, 1969 issued an order for compliance with the subpoena, and the Department of Justice thereupon served notice of intention to appeal against the order. At this stage, the office of the District Attorney of the Parish of Orleans withdrew its petition for the autopsy

photographs and X-rays and the matter was thus mooted.

Subsequently autopsy surgeon Dr. Pierre Finck testified for the defense at the New Orleans trial which had occasioned the subpoena. Dr. Finck made startling admissions, under cross-examination on February 24 and 25, 1969, as to the conduct of the autopsy on the assassinated President. He disclosed that high military and naval officers present in the morgue had instructed the pathologists not to dissect the body (in an attempt to determine the bullet path); they had also given orders with respect to the wording of certain findings set forth in the autopsy report.

Discussion of the 1968 Panel Review

Inventory As is seen in Table 1, there are discrepancies between the successive inventories of photo negatives and prints (black/white, and color) and of X-rays. Although the 1963 inventory lists eleven X-rays, the 1966 and 1968 inventories mention fourteen plates. However, X-rays of the four lower extremities are missing and no explanation is given for their absence. Bullets may lodge in a body at wholly unpredictable and unexpected sites, unrelated to the point of entry. The missing X-rays of the lower arms, wrists, hands, feet, ankles and lower legs must therefore prohibit any conclusive finding that a bullet or bullets, or portions of such missiles, were not present in the body when interred.

Also unexplained is the absence of any image on five exposed films and on an exposed roll of color film described as "black, no image". Unless the spoliation of this invaluable photographic evidence is accounted for in a satisfactory manner, suspicion will persist that tampering with or destruction of evidence has taken place.

Table 2 shows discrepancies in the description of the photographs viewed by the 1967 and the 1968 panels. Photograph No. 17 is described by Humes as "massive head exit wound" and by the 1968 panel as "head and neck from left side". That is not insignificant, since the massive exit wound is said to be situated on the right side of the head. Photograph No. 1 is described by Humes as "side view of throat" and by the 1968 panel as "frontal view of skull", to cite another example. Questions therefore arise as to whether the same 52 photographs were examined by the two panels and, if so, why the numbering system produced such inconsistencies as to the contents. Noteworthy also is the absence from the list of photographs of frontal views of the body and frontal views of the head.

The failure to provide a certified chain of possession of the autopsy photographs and X-rays from the night of November 22, 1963 to the present time has self-evident forensic implications—the more so when one considers the manner in which the site of the fatal wound has shifted radically; minute metallic fragments have become relatively large; and metallic fragments have appeared where they previously were invisible.

Purpose of the review The 1968 panel was convened because the autopsy findings, including the photographs and X-rays, continued to be the subject of controversy and speculation and it was desired "to resolve many of the allegations concerning the autopsy report."

That being so, it is a surprise and disappointment that the report of the 1968 panel does not address itself explicitly to the following central points of controversy: (i) the discrepancy between the holes in the back of the coat and shirt, well below the collar, and the alleged higher position of the corresponding wound "low in the back of the neck;" (ii) the contention that this bullet exited from the President's body and proceeded to strike the Governor, inflicting all of his wounds and fractures; (iii) the contention that the stretcher bullet was the agent of all the non-fatal wounds sustained by the two victims; (iv) the forceful thrust of the President's body backward and to the left upon impact of the head shot, as seen in the Zapruder film; and (v) the continued unwarranted suppression by the federal authorities of the FBI spectrographic test results for the bullet, bullet fragments, smears and residues.

Indeed, the 1968 panel studiously avoided all consideration of the wounds sustained by Governor Connally and of the "single-bullet theory" which is indispensable to the finding of a lone assassin (since a separate bullet or bullets to the Governor within the agreed time-span would signify more than one rifleman, the lapse being too short for a second shot to be fired by the alleged assassination weapon).

There is no doubt that the four members of the 1968 panel possess the qualifications and credentials appropriate to the review conducted. Doubt does exist that they were sufficiently acquainted with the vast complex of forensic evidence and problems to perform a competent examination in a space of only two days. The panel's lack of familiarity with the basic, undisputed facts is seen in its statement that "the cutaneous wound in the back was too small to permit the insertion of a finger" and that "the insertion of a metal probe would have carried the risk of creating a false passage." Even cursory students of the assassination are aware that the autopsy surgeons did, in fact, insert both a finger and a metal probe into the wound in the back, seeking to trace its path. The testimony and documents are rich in description of the attempts made to probe the wound manually and by instrument and the matter has been thoroughly discussed in critical works on the Warren Report and in the press, in connection with the disclosure that the FBI Summary and

Supplementary Reports of December 6, 1963 and January 13, 1964 were in gross conflict with the autopsy report.

Self-vindicating examinations of the autopsy photos and X-rays by the autopsy surgeons themselves, in 1966 and 1967, were assuredly unacceptable and a review by independent experts was assuredly required. That is exactly what had been proposed by Representative Theodore R. Kupferman in 1966-1967 in a series of appeals for examination of the autopsy photos and X-rays by two eminent forensic surgeons and a technical expert on the Warren Commission's documentation. The proposed Kupferman panel had the advantage of close knowledge of the whole body of evidence and data relevant to a conclusive evaluation of the photos and X-rays. The reason for the steadfast denial to these nominees of access to the material is not clear.

Nor is it clear why the report of the 1968 panel, supposedly solicited in order to resolve persistent controversy about the autopsy findings, was kept secret for almost an entire year in disregard for its stated purpose.

The Non-Fatal Posterior Bullet Wound Table 3 sets forth the successive versions of the characteristics of this wound, identified as a bullet entry wound both by the autopsy surgeons and the 1968 panel, as well as the characteristics of the corresponding clothing holes. Although the autopsy surgeons situate the wound "low in the back of the neck," the 1968 panel joins the eyewitnesses in placing the wound in the back and not in the neck. The 1968 panel judges the size of the wound to be almost fifty per cent greater than the measurements set forth by the autopsy surgeons but concurs in placing the wound 14 cm. or $5\frac{1}{2}$ inches below the right mastoid process. The panel does not explain how it fixed the site of the right mastoid process from a two-dimensional photograph (presumably with hair covering the bony protuberance); it would seem to demand tactile exploration. Nevertheless, one may accept the measurement of 14 cm. as valid on the basis of the autopsy findings and of the totality of evidence establishing the position of this wound.

For a number of years, the 14 cm. measurement was thought to be inconsistent with other evidence which suggested a far lower site--the descriptions of eyewitnesses, the clothing holes, the autopsy "face sheet" sketch, and the on-site reenactment photographs. The aggregate of this evidence suggested a site five to six inches below the neck and perhaps 20 rather than 14 cm. below the right mastoid process. The apparent

conflict was resolved by findings made in 1967 by Professor Robert Ferman in an unpublished monograph which demonstrates that the 14 cm. measurement actually confirms the lower site. The distance between the mastoid process and the wound when gauged on a prone body would increase by about 25 to 30 per cent when the body is erect; the President was erect when he was shot but prone when the measurement was made. (The Ferman monograph also presents conclusive findings that the transit of the bullet from the asserted point of entry to the asserted point of exit through soft tissue and without striking bone demands vertical and lateral angles of flight which rule out entry of the same missile into the Governor's back and which, moreover, rule out the sixth-floor window and establish the point of origin as at or near ground level.)

The panel was not, of course, aware of Ferman's study. Its report seeks to validate the autopsy finding that a bullet entered the back, transited the neck through soft tissues without encountering bone, and exited at the site of the tracheotomy. This is reflected in the assertion that the autopsy photographs show a "transverse fold in the skin of the neck" (not mentioned in any antecedent findings) which provides a demarcation point and permits a determination that the exit wound is inferior to the entry wound by 1 and 3/8ths inches. The panel elevates the position of the bullet hole in the back of the suit jacket by 5/8ths of an inch, and the hole in the shirt back by 1/4th of an inch, not from photographs but from the actual garments. Apparently there was some lack of precision in measuring the apparel, either on the part of the FBI expert who provided the specifications cited in the Warren Report or on the part of the 1968 panel.

Nevertheless, the panel like the autopsy surgeons before it, was compelled to assume the existence of a bullet track or bullet path between the two wounds, the presence of which could not be proved. In further support of this contention, the panel presents surprising new evidence, as indicated in Table 4: the presence of "small metallic fragments" in the area between the two wounds.

The hitherto-undetected fragments pose a number of new problems on which the panel's report provides no illumination. How could all three autopsy surgeons have overlooked these metallic fragments at the time of the autopsy and during their subsequent reviews of the X-rays in 1966 and 1967? Dr. Humes

testified under oath that "no metallic fragments were detectable by X-ray examination" in this area and Drs. Boswell and Finck concurred without reservation in that testimony.

The same three autopsy surgeons in their 1967 report made a somewhat different statement of the position, in carefully chosen words reporting that apart from small metallic fragments in the head there was "no evidence of a bullet or of a major portion of a bullet in the body." Why did they qualify their words in 1967, moving from "no fragments" to "no major portion of a bullet"? If they saw in 1967 the metallic fragments mentioned for the first time by the 1968 panel but overlooked during the actual autopsy, there can be no justification for their failure to say so in plain words. If they failed to detect the fragments in 1967 as in 1963, why then did they engage in semantic circumlocution instead of saying forthrightly that there were no fragments?

A second problem arises from the deposit of small fragments by a bullet that escaped impact with bone. What produced the fragmentation? And why, having shed metal during transit, did the bullet leave no trace at the so-called exit holes at the front of the shirt?

Dr. Cyril Wecht testified on February 14, 1969 to his misgivings about the question:

"I saw that the 1968 report referred to the presence of metallic fragments in the neck, and no such finding had been made at the time of the original autopsy or as reported subsequently in the January, 1967 review by Commander Humes and Boswell and Colonel Finck. This discrepancy caught my attention, and I tried to understand where they could have come from in the absence of striking bone. This is a relatively small distance for a bullet to traverse, particularly a rifle bullet from a high velocity weapon, and there would be no disbursement of fragments on going through soft tissues in the absence of striking bone."

A third dilemma created by the discovery of fragments in the neck relates to the bullet of origin, the so-called stretcher bullet. Long before the review by the 1968 panel, the loss of less than three grains of the bullet's estimated pre-firing weight of 160-161 grains had seemed irreconcilable with its history (transit through two bodies, inflicting four wounds of entry and three wounds of exit, fracture of a rib and a wristbone, and deposit of metal fragments in the chest, wrist, and thigh of the second victim). The loss of the particles reported by the 1968 panel makes the irreconcilability all the more extreme. But the panel did not address itself to the weight of the stretcher bullet—much less, to its undeformed, near-pristine condition,

9. (Add.1)

or to its arresting similarity to test bullets fired through cotton tubing, or to the incomprehensible absence on this marauding missile of blood, tissue, or weave pattern from the several garments it had mutilated.

As to the anterior neck wound--which only the Parkland Hospital doctors had actually viewed and which they had utilized as the site of the tracheotomy incision--the 1968 panel examined a photograph which showed the top half of the wound above the incision and unhesitatingly pronounced it to be an exit wound. The panel seemingly was untroubled by the fact that this so-called exit wound was considerably smaller than the 7 x 10 mm. entrance wound, in reversal of the usual and expected size relationship between wounds of entry and exit. Certainly the panel was untroubled by the body of incontrovertible evidence that the Parkland Hospital doctors, to whom gunshot cases were virtually a daily experience, had identified this wound as one of entry in public statements and in reports immediately after the assassination. The Warren Commission had, after all, disposed of that sticky problem. (The transformation of the anterior neck wound from an entry to an exit wound is fully discussed in the literature--see, for example, Whitewash; Accessories After the Fact;

Rush to Judgment.) The panel by no means disposed of the formidable body of evidence against the assertion that the wound is one of exit—evidence which includes the holes in the front of the shirt and the hole in the necktie under which the intact lining is plainly visible. (See Table 4, Discussion.)

Posterior Head Wound The so-called entry wound in the back of the head has been the subject of strange contradictions, as to its location and indeed its existence. Table 5 indicates some of the salient inconsistencies, which are more fully set forth in the critical works previously mentioned. In the report of the 1968 panel, the most remarkable feature of its discussion of the head wound is the radical shift in its site. Whereas the autopsy surgeons in 1964 and again in 1967 located the wound "at the occiput" or "slightly above the external occipital protuberance", the 1968 panel places it 100 mm. or $4\frac{1}{4}$ inches above the occipital protuberance. The discrepancy is so enormous that it defies rational explanation and might well have been overlooked entirely, obscured as it is in dehumanized technical jargon, were it not for the perspicacity of Harold Weisberg. Another critic found it so preposterous that the location of the wound was shifted upward by more than four inches that he insisted at first that the "100 mm." could only be a typographical error.

The panel did not call attention to the discrepancy nor acknowledge it at all, and one is compelled to wonder if the panel saw the same photographs and X-rays as those reviewed a year earlier by the autopsy surgeons or those exposed during the autopsy.

In the course of his testimony on February 14, 1969 before the Court of General Sessions, District of Columbia, Dr. Cyril H. Wecht was asked whether the surgeons who said that the wound was slightly above the external occipital protuberance, and the panel that said it was 100 mm. above the same point, could have been speaking about the same spot. Wecht replied,

"Absolutely not...That measurement of 100 millimeters ...takes it to the top of the head. It is significantly removed from just a little bit above the external occipital protuberance, a direct and glaring discrepancy ...There is no question about it...It is not a matter of interpretation. It is their measurements."

Dr. Wecht commented also on the absence of metallic fragments in the left cerebral tissues, which the 1968 panel had emphasized.

"The left side of the brain, the left cerebral hemisphere, has not been serially sectioned and examined. I would be willing to state at this time that the left cerebral hemisphere remains intact in the way it was removed from the President's cranium at the time of the autopsy in November 1963. You just don't examine a half of a brain. You never examine half of a brain. And let me be more specific, if I may. When you are dealing with a gunshot wound to the head, which has involved the brain, you can't leave half of the brain untouched...It would be possible for the bullet to have traversed the left cerebral hemisphere without having deposited any metallic fragments."

As shown in Table 5, there were discrepant descriptions of the bullet fragments in the head by the different sets of pathologists. The 1968 panel also reported the presence in the right cerebral hemisphere of a gray-brown rectangular structure, about one-half inch by three-fourths inch in size. This object had never before been mentioned, in the autopsy report or the testimony or in the 1967 report by the autopsy surgeons. The 1968 panel was unable to identify this object.

If we accept as fact that neither set of doctors was capable of committing a four-inch error in locating a head wound, and if we assume that the authentic, unadulterated photographs and X-rays were viewed by both the autopsy surgeons and the 1968 panel, it must be asked what purpose was served by a falsification which raised the position of the wound, or lowered it, from its true position by so substantial a space.

I tried to answer this question for myself and in the course of re-examining the evidence my eye was arrested by a schematic drawing of the head wounds prepared by a medical artist under the direction of Dr. Humes (CE 388, Volume XVI, page 984). It shows the President's head and shoulders, right profile view, with head bent forward very sharply. The drawing shows a ^{small} bullet entry hole low in the back of the skull, slightly above the hairline, and an immense gaping hole of exit, with jagged zig-zag margins, on the right side. An arrow marked "in" enters through the small hole and the point, marked "out," exits through the center of the huge exit hole, at a very shallow angle of declination of something less than 20°.

However, the schematic drawing depicts the head as it was bent forward after the impact of the bullet. The Zapruder film shows that the head was considerably higher before the shot impacted. I therefore covered the face and body on the schematic drawing, and sketched in the neck and shoulders in the more erect posture seen in the film. In that perspective, the arrow assumes a marked upward path. But if the small entry hole is elevated to the top of the head, the path to the point of exit reverts to an angle of descent.

Did one set of doctors, thinking that the head was bent sharply forward before the fatal shot, lower the entry wound by four inches in order to satisfy the requirements of a shot fired from the sixth floor? Did the other set of doctors, knowing that the head was relatively erect until the fatal shot, raise the wound by four inches in order to serve the same purpose?

One may reject both possibilities---but he must then be prepared to take seriously the equally unsettling possibility that forged photographs and X-rays have been presented for examination.

Appraisal

The conduct of the autopsy on the assassinated President and the disposition of the photographs and X-rays has been marked by shocking irregularities and ominous secrecy at every stage. A series of examinations of the autopsy photographs and X-rays, first by interested parties and then by an independent outside panel, purported to verify the autopsy findings. Far from corroborating the factual data, authenticating the conclusions, or resolving the long-standing conflicts and discrepancies, the "verification" exercises have posed intractable new problems. The astonishing shift in the location of the entry wound in the head by four inches in itself raises doubt about the authenticity of the photographs and X-rays examined by the 1968 panel. If they are not forgeries, equally grave questions arise about the probity of the autopsy surgeons. Whether or not they were qualified by training and experience to conduct a post-mortem examination in a homicide involving firearms, the autopsy surgeons like any grade-school graduate were certainly capable of distinguishing between the hairline and the top of the head and of measuring a span of four inches.

Either there has been collusion and perjury by one set of medical experts or there has been forgery and substitution of the valid photographs and X-rays. Logic permits no other possibility.

The U. S. Department of Justice and the former Attorney General, Ramsey Clark, have played a decisive role in the suppression of the autopsy photographs and X-rays, in the staging of secret examinations by interested parties and by outside experts whose report fails to indicate competence or impartiality, and in the careful timing of the release of findings so as to create a false impression that all questions have been conclusively resolved. A docile and complacent press has facilitated this policy of official deception.

Ramsey Clark himself only months before leaving office issued a warning about the peril in which society was placed when the police themselves violated the law they were sworn to uphold, leaving the individual and the community without protection or recourse. His courageous statement was admirable. But in every aspect of the JFK assassination, Ramsey Clark as Attorney General and the Department of Justice have played a scandalous part of censor, propagandist, and whitewasher of the Administration it served, on the entire spectrum of assassination evidence. In the spirit if not the letter, the

trust vested in Ramsey Clark and his Department has, in the JFK assassination, been systematically Betrayed.

A new Attorney General now presides over the Department of Justice. It is his duty to clarify the record and to prosecute for perjury any principals in this matter who have wilfully given false testimony or written false reports. It is his duty to prosecute any parties who have destroyed or fabricated material evidence. This entire affair reeks of perjury and collusion.

Key to Tabular Headings

of Nov. 26, 1963,

"1963 Sibert/O'Neill" refers to the report^A written less than a week after the assassination by FBI special agents James Sibert and Francis X. O'Neill on their observations during their attendance at the autopsy procedure at Bethesda Naval Medical Hospital (Commission Document 7, National Archives).

1964 Humes refers to the testimony of Dr. J. J. Humes (Volume II, Hearings and Exhibits) or to the autopsy report (Commission Exhibit 387) prepared and transmitted to the Warren Commission by the autopsy surgeons (Drs. Humes, Boswell and Finck). pp. 348-377,

1966 Burke Marshall refers to the text of the letter of October 29, 1966 and appendices, setting forth the conditions for the deposit in the National Archives of the autopsy photographs and X-rays and of personal effects of the assassinated President, signed by Burke Marshall on behalf of the Kennedy family (New York Times, January 6, 1968, pages 1 and 15).

1967 Humes' Review refers to the report of Drs. Humes, Boswell and Finck on their examination of the autopsy photographs and X-rays on January 20, 1967, text of which was released by the U. S. Department of Justice on January 16, 1969.

1968 Panel Review refers to the report of a four-man medical panel on its examination of the autopsy photographs and X-rays and related physical and documentary evidence, at the request of the Hon. Ramsey Clark, U. S. Attorney-General, on February 26-27, 1968. The text of the panel's report together with the text of the report of the 1967 Humes' review were released on January 16, 1969 by the Department of Justice. The panel members were Dr. William H. Carnes, Professor of Pathology, University of Utah, Salt Lake City; Dr. Russell S. Fisher, Professor of Forensic Pathology, University of Maryland, Baltimore; Dr. Russell H. Morgan, Professor of Radiology, School of Medicine, Johns Hopkins University, Baltimore; and Dr. Alan R. Meritz, Professor of Pathology, Case Western Reserve University, Cleveland. Bruce Bromley served as legal counsel to the panel.

<u>Inventory</u>	1963 Sibert/ O'Neill	1964 Humes	1966 Burke Marshall	1967 Humes' Review	1968 Panel Review
Total photo negatives	45	15-20	52		52 ^a
Roll 120 film	5				
Black/white			18		
4 x 5 color	22		27		
4 x 5 b/w	18		7		
Total photo prints			128	35	45
8 x 10 color			55		
8 x 10 b/w			36		
3 1/2 x 4 1/2 b/w			37		
Color transparencies					
4 x 5			27		
Exposed film: no image			5 ^b		
Exposed color film: 1 roll, black, no image			1 roll ^b		
Unexposed color film			1 piece		
X-ray negatives	11	total body	14		14 ^c
14 x 17			8		
10 x 12			6		
X-ray prints			29	3	3
11 x 14			12		
14 x 17			17		

a Seven negatives had no corresponding prints and seem not to have been developed.

b No explanation given for lack of image.

c No X-rays of lower arms, wrists and hands, or lower legs, ankles and feet, despite sworn testimony by Dr. Humes in March 1964 (Volume II, Hearings and Exhibits) that X-rays were made of the lower extremities at the explicit request of Dr. Pierre Finck.

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List of Autopsy Photographs by Number, with Comparative Descriptions

<u>Photograph No.</u>	<u>1967 review by Humes, Boswell and Finck</u>	<u>1968 Panel report</u>
1	Side view of throat	Frontal view of skull
2	"	"
3	"	Thorax and neck
4	"	"
5	Wound is below Adam's apple	Head viewed from above
6	"	Head and neck from left side
7	Massive head exit wound	Head viewed from behind
8	"	Head viewed from above
9	"	Back of body including neck
10	"	"
11	Location back (neck) wound of entrance	Head viewed from right and above including part of face, neck, shoulder and upper chest
12	"	"
13	Wound below Adam's apple	Head viewed from above
14	"	Head viewed from behind
15	Entrance wound back head	Head and neck from left side
16	"	Head viewed from above
17	Massive head exit wound	Head and neck from left side
18	"	"
19 through 25	Not mentioned	Negatives without corresponding prints
26	Wound below Adam's apple	Head from right and above (as in No.11)
27	"	"
28	"	"
29	Not mentioned	Head and neck from left side
30	"	"
31	"	"
32	Massive head exit wound	Head viewed from above
33	"	"
34	"	"
35	"	"
36	"	"
37	"	"
38	Back (neck) entrance "	Back of body including neck
39	"	"
40	Wound below Adam's Apple	Head from right and above (as No.11)
41	"	"
42	Entrance wound back head	Head viewed from behind
43	"	"
44	Massive head exit wound	Cranial cavity with brain removed viewed from above and in front
45	"	"
46	Not mentioned	Brain viewed from below
47	"	"
48	"	"
49	"	"
50	"	Brain viewed from above
51	"	"
52	"	"

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List of Autopsy X-Rays by Number, with Comparative Descriptions

<u>X-Ray No.</u>	<u>1967 review</u>	<u>1968</u>	<u>1968 panel</u>
1	Not mentioned		Skull, anterior-posterior
2	Not mentioned		Skull, left lateral
3	Not mentioned		Skull, left lateral
4	Skull, exit wound, bone and metal fragments		Skull, fragments of
5	"		"
6	"		"
7	Not mentioned		Thorace-lumbar region, A-P view
8	Not mentioned		Right hemithorax, shoulder, upper arm
9	Not mentioned		Chest, anterior-posterior
10	Not mentioned		Left hemithorax, shoulder, upper arm
11	Not mentioned		Thorace-lumbar region, A-P view
12	Not mentioned		Lower femurs and knees, A-P view
13	Not mentioned		Pelvis, A-P view
14	Not mentioned		Upper legs, A-P view

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The Non-Fatal Posterior Bullet Wound

LOCATION

Eyewitnesses

Humes 1964 and
1967 Humes' Review

1968 Panel Review

In the back--Kellerman (2H 103)

About 4 inches below the
right shoulder--Bennett
(CE 1024, CE 2112)

About six inches below
the neckline--Gintzen
Hill (2H 143)

Below the shoulders--Sibert
and O'Neill (GD 7 Archives)

Low in the back of the neck.
14 cm (5½") below the tip of the
right mastoid process and 14 cm
from the tip of the right
acromion. The drawing included
in CE 397 "may be somewhat mis-
leading as to the location of the
wound, making it appear at a point
lower than it actually was."

In the back. 15 cm medial to
the right acromial process,
5 cm lateral to the mid-
dorsal line and 14 cm
below the right mastoid
process. 5.5 cm below
a transverse fold in the
skin of the neck.

DIMENSIONS

7 x 4 mm

7 mm wide x 10 mm long 3/

1/ The 1967 Humes' review report suggests that the "face sheet" drawing is misleading because it places the wound lower than it actually was. However, the precise measurement of 14 cm or 5½" below the tip of the right mastoid process in fact confirms the lower position of the wound as it appears in the face-sheet drawing (and as reported by eyewitnesses). As Professor Robert Forman of Wisconsin State University has pointed out, the distance between the tip of the right mastoid process and the bullet wound was measured on the prone body during the post-mortem procedure, whereas the body was erect when struck by the bullet. The "acromion" effect in the prone position, compressing the flesh between the shoulders and the head, produces a measurement which averages 2 to 2½ inches less than the distance between the same two points when the body is erect. Consequently, both the measurements and the lower site of the wound on the face-sheet are correct and mutually reinforcing.

2/ The panel does not explain how it was possible to locate the tip of the right mastoid process on a two-dimensional photograph. This would seem to require tactile examination of the body.

3/ The 1968 panel has enlarged the wound by about 45 per cent. The circumference of the alleged bullet in question is 6.5 mm--somewhat larger than the dimensions given by Humes and substantially smaller than the dimensions given by the panel.

The Non-Fatal Posterior Bullet Wound (continued)

PATH/TRAJECTORY

Eyewitnesses

Humes 1964 and 1967
Warren Report

1968 Panel Review

Penetrated a short distance on descending path of 45 to 60°; did not exit; end of channel could be felt with finger---FBI agents Sibert and O'Neill; Secret Service agents Greer and Kellerman; and FBI Summary Report (December 6, 1963) and Supplementary Report (January 13, 1964)

Bullet passed between strap muscles at a slight downward angle (17°43'30") without striking bone, exited at anterior neck (WR 88, 107)

Bullet transited on leftward descending path [of about 20°] exiting at anterior neck 3.5 cm (1-3/8") below point of entry, to the right of the spine and above a plane passing through the upper margin of the right scapula, apex of the right lung and the right clavicle

JACKET HOLE

3/4" in diameter, 5-3/8" below top of collar and 1-3/4" to the right of the center back seam

~~1.5~~ 15 mm (5/8") long 5 cm (2") to right of midline 12 cm (4-3/4") below top of collar [Note: The bullet hole in the back of the jacket is raised 5/8ths of an inch above the position indicated in testimony and in the WR.]

SOLE IN BACK OF SHIRT

5-3/4" below top of collar 1-1/8" to the right of the middle of the back of the shirt; 3/4" diameter

14 cm (5 1/2") below top of collar 2.5 cm to right of midline 10 mm (3/8") long [Note: The position of the hole is raised one fourth of an inch.]

Anterior Neck Wound

Table 4.

SIZE AND LOCATION

Eyewitnesses

Humes 1964, 1967

1968 Panel

Small hole 3 to 5 mm. diameter,
below Adam's apple
---Drs. Carrice and
Perry, Parkland Hospital

Below Adam's apple

Top half of circular
wound visible, above
tracheotomy incision

FRAGMENTS

No metallic fragments were
detectable by X-ray examina-
tion"---March 1964 testimony
(2H 361)

Apart from small metallic
fragments in the head, no
evidence "of a bullet or a
major portion of a bullet
in the body"---1967 review

Several small metallic
fragments present, to the
right of the cervical
spine immediately above
the apex of the right
lung. (Note: This conflicts
with Humes 1967 and even more
with Humes 1964 testimony, in
which Drs. Boswell and Finck
concluded. It conflicts also
with the entire thesis of a
bullet transit through soft
tissues without striking bone.
No explanation is given for
the presence of metallic
fragments or the further
diminution of mass of the
alleged bullet in question,
the stretcher bullet.)

HOLES IN SHIRTFRONT AND TIE

Warren Report/Humes 1964

1 hole 7/8" below button; 1 hole 7/8" below
buttonhole. Holes align when overlapped.
Each is ragged, vertical slit 1/4" high
Fibers pushed outward. Elongated horizontal
nick in tie, on left side of knot.

1968 Panel

2 tears 15 mm long (5/8") in
overlapping hems, front of
shirt, at position where
necktie knot is usually found.

In outer layer of tie, ragged
tear 5 mm (1/4") maximum diameter,
2.5 cm (1") below upper edge
of knot and to left of midline.

Anterior Neck Wound

Table 4. (concluded)

Discussion:
Holes in Shirtfront and tie

The ragged slits below the button and the buttonhole are alleged to align when the shirt is closed (overlapped). However, the photograph of the front and top of the shirt shows the outside slit (under the buttonhole) in a higher position than the slit under the button. The projectile which produced these slits while the shirt was buttoned and the hems overlapping would have to be on an upward path, if it passed through the body posterior to anterior and exited below the Adam's apple. (See photograph designated FBI Exhibit 60, Six Seconds in Dallas by J. D. Thompson (Geis, New York, 1967), page 52.) *

The ragged tear in the necktie has the appearance of an oval hole elongated horizontally. The lining is clearly visible behind the hole. As specified in the 1968 panel's report, the hole is in the outer layer of the tie only. The object or projectile that produced this defect therefore cannot correspond with a bullet that transited posterior to anterior and exited below the Adam's apple nor, conversely, with a bullet that entered at the front of the neck, through the garments. (See photograph, FBI Exhibit 60.) *

Indeed, it needs only an examination of the photographs of the necktie and the front of the shirt (FBI Exhibit 60) and of the back of the shirt and the suit coat (FBI Exhibits 59 and 60) to see that the so-called exit site is much higher than the entrance hole in the back, and that the clothing holes, in and of themselves, completely invalidate the conclusion that a bullet entered the back, transited on a descending trajectory, and exited at the site of the tracheotomy incision.

* These observations were first made by Melvin Dilber, who brought them to the attention of the writer and other critics of the Warren Report.

Posterior Head Wound

LOCATION AND SIZE

Eyewitnesses

Gunshot wound of the left temple--Dr. R. McClelland (OE 392)

Did not see entry wound in back of head--Secret Service agent W. Greer (2H 128)

Did not mention and was not asked if he saw entry wound in back of head (though called into the autopsy theater expressly to witness the wounds)--Secret Service agent C. Hill (2H 143)

Located in the hairline to the right of the right ear --Secret Service agent R. Kellerman (2H 81)

"X-rays of the brain area ... disclosed a path of a missile which appeared to enter the back of the skull" (no mention of any wound in back of head)--FBI agents Sibert and O'Neill (CD 7, Archives)

Humes 1964 (WR) and 1967

Wound 15 x 6 mm. ($\frac{1}{2}$ " x $\frac{5}{8}$ "), 2.5 cm (1") to the right of the external occipital protuberance and "slightly above it."

"at the occiput" (WR 541)

1968 Panel

Wound 15 mm long and 6 mm wide, high above hairline, near midline: 100 mm ($\frac{4}{4}$ ") above the external occipital protuberance, 2.5 cm (1") to the right of the midline.

Discussion

The major discrepancy in the location of the alleged wound of entry is not explained. Eyewitnesses (autopsy surgeons and Kellerman) placed the wound respectively "slightly above the external occipital protuberance" and "in the hairline." This is irreconcilable with the 1968 panel's measurement of 100 mm or $\frac{4}{4}$ inches above the external occipital protuberance. The entire question of the head wounds remains open and completely unresolved, as is thus true also with respect to the official findings across-the-board.

(Note: The 1967 Humes' review report states that photographs show the posterior head wound of entry "to be slightly higher than its actually measured site" because of the "elevation of the scalp by manual lifting" to permit the wound to be photographed. This in no way explains the discrepancy of about four inches, since the 1968 panel reports a hole in the skull disclosed by X-ray No. 2 approximately 100 mm ($\frac{4}{4}$ ") above the external occipital protuberance.)

Head Wounds: Metallic Fragments*

Eyewitnesses

"The whole head looked like a little mass of stars, there must have been 30, 40 lights where these pieces were so minute that they couldn't be reached...One (fragment) that they found, through X-ray ...was above the right eye, and they removed that."
--Kellerman (2H 100)

"The path of the disintegrated fragments could be observed along the right side of the skull. The largest section of this missile as portrayed by X-ray appeared to be behind the right frontal sinus. The next largest fragment appeared to be at the rear of the skull at the juncture of the skull bone. The Chief Pathologist advised (that) approximately 40 particles of the disintegrated bullet and smudges indicated that the projectile had fragmented while passing through the skull region."--Sibert and O'Neill (CD 7 Archives)

Humes 1964 (WR) and 1967

The X-rays disclosed multiple minute fragments of radio opaque material traversing a line from the wound in the occiput to just above the right eye. The tiny fragments dispersed through the substance of the brain in this area were extremely minute, less than 1 mm in size for the most part. There were 30 or 40 tiny dust-like particle fragments of radio opaque material. (2H 353)
(Humes' testimony of March 16, 1964.)

"The X-ray films established that there were small metallic fragments in the head. However, careful examination at the autopsy, and the photographs and X-rays taken during the autopsy revealed no evidence of a bullet or of a major portion of a bullet in the body." (Humes 1967)

1968 Panel

Embedded in the outer table of the skull close to the lower edge of the posterior hole of entry, there is a large metallic fragment, round, 6.5 mm in diameter.

Two groups of metallic fragments are seen within the right cerebral hemisphere: a group of relatively large fragments, more or less randomly distributed; and a group of finely divided fragments distributed in a postero-anterior direction.*

There is no evidence of projectile fragments in the left cerebral tissues or in the right cerebral hemisphere below a horizontal plane passing through the floor of the anterior fossa of the skull.

Photographs of the right cerebral hemisphere show, in the central portion of its base, "a gray brown rectangular structure measuring approximately 13 x 20 mm ($\frac{1}{2}$ " x $\frac{3}{4}$ "). "Its identity cannot be established."

*Richard Bernabei postulates that the distribution of metallic fragments in the cerebral hemisphere as described by the 1968 Fisher Panel proves conclusively that the fatal bullet entered at the right front side of the head and transited from the anterior to the posterior.

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