

Medical Testimony Plays Key Role In Report on Kennedy Assassination

The report on autopsy No. A63-272, performed at approximately 8 PM, Nov 22, 1963, at the National Naval Medical Center in Bethesda, Md, listed the cause of the patient's death as: "Gunshot wound, head."

The patient was Pres John F. Kennedy, who had been struck down some 8½ hours earlier in Dallas, by bullets from a rifle fired by Lee Harvey Oswald, according to the findings of the President's Commission on the Assassination of Pres John F. Kennedy.

In the autopsy report, which is included in the full report of the President's Commission released last month, the examining pathologists—Navy Commanders J. J. Humes and J. Thornton Boswell and Army Lt Col Pierre A. Finck—stated:

"... It is our opinion that the deceased died as a result of two perforating gunshot wounds inflicted by high velocity projectiles fired by a person or persons unknown." Later in the report, the physicians noted that:

"The fatal missile entered the skull above and to the right of the external occipital protuberance. A portion of the projectile traversed the cranial cavity in a posterior-anterior direction, depositing minute particles along its path.

Extensive Fragmentation

"A portion of the projectile made its exit through the parietal bone on the right, carrying with it portions of cerebrum, skull, and scalp. The two wounds of the skull combined with the force of the missile produced extensive fragmentation of the skull, laceration of the superior sagittal sinus and of the right cerebral hemisphere.

"The other missile," the report continued, "entered the right superior posterior thorax above the scapula and traversed the soft tissue of the supra-scapular and the supra-clavicular portions of the base of the right side of the neck. This missile produced contusions of the right apical

parietal pleura and of the apical portion of the right upper lobe of the lung.

"The missile contused the strap muscles of the right side of the neck, damaged the trachea, and made its exit through the anterior surface of the neck. As far as can be ascertained, this missile struck no bony structures in its path through the body.

"In addition," the pathologists concluded, "it is our opinion that the wound of the skull produced such extensive damage to the brain as to preclude the possibility of the deceased surviving this injury."

The Warren Commission, in attempting to establish the source of the shots fired at the presidential party, paid particular attention to the testimony of physicians who observed the President's wounds during his emergency treatment at Parkland Hospital in Dallas and during the autopsy at Bethesda.

Some Confusion Existed

The commission was especially interested in any wound characteristics which would aid in identifying a wound as the entrance or exit point of a missile. In the hours immediately after the assassination, confusion existed concerning the direction from which the shots were fired because of reports that a wound had been observed in Kennedy's throat, but that none had been seen in the back of his neck.

The wound in the back of the neck was first observed during the autopsy. The pathologists traced the bullet's course through the body and concluded that the missile had emerged from the front portion of the President's neck that had been cut away by physicians at Parkland in performing the tracheotomy.

Testimony by the Parkland physicians established that Kennedy had remained on his back throughout his treatment at Parkland. Charles J. Carrico, MD, a resident in general surgery at Parkland, explained to the commission that cardiac massage had been instituted on the President, mak-

ing it impossible to inspect his back.

Carrico answered "No" when asked if the President's back had been examined after he died, and when asked why no examination was made, he replied, "I suppose nobody really had the heart to do it."

In his testimony before the commission, Colonel Finck, who is chief of the Wound Ballistics Pathology Branch of the Armed Forces Institute of Pathology, used a chart—based on more than 400 cases—to depict the effect of a perforating missile wound on the human skull.

A Cratering Effect

He pointed out that when a bullet enters the cranial vault at one point and exits at another, it causes a beveling or cratering effect where the diameter of the hole is smaller on the impact side than on the exit side.

"President Kennedy," Colonel Finck told the commission, "was, in my opinion, shot from the rear. The bullet entered in the back of the head and went out on the right side of his skull . . . he was shot from above and behind."

Commander Humes, who acted as the chief autopsy surgeon and who is the senior pathologist and director of laboratories at Bethesda Naval Hospital, concurred in Colonel Finck's analysis, as did Commander Boswell, chief of pathology at Bethesda Naval Hospital.

Concerning the President's neck wound, the three pathologists also agreed that the wound in the back of the neck was a wound of entrance because it was ". . . relatively small with clean edges. It was not a jagged wound, and that is what we see in wounds of entrance at long range."

In the early stages of the autopsy, the Bethesda physicians did not know that there had been a bullet hole in Kennedy's throat when he arrived at Parkland Hospital. Evidence of that wound had been eliminated when the Parkland physicians did a tracheotomy in their efforts to save President Kennedy's life.