

A Critique of the Medical Aspects of the Investigation into the Assassination of President Kennedy*

*Cyril H. Wecht, M.D., LL.B.,** Pittsburgh, Pennsylvania*

Following the initial shock of President Kennedy's assassination on that fateful day of November 22, 1963, the nation addressed itself to the postmortem investigation and evaluation of the crime. The unexpected, and at times almost unbelievable, events that followed the assassination resulted in much confusion and controversy in the minds of law enforcement officials, attorneys, and forensic scientists, not to mention the lay public.

To thoroughly and officially sift through the overwhelming and frequently conflicting pieces of evidence, President Johnson appointed a committee of distinguished Americans, headed by Chief Justice Earl P. Warren. The Warren Commission met with all of the principals, as well as many of the minor personages, who had been involved in the assassination and the events that followed. After many months of interviews, investigations, and evaluations of various legal, police, medical, and scientific reports, the Warren Commission published its findings (1). It was for the purpose of evaluating this report from the standpoint of people active and interested in the application of the forensic sciences to the administration of justice that this symposium was arranged.

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** Director, Institute of Forensic Sciences, Duquesne University School of Law, Pittsburgh, Pennsylvania. Chief Deputy Coroner and Chief Forensic Pathologist, Allegheny County, Pennsylvania.

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Each of us undoubtedly views the Presidential assassination and the Warren Commission Report primarily in the light of his own professional practice, knowledge and experience. Most of the forensic sciences find areas of significance to discuss and perhaps criticize in this report, and certainly that would be true as far as forensic pathology is concerned.

The tragic demise of John F. Kennedy poses no problem for us in terms of determining the *cause* and the *manner of death*. These two questions are the primary and most important ones to be answered by a forensic pathologist in evaluating any death by gunshot wound(s). However, having answered these two questions, the forensic pathologist must proceed further, for he often will be called upon in a court of law under oath to offer professional opinions on collateral matters of importance. Range, number of bullets fired, points of entry and exit, direction and angle of fire, "fatality" of each individual wound—these questions and many more will be posed to the forensic pathologist in pretrial evaluation and on direct and cross-examination during the trial.

In this particular case, all of us, as critics, are handicapped by not having been involved in the autopsy. Consequently, we are limited in our evaluation to those portions of the record that have been made public through official sources. The only other medical facts that we have are those that were released by the physicians at Parkland Memorial Hospital in Dallas, Texas, where President Kennedy was taken and treated before being pronounced dead officially. Thus, we must preface any remarks, particularly any that may seem to be critical, with the caveat that we are not in possession of all the facts. Also, we can appreciate that the pathologists who performed the autopsy, being members of the Armed Services, may not have been permitted to publicly release all their findings.

There are several questions that must be raised by a forensic pathologist in evaluating the autopsy report on John F. Kennedy. By standards found in most competent medical-legal investigative facilities, the autopsy report would not be deemed to be a complete one. Certain essentials are missing, and many questions have been raised and have gone unanswered, at least officially, because of the absence of such information in the

official autopsy report and in the subsequent testimony given before the Warren Commission. It is my purpose briefly to discuss some of the areas of incomplete information and the unanswered questions that have arisen therefrom.

At the outset, it should be stated that this discussion will include comments on the various medical aspects of the assassination of President Kennedy that might not be considered to be directly within the realm of forensic pathology. However, inasmuch as there is no representative of clinical medicine included in this symposium I would be remiss if certain observations of a general medical nature were not made.

The various observations having to do with medicine and pathology contained within this paper will be discussed in chronological fashion rather than in other possible ways, such as diminishing medical or political importance, etc. A chronological discussion would seem to be the most logical approach in this particular instance.

Blood Type of the President

The first thing that is noted by a physician in reviewing the assassination of President Kennedy is the fact that his blood type was not known or immediately available to the physicians at Parkland Memorial Hospital. Consequently, O, Rh negative blood was administered (2). It should be emphasized that this lack of vital medical information did not play a role in President Kennedy's death. The nature and extent of his wounds, which will be discussed in greater detail later, were such that he certainly would not have survived no matter what therapeutic measures were undertaken. However, given other circumstances, with wounds of a less grave nature incurred either by accidental means or through an attempted assassination, or given a naturally occurring disease process which requires immediate transfusion of blood, the importance of knowing the blood type of the President becomes obvious.

One wonders why such vital information is not readily available on small medical information and identification cards present at all times with the President and also with one or more of the Secret Service men who accompany the President on all trips.

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Treatment at Hospital

There can be no criticism of the medical and surgical treatment administered to the President at Parkland Memorial Hospital in Dallas, Texas. As a matter of fact, it is only fair to inject a comment at this point with regard to a medical order made by Dr. Charles James Carrico, a surgical resident at Parkland Memorial Hospital, who was the first physician to undertake treatment of the President when his body was brought to the hospital. Dr. Carrico, remembering that some comment had been made in the past regarding the possibility that President Kennedy had Addison's Disease, ordered 300 milligrams of hydrocortisone to be administered immediately (3).

All other measures that could have been undertaken were done so with due dispatch, including the administration of oxygen, intravenous fluids and blood, the use of a Bennett Respirator, the performance of a tracheostomy, and external cardiac massage (4).

At this point, it is important again to emphasize the fact that the President was beyond the possibility of being saved when he was brought to the hospital. His pupils were dilated and fixed, there was no obtainable pulse or blood pressure, and there was only a faint suggestion of a heartbeat (5). Although the President was not officially pronounced dead until approximately 1:00 p. m., which was about 25 minutes after he was brought to the hospital and about 30 to 40 minutes after he received the wounds, this official time of the death pronouncement should not be construed to mean that the President really was alive for 40 minutes after receiving the fatal head wound (6).

It is necessary to comment on one particular surgical measure, namely the tracheostomy. A wound was noted in the anterior aspect of the neck at approximately the level of the knot of the tie and almost at the midline. The surgeons noted the damage to the trachea and soft tissues underlying this skin wound and therefore performed the tracheostomy at this site (7). This is understandable, for the performance of a tracheostomy elsewhere would have meant additional damage to the trachea, with further compromise of respiratory function. It also would have meant that the existing tracheal laceration.

tion would have had to be repaired, thus necessitating another surgical procedure.

Thus, while forensic pathologists frequently bemoan the fact that surgeons destroy sites of gunshot and stab wounds, thereby making it impossible for the forensic pathologist subsequently to determine size, range, entrance and exit characteristics, etc., it should be borne in mind that the prime consideration of the surgeon is to attempt to save the patient's life. Thus, in those cases in which it is more feasible medically to make an incision through an existing wound of the body for a specific surgical reason, there should be no criticism of the surgeon for doing so. Unfortunately, the performance of the tracheostomy through this site was responsible for several misconceptions and controversy that developed subsequently and which remain with us today. This will be commented on later in this paper.

External Wounds

The surgeons at Parkland Memorial Hospital noted only two external wounds. These were the wound in the anterior midline of the neck, already described above, and a large gaping wound of the skull in the right occipital parietal region (8).

As a matter of fact, there were two additional wounds of the body that none of the attending physicians at Parkland Memorial Hospital noted. These were a wound in the upper right posterior chest wall, just above the upper border of the right scapula, and a wound in the right occipital region, approximately one inch to the right of the midline and slightly above the external occipital protuberance (9). The fact that these two wounds were not observed or commented upon until some time after the autopsy produced much consternation and added considerably to the numerous rumors and misconceptions that arose following the assassination.

It must be stated, however, that the surgeons should not be criticized for having failed to observe these other two wounds prior to the pronouncement of the President's death. Certainly, it is understandable and indeed medically sound that all their attention should have been directed to the various medical and surgical measures that were undertaken in an attempt to save President Kennedy's life (10). It was not their duty or medical responsibility to search the body at that point for other wounds.

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It is true that a rapid, cursory examination of the entire body should be performed in cases of multiple injuries, for it is often the case that an immediate laceration or injury that appears to be quite serious is in reality not the major injury involved. Therefore, it is necessary to check and see if there are other more serious internal or external injuries that must be attended to primarily. However, such was not the case in this instance. It would have made no difference what other injuries the President had; the large, gaping defect in the skull with extensive laceration and hemorrhage of the brain tissue quite obviously was the primary injury that had to be evaluated and treated immediately. Furthermore, as has already been suggested above, for all intents and purposes, the President was dead or dying during the time that he was at Parkland Memorial Hospital, and there was no real medical need to look elsewhere for other body wounds.

The critical question, however, arises with regard to what the doctors did, or, rather, failed to do, after the President was pronounced dead at one p. m. At that time, one or two additional minutes might have prevented much apprehension, fear, and speculation on the part of many people. Once the President was pronounced dead, it would have taken only a few minutes quickly to examine the rest of the body to see whether or not there were any other penetrating wounds (11). Certainly, the physicians should have been aware of the importance of such a determination at that time and even if they were not, the Secret Service agents and the other people in the Presidential party should have had sufficient presence of mind to have asked the physicians to conduct such an examination.

At the time, nobody really knew what had happened, and there was much confusion as to whether or not the bullets had all been fired from one point, or whether they had been fired by more than one person from different locations. For all anyone knew, it was quite possible that there was a revolutionary plot in the making, or that a small band of right-wing fanatics or Communists were attempting to take over the country. Absurd as this may seem at this time, when one considers the events and circumstances of that tragic day in November 1963 it was not absurd to have considered such a possibility then.

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Unfortunately, no such examination of the President's body was performed after he was pronounced dead; therefore, rumors immediately developed, and were spread by many people for various reasons, that the President had been shot from both the front and the back. Although we now know that this was not so, many people still do not accept the fact that President Kennedy was shot only twice, with both bullets having entered from the back.

Examination of Clothing and Stretchers at Hospital

It should be noted at this time that all the President's clothes were not removed from his body at Parkland Memorial Hospital (12). Fortunately, they were available for subsequent examination in Washington, D. C., and the analysis performed on the areas of missile penetration helped to confirm which were bullet wounds of exit and which were those of entrance (13).

It is sad to note that such was not the case with Governor Connally's clothing. For some reason, never explained in the Warren Commission Report or apparently commented on by anybody in a public or official manner, the governor's clothes were cleaned prior to any examination, thus making any findings impossible or invalid (14). How this could have happened is a source of amazement, and it is an oversight soundly to be condemned and criticized. It should be remembered that much of the confusion that developed subsequently with regard to the number of bullets that were fired, the angle and direction, etc., stemmed from the fact that it was not clear whether or not the bullet that wounded Governor Connally was the same bullet that had passed through the President's body first. It is quite probable that this question could have been quickly answered correctly if the governor's clothing had not been cleaned prior to examination.

The stretchers that the President and the governor were placed on were not examined officially after the President was pronounced dead and the governor was removed to surgery. It was during the subsequent routine and unofficial handling of the stretcher by a hospital attendant that a bullet was found on one of the two stretchers. The Warren Commission, after

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interrogating many of the people present at the hospital, concluded that the bullet was from Governor Connally's stretcher, although this could not be stated with absolute certainty (15). Again, this is a blunder sharply to be criticized, for there can be no doubt that it added to the confusion that reigned in the minds of many following the assassination. Certainly, after the President was pronounced dead, and the governor was removed to surgery, the stretcher should have been carefully examined to see whether or not any bullets, or fragments of bullets, were present.

A Visit from the Coroner

I have heard several forensic pathologists comment that if the assassination had occurred in their jurisdictions, the body would never have been taken from their cities until an autopsy had been performed. Although I agree with this philosophy generally, I cannot accept it in this particular case. As has been stated above, at the time of the shooting of President Kennedy, nobody could state with certainty what the nature and extent of the assassination attempt was. For all that anybody knew, there could have been a revolutionary plot involving many people. It was essential for the presidential party to return to Washington and to get the now President Johnson out of Dallas immediately. Furthermore, without attempting to categorize every type of case that could create a knotty problem as regards the question of local medical examiner or coroner jurisdiction, I find it quite easy to draw the line with the body of the President of the United States. I see no reason why, if a President is assassinated, the body should remain at the place of assassination for examination by the local coroner or medical examiner. To put it in another light, I believe that there is an overriding matter of political concern to the nation that supersedes the immediate powers and philosophies of the local medical-legal investigative facility. Professional pride must yield to grave political practicality in such instances!

If the situation had not been so tragic, there would have been some humor involved in the attempts made by the local officials to have the body of President Kennedy kept within Dallas (16). The Warren Commission Report describes the presence on the scene of one of the justices of the peace who

attempted to "take charge" and who demanded that the body be kept in Dallas for the performance of an autopsy. This gentleman was a persistent individual; he followed the presidential party outside the hospital after the body had been removed to an ambulance, and he knocked on the window of the car in which Presidential Assistant Kenneth O'Donnell was riding. He was, of course, ignored, and the presidential party sped on to the airport. One can visually imagine the scene in which a little "nebbish" is running around the hospital amid this great conflict and drama, attempting to issue orders regarding the disposition of the body of the President of the United States. This local official should have had the good sense and the good taste to have acted in a less conspicuous and more private manner. Certainly, if the medical examiner of Dallas County felt very strongly about the case, he might have been invited to attend the autopsy in Washington, D. C. (17), although I frankly doubt it in light of the official and military approach with which the autopsy was handled at Bethesda Naval Medical Center.

News Conferences by Medical Personnel at Parkland Memorial Hospital

I would not agree that it was improper and unwise to conduct a medical conference at the hospital following President Kennedy's death (18). Once again, when one bears in mind that this was the assassination of the President, one must realize that the nation had a right to expect information concerning his death. Therefore, I believe that it was quite proper to conduct the news conference. However, the substance and extent of the statements made by the physicians at the medical conference should be commented upon.

The fact that there is some difference of opinion among the physicians and the news-media personnel as to exactly what was said at the conference, and further that this apparent confusion and conflict continued to exist in terms of the testimony recited before the Warren Commission, would seem to prove that one or more of the Parkland Memorial Hospital physicians did state, or at least agreed to a question posed by one of the newsmen, that the penetrating wound of the neck could have been a gunshot entrance wound (19). This comment alone produced

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a considerable amount of subsequent misconception, as has already been explained above.

The physicians who were in attendance should have borne in mind the fact that they had not examined the entire body and, therefore, could not be certain as to what the exact nature and extent of the injuries were. Furthermore, even though they had seen two of the wounds, they could not comment as forensic pathologists who had performed the autopsy and examined the wounds grossly and microscopically, and who could, therefore, be able to state with medical certainty whether or not the wounds were those of exit or entrance.

Their comments regarding the nature of the bullet wounds were imprudent, medically unsound, and quite unnecessary. It would have been sufficient to state "that the President had died as a result of severe head injuries inflicted by a gunshot wound." All the medical comments should have been handled by one physician representing the entire team of medical people who had attended the President prior to his death. This physician should have stated firmly that he was not able to make additional comments at that time until he had had a chance to review all the findings with his colleagues and to study the autopsy report. If this had been done, there is no doubt in my mind that a great deal of the subsequent confusion would have been eliminated.

Postmortem Examination at Bethesda Naval Medical Center

The body of President Kennedy was taken to Bethesda Naval Medical Center pursuant to a request by Mrs. Kennedy, who felt that the autopsy should be done there because of the President's service in the Navy during World War II. There can be no quarrel with this decision, for Bethesda Naval Hospital certainly is a large institution with adequate facilities for the performance of a competent autopsy.

A point strongly to be criticized is the fact that the three pathologists who were designated by the government to perform the autopsy did not contact the physicians at Parkland Memorial Hospital in Dallas, Texas, prior to the initiation of the autopsy (20). It should be standard procedure for every forensic pathologist who is going to examine a person who has

died from multiple bullet wounds, and who has additional wounds of penetration apparently produced by various surgical measures performed prior to death, to first check with the surgeons who attended the person and find out exactly what wounds were present before the surgical incisions were made, which surgical incisions were made through preexisting wounds, and which surgical incisions were made in other parts of the body unrelated to preexisting wounds. Had this been done, then some of the confusion that apparently continued to exist throughout the performance of the autopsy and afterwards would have been eliminated. The pathologists would have been told about the neck wound, and they would have learned that the tracheostomy had been performed through the site of a preexisting bullet wound. It is difficult to understand why at least one of the three pathologists did not speak with one or more of the surgeons in Dallas, Texas, at some length prior to the performance of the autopsy.

The work of the forensic pathologist is difficult enough; it should never be reduced to a guessing game when this is not necessary. Any and all clinical information that can be obtained before performance of the autopsy is always valuable and should be sought out whenever possible.

Choice of Pathologists

I do not believe that the government was wise in its choice of pathologists. One or more prominent civilian pathologists should have been called in to help perform the autopsy, and I further believe that the autopsy should have been performed only by qualified forensic pathologists. There is a definite specialty of forensic pathology and it is so recognized by the American Board of Pathology, which gives subspecialty board examinations in this field. The practice, experience and knowledge of a forensic pathologist are to a great extent quite different from that of a general hospital pathologist. No matter how skilled a hospital pathologist may be, and no matter how many autopsies he may have performed, in the absence of specific training, experience and knowledge in the field of forensic pathology, he should not be called upon to perform an autopsy in a complicated medical-legal case. Certainly, the

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performance of the autopsy in this case was such a complex and important event that it should not have included pathologists lacking extensive forensic experience.

It is my understanding that two of the three pathologists who performed the autopsy are not forensic pathologists, namely Commander J. J. Humes and Commander J. Thornton Boswell, of Bethesda Naval Medical Center. Fortunately, someone did have the good judgment to call in Lieutenant Colonel Pierre A. Finck, M. C., U. S. A., who is a well-trained and very competent forensic pathologist with particular experience and knowledge in the field of missile wounds (21). One can only conjecture how inadequate and incomplete the results of the autopsy findings would have been if Colonel Finck had not been present.

With regard to the question of utilizing civilian forensic pathologists, it must be borne in mind that many of the foremost forensic pathologists in the country are located within a flying distance of one hour or less from Washington, D. C. It would have been easy to have had one or more of these men present for the autopsy. Dr. Russell Fisher in Baltimore, Dr. Joseph Spelman in Philadelphia, Dr. Milton Helpern in New York, Dr. Geoffrey Mann in Virginia, and Dr. Alan Moritz in Cleveland, are only some of the people who are located in areas quite close to Washington, D. C. and who could have been called upon by the government to assist. (Indeed, all these men have previously been utilized by the government to assist in teaching and research programs as forensic pathologists. Were those occasions more important than the autopsy of President Kennedy?)

Autopsy Results

There are several things that have been criticized with regard to the autopsy report, and it is true that by the standards of most competent medical-legal investigative facilities throughout the United States the official autopsy report released in the case of President Kennedy would not be considered to be a complete one.

One of the things that has bothered many people is why there was no mention of the adrenal glands, either grossly or microscopically (22). I believe that there are obvious political

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overtones implied in this question. The same question as to whether or not President Kennedy had Addison's Disease was raised by certain people during the election campaign in 1960, and there was an obvious and definite attempt to damage him politically by creating doubts within the minds of the people of the United States as to the status of his health. I believe that some of these same people, particularly elements of the political right wing, are responsible for much clamor since the Warren Commission Report was published with regard to the failure of the pathologists to have commented on the adrenal glands. It should be repeated that President Kennedy's death would have occurred no matter what the condition of his adrenal glands was; therefore, from a political and practical standpoint, it is of no consequence for us to know what the adrenal glands showed. However, when one performs a medical-legal autopsy, particularly one of such a complex and significant nature, it is necessary for all the findings to be carefully recorded and published.

A point that largely has been overlooked is the fact that the autopsy report was turned over to Admiral Burkley, the President's personal physician, who released those portions that he felt were "necessary." It is my surmise, not subject to certain confirmation, that the pathologists who performed the autopsy did indeed find, identify, and describe the adrenal glands grossly and microscopically, and that such findings and descriptions were contained within their final report submitted to Admiral Burkley. Therefore, it is only fair to state that any criticism that is to be made concerning this aspect of the postmortem report might well be levelled at Admiral Burkley and other high government officials if they were responsible for determining what was omitted and what was released. The pathologists cannot be criticized if this were the case. However, this deficiency further supports the previous comment that the autopsy should not have been left entirely within the hands of military pathologists, whose professional actions may be completely controllable by the government.

From another viewpoint, also, it is unfortunate if Admiral Burkley and/or other government officials decided not to release the pathologists' findings and diagnoses concerning President Kennedy's adrenal glands. Assuming that there was some

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evidence of adrenal insufficiency (i. e., Addison's Disease), I suggest that it would have been a good thing to let the general public know this. The realization that a person who suffers from a serious disease process or physical handicap is not necessarily disqualified or incapacitated from filling an important position, even one as strenuously demanding as the Presidency of the United States of America, would again encourage a more broad-minded and intelligent attitude among the lay public toward people who are handicapped by illness or trauma.

Autopsy X-Rays and Photographs

The Warren Commission Report notes that x-rays of the body and photographs were made by the pathologists (23). These were turned over to a Secret Service agent immediately after they were taken, and, presumably, the pathologists, although they may have seen the developed x-ray films and photographs later, did not have these in their possession at the time of their testimony (24). The films and pictures were not presented to the Warren Commission, and it has been stated that they were destroyed. It is not exactly clear who destroyed them, or when and where they were destroyed; but it is absolutely indefensible and unjustifiable that this should have happened.

Conclusions of Autopsy Report

I personally concur with the conclusions of the autopsy report, namely, that President Kennedy was shot twice, once in the back of the head, and once in the upper right chest, (25). The gunshot wound in the head had its entrance point immediately to the right of the midline and exited on the right lateral aspect of the skull, causing extensive avulsion of bone and brain tissue. This was undoubtedly a fatal wound and totally incompatible with life beyond a few minutes.

The second wound entered the upper posterior right chest, coursing in a slightly downward angle and exiting in the middle of the anterior neck region at about the level of the knot of the tie. This wound would probably have been survived and if it had not been for the head wound, the President's life very likely could have been saved (26). This wound occurred first, and the wound of the skull followed seconds later.

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It is to be noted that the pathologists studied the gunshot wounds microscopically and thus confirmed their gross autopsy opinions as to which were wounds of entrance and which were wounds of exit (27). These findings further serve to corroborate the Warren Commission's conclusion that the two bullets that struck President Kennedy were fired from a point to the rear of the Presidential car.

I also agree that there were three bullets fired and that all three bullets were fired from the same place by the same person, namely, from the sixth floor of the book depository building by Lee Oswald. One shot probably missed, and it is not possible to state definitely what happened to that bullet. One bullet was recovered on Governor Connally's stretcher and most likely this bullet is the one that penetrated the governor's posterior chest, exiting in the anterior chest, reentering the dorsal surface of the right wrist, exiting from the volar aspect of the right wrist and reentering the left thigh. Fragments of another bullet were noted within the skull of President Kennedy on x-ray films (28) and other fragments were found in the car.

Some controversy exists as to whether or not the bullet that injured Governor Connally was the same bullet that penetrated President Kennedy's chest. It is very likely that this was the case, although there is still some doubt about this. It is possible that the bullet that injured Governor Connally was the third bullet, totally separate from the two bullets that struck President Kennedy. Again, one is reminded of the importance of Governor Connally's clothes, for had they been available for examination, it might well be that careful and detailed examination would have answered once and for all the question of whether or not the bullet that entered Governor Connally's right posterior chest wall was the same bullet that had already gone through President Kennedy's neck or whether it was a separate shot.

It is fascinating to note how various inadequacies and shortcomings of the total investigation are intermingled and have ramifications throughout the entire postmortem evaluation and the events that followed the shooting of President Kennedy.

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Actual Report Before the Warren Commission

Lieutenant Colonel Pierre Finck produced an exhibit in which he demonstrated missile wounds generally and discussed the specific missile wounds involved in the assassination of President Kennedy and the wounding of Governor Connally (29). This is the utilization of demonstrative scientific evidence in its fullest and best sense. It dramatically represents something that all forensic scientists should be concerned about and something that all forensic scientists and attorneys should continue to strive for. If more of this type of evidence had been produced throughout the various stages of the post-assassination evaluation, then many of the misconceptions, misunderstandings, fears and rumors that spread throughout the world, and which in significant measure continue to exist today, would have been diminished greatly, if not circumvented completely.

Role of the American Academy of Forensic Sciences

Finally, I should like to raise the question as to why the American Academy of Forensic Sciences was not consulted by the government in the post-assassination evaluation. The American Academy of Forensic Sciences is comprised of many of the foremost forensic scientists, criminologists, and attorneys in the United States of America. It is an unbiased, objective, non-political organization whose very existence is devoted to and based upon the concept of utilizing the forensic sciences to the fullest extent possible, to the ultimate end that justice will be best served.

It is quite unacceptable that this organization was not consulted in some capacity by a concerned governmental agency and asked to make available its services and personnel. This could have been done in a role analogous to that of a lawyer who files an *amicus curiae* brief in a legal case, or it could have been handled in any one of several other ways. In any event, this did not occur, and it is unfortunate for all concerned.

I should like to believe that if ever a tragedy as horrible as the assassination of President Kennedy occurs again the American Academy of Forensic Sciences will be consulted officially by the United States Government.

Conclusion

While I agree with the ultimate conclusions of the Warren Commission and with the various forensic scientists and pathologists who were involved in the investigation, I believe that there are many questions that remain unanswered and that many of the conclusions are based on less than absolute medical certainty. Furthermore, it would have been possible to answer these questions in many instances with certainty if the proper measures had been undertaken at the appropriate time.

I do not believe that there was any overt plot on the part of any governmental agency or specific individual to keep any of the facts suppressed, with the possible exception of the findings having to do with President Kennedy's adrenal glands. However, it should be remembered that as human beings we are all subject to personal biases and prejudices, and we are also subject to having our thoughts and opinions influenced and molded by our professional associations. It is for this reason that it would have been a very wise thing for the government not only to have called upon civilian forensic pathologists to participate in the autopsy, but also to have called upon the American Academy of Forensic Sciences to act in the role of advisor and consultant to the Warren Commission.

The organization best able to have prepared and evaluated all the scientific evidence that came before the Warren Commission was the American Academy of Forensic Sciences. It is unfortunate that in the most politically significant and complex murder of the twentieth century, such expert consultation was not requested.

Summary

A critique of the medical circumstances and events associated with the assassination of President Kennedy has been undertaken. The treatment given at Parkland Memorial Hospital, Dallas, Texas, and the autopsy performed at Bethesda Naval Hospital, Bethesda, Maryland, have been reviewed and commented upon.

While the conclusions contained in the Report of the President's Commission on the Assassination of President John F. Kennedy are considered to be essentially correct, several de-

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iciencies and gaps in the overall medical investigation are commented upon. The failure of the commission to have called upon the American Academy of Forensic Sciences in a consultant capacity during the compilation and evaluation of its findings is noted.

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1417 Frick Building
Pittsburgh, Pennsylvania 15219

A Legal Demurrer to the Report of the Warren Commission*

Jay Schwartz, B.S., J.D.

In Boston, Massachusetts, rumors are rife that a man presently detained in a mental institution will be put on trial as the Boston Strangler, at a propitious moment, so that an attorney-general may become a United States Senator. In DuPage County, Illinois, the American Civil Liberties Union has complained that a 27-year-old teacher cannot get a fair trial because of publicity surrounding the alleged murder of a 10-year-old school-girl. In Miami, Florida, Candace Mossler and Melvin Powers were tried and found wanting by columnist Jimmy Bishop and his syndicated newspapers. The result was a great surprise when the jury's acquittal indicated that trial by mass media is not always successful.

It is against this sort of backdrop that the Warren Commission came into being, and against which its work was evaluated. It would appear that the report was prepared to fill a political need caused by the unrest of the general public, and that it is aimed at allaying the fears of society. It has evidently fulfilled that need. But by many of those dedicated to the discovery of truth through scientific disciplines, the commission's findings cannot be accepted. For, in truth and in fact, the major conclusions of the commission are lacking in probative weight.

At the outset it must be stated that it is not presupposed that the commission has wrongly concluded. It is merely contended that the conclusions have not been proved. Central to this thesis is the contention that the failings of the commission

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