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FORENSIC PATHOLOGY
LEGAL MEDICINE

February 10, 1967

Miss Sylvia Meagher
302 West 12th Street
New York, New York 10014

Dear Sylvia:

Thank you for sending me a copy of your letter of 2 February 1967 to Kupferman. I was quite disheartened, although not really surprised, to learn that the National Archives had refused his request to permit the four of us to review the autopsy photographs and x-ray films. I am really beginning to wonder what the hell it is they are trying to hide! I do hope that Kupferman will introduce a resolution in Congress to seek permission to have these photos and films reviewed. Do you know whether he plans to do so, and if so, when and through what type of resolution?

In reply to the query raised by you in your letter of 27 January, I should like to say that I personally have never used either the "right mastoid process" or the "tip of the right acromium" as landmarks when describing the location of bullet wounds, stab wounds, or other penetrating types of injuries. I was taught to refer to the top of the head, the bottom of the feet, the midline of the body (front or back), etc., in pinpointing the location of penetrating wounds.

Of course, no point on the body is "fixed" in the sense that it is in the same position at all times with regard to every other point of the body. Obviously, if a person is bent over tying his shoe and is shot in the back, the true relationship between the bullet wound and the head at the time of the shooting would not be the same as the relationship projected by measurements showing the distance of the wound from the top of the head when the body is lying in a supine position on the autopsy table the following morning. Thus, to this extent, Weisberg is not completely correct in referring to the mastoid process and the acromium as flexible points, while at the same time describing the vertebrae as "fixed" points. There is as much or more movement manifested by the spinal

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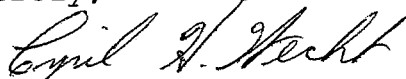
column than there is by the mastoid process or acromium.

I think that if there is any validity to his comments, it must be based upon the fact that the acromium process and/or the mastoid process are not customarily or routinely used by forensic pathologists as landmarks in pinpointing the location of bullet wounds on the body. Therefore, one must ask why these points were used by the pathologists who performed the autopsy on President Kennedy. It may well be that the reason that they were used is simply because these landmarks fitted in with their attempts to explain and excuse the confusion of their identification of the bullet wound in the back. That is to say, the original location described on Friday night at the time the autopsy was performed would have placed the wound in a point approximately 5½" below the level of where the tip of the acromium just happens to be, and the subsequently chosen location of the bullet wound in the back (as finally adopted in the Warren Commission Report) just happens to be approximately 5½" from the right mastoid process. This, I believe, is of significance in their use of those two bony landmarks in their autopsy description.

Please keep me apprised of any new developments in the case. Incidentally, do you know if LIFE Magazine ever contacted any of the various experts whose names I submitted to them when I was in New York last December?

With kind regards,

Sincerely,



Cyril H. Wecht, M.D., LL.B.

CHW/pat