TRANSCRIPT OF INTERVIEW WITH DR. CYRIL H. WECHT BY
JOHN NEBEL - JANUARY 10, 1972 WNBC-AM

Nebel: We now have Dr. Cyril H. Wecht, forensic pathologist and authority on legal medicine. He's on the phone. Dr. Wecht is Allegheny County's coroner and chief forensic pathologist as well as Research Professor of Law and Director of the Institute of Forensic Sciences at Duquesne University School of Law. Cyril?

Wecht: Yes, John. How are you?

Nebel: Fine...Uh, Dr. Wecht, I talked with Dr. John K. Lattimer who is a New York City urologist, and he has studied the John F. Kennedy assassination extensively. And I would just like to tell you a couple of the things that occured during the time that I spoke to him. There is no doubt in his mind that Oswald fired all the shots. Now actually Dr. Lattimer became interested in assassinations and their history because he became very, very interested in Lincoln, the assassination of President Lincoln. Now another thing that I think is of interest when we talk about Dr. Lattimer, he became a student of assassinations by firearms after he observed numerous wounds as an Army doctor in WW II. He frankly admits that he is not a forensic pathologist. He has a tremendous amount of respect for your profession. He is a very close friend and in fact at one time he was a student of Dr. Milton Halpern, who is the Medical Examiner, the forensic pathologist here in New York, and I know he is a man that you have great respect for. Now, Dr. Lattimer feels, after examing all the evidence--and everything was made available to him from the archives, that is the National Archives in Washington--and he feels that what he has seen should certainly eliminate any doubt completely about the validity of the Warren Commission's conclusion that Lee Harvey Oswald fired all the shots that struck the President. Now, rather than interviewing you about this I would like some of your comments.

Wecht: Well, John, I might start by saying that it's quite interesting--and I'm not trying to be facetious--but it is interesting to note that he insists on referring to Lee Harvey Oswald, and refers to the fact that he can tell from examination of the wounds, and so on, that Lee Harvey Oswald fired all the shots. One is tempted to ask Dr. Lattimer if the bullets and bullet fragments which he saw--or any other articles involved with the assassination--had the name of Oswald on them. I kind of get a little sceptical when he leads off with the statement that these conclusively prove that Oswald was the assassin. All right, let's move on to other things.

Nebel: Well no, no, no, no, no, no. Don't jump that way, Dr. Wecht, a moment. First of all he has indicated that he has done a lot of experimental work...

Wecht: Uh huh.

Nebel: With the same, with the same type of gun that was used by Oswald, or whoever was up there, in the uh, what was it the National Depository or..

Wecht: Texas School Book Depository.

Nebel: Texas School Book Depository. He even had the opportunity of sitting on the same box that allegedly Oswald used. Working through scopes he was able to determine that he could, that no one else except the man who sat on that box--now I'm chickening out a little bit in using the name Oswald. Now he owns Oswald's rifle score book, and Oswald scored 49 or so points at twice the Kennedy distance without one of the scopes.

Wecht: Well, what do you mean 49 points, John?

Nebel: Out of 50.

Wecht: Uh huh.

Nebel: Now this is Oswald's own scorebook

Wecht: That would seem to be inconsistent with what we know about Oswald's shooting ability as a Marine recruit.
Nebel: Well now, now just a moment. Let me just say this to you. That this man is an expert marksman. I'm speaking about Lattimer now.
Wecht: Oh, oh Lattimer. Uh huh.
Nebel: Yes, but no, uh but the scorebook that I referred to was Oswald's scorebook.
Wecht: Yes, well that's what I was referring to a moment ago when I said that it is inconsistent with what is known as a matter of official record with Oswald's performance in the United States Marines.
Nebel: Not according to Dr. Lattimer.
Wecht: Well, according to the official records of the United States Marines we know that Oswald did very poorly in his marksmanship tests, very poorly. An in fact, I believe, failed the first time and passed with a relatively low score the second time. Now let's move on to other questions and other inconsistencies. Let's start with some basic concepts first. Isn't it fascinating that when one reads the autopsy protocol of the original pathologist who performed the post-mortem examination at Bethesda Naval Hospital on Friday, November 22, 1963...
Nebel: Was that Dr. Rose?
Wecht: No, Dr. Boswell, Dr. Humes, and Dr. Finck. Uh, when one reads their report, and when one reads their testimony before the Warren Commission, and when one reads the subsequent findings of the special panel convened by the Government in 1969, one will readily find without any kind of stretching of the imagination a very obvious semantical equivocation.
Nebel: Well, now just a moment.
Wecht: No question... yeah, go ahead.
Nebel: Just let me make this point, would you, I just learned.
Wecht: Yeah.
Nebel: Actually the forensic pathologist, Dr. Rose...
Wecht: Who?
Nebel: He is supposed to be a very eminent pathologist at Parkland...
Wecht: Are you talking about Earl Rose, the Medical Examiner of Dallas at the time...
Nebel: That's right.
Wecht: And who was denied access to the body?
Nebel: That's right.
Wecht: And who is now in Iowa?
Nebel: That's right.
Wecht: What about Earl Rose? He never got involved in this case.
Nebel: That's the point.
Wecht: Yeah.
Nebel: The body was taken from him before he had an opportunity to do any work to examine the body.
Wecht: Right, right... yes, that's right. And it was examined by Humes and Boswell, who are two... who were two Naval pathologists at the time at Bethesda, and Pierre Finck who came over from the Armed Forces Institute of Pathology where he was stationed as an Army man.
Nebel: Right, but they were not forensic pathologists. Is that correct?
Wecht: Pierre Finck has had experience in forensic pathology, but largely from an academic, supervisory and reviewing capacity rather than in the field. Boswell and Humes had had no experience in forensic pathology at all. But the point I want to make, John, is that these men were pathologists. And their language is there on record, and their testimony is there on record. Subsequently the review panel which consisted of several people--Alan Moritz, Russell Fisher, and two or three others-- their official report is on record, and itsthere, unquestionably, that their findings show--while they do arrive at the conclus-

ions which are contained in the Warren Commission Report, and while the 1969 panel does, it is true corroborate the end result-- one will see various equivocations and very, very carefully worded language on several specific scientific points contained in all these reports. Now I ask you, how then does it follow that we have statements from a urologist which leave no room for equivocation, which are 100% positive?

Nebel: Well now, now just...
Wecht: Let's go on to a few other things...
Nebel: Now wait a moment. Cyril, you're rushing me.
Wecht: I'm rushing you? Well I just want to be sure that I have enough time to cover everything.
Nebel: Oh, Cyril. You're going to have enough time.
Wecht: Yeah.
Nebel: Now take it easy a moment.
Wecht: Go ahead.
Nebel: Now I spoke with Dr. Lattimer. Are you familiar with the sketch... uh that, uh the autopsy sketch that was originally published back in in 1968?
Wecht: Coming out the front?
Nebel: Yes.
Wecht: Yes.
Nebel: All right, now, according to Dr. Lattimer, viewing the material in the National Archives...
Wecht: Uh huh.
Nebel: This is not going by a sketch, now.
Wecht: Yeah.
Nebel: This is the X-ray.
Wecht: Uh huh.
Nebel: He finds that the point of entry of the bullet...
Wecht: Uh huh.
Nebel: Was a few inches higher than what it shows in the sketch.
Wecht: A few inches higher would take it up into the head, okey? That's number one. and number two, did Dr. Lattimer bother to discuss the fact that bullet holes in the President's suit jacket and shirt were located at points 5½ inches below the level of the crest of the shoulder? Did you ask him about that?
Nebel: No. Frankly, I did not.
Wecht: Did the suit coat override up into the President's head?
Nebel: Well, now wait a moment. There is a reason for a couple of the things. As you possibly know-- I've just learned about it today, and I'm trying to find where I have it written here-- Dr. Lattimer told me that he had learned from physicians who gave emergency treatment to the President that he wore this ace--that's a knitted elastic bandage that you're quite familiar with, I'm sure-- that he wore this bandage in a tightly wrapped figure-eight through his crotch and around the back of his buttocks.
Wecht: Right.
Nebel: Its purpose was to help the lower spine... uh hem, pardon me. I'm becoming emotional about this tonight... uh because of his lower spine and it's said that it could also help keep him in an upright position after he was hit by the first bullet.
Wecht: Okey.
Nebel: So that he was automatically exposed to the second bullet.
Wecht: All right. But what's that got to do with what we're talking about?
Nebel: Well the fact is that the man didn't bend over right away, uh, like you have indicated, I think.
Wecht: No, no the first shot, John, struck him in the back. The second

shot or possibly the third shot...
Nebel: Now, wait a moment. Do you want to say the back or the back of the neck?
Wecht: Well, when I say the back uh, I say the back deliberately because at the time that the autopsy was done a sketch was made which is available for examination in the 26-volume report of the Warren Commission that showed the bullet hole in the back in what we refer to medically as the infra-scapular region, namely in the lower part of the big wing bone on the back. That bullet wound subsequently moved up several inches to a point immediately over the top of the shoulder posterially.
Nebel: Uh huh.
Wecht: Now you're telling me-- and I realize you're telling me what Dr. Lattimer...
Nebel: I'm not telling you. I'm just saying what he has told me.
Wecht: That the bullet hole was a couple of inches higher, and I'm telling you that that moves it from the back of the neck where it had been previously moved from lower down in the back, we're now moving it up higher into the head. I'm beginning to wonder whether Dr. Lattimer may have confused this with the bullet hole of entrance in the back of the skull near the right occipital protuberance which is that bony prominence that you'll feel on the back of your head if you'll put your hand up there now and touch. Really--and I'm not being, again, sarcastic-- if he moves up the bullet hole which is diagrammed in at the back of the neck, if he said to you that it's really a couple of inches higher, you're already getting up into the region of the occipital protuberance. I'm beginning to wonder which bullet hole he's talking about.
Nebel: All right, now wait a moment. According to Dr. Lattimer who has examined this material in the National Archives...
Wecht: Right.
Nebel: There was a halo-like bruise around the wound in the back of the neck proving it was the wound of entry.
Wecht: Uh huh. Well, I'll tell you something, John, that there can be a bruising effect, so-called ecimosis(sp?) at wounds of exit also, again, you see, pointing out that despite Dr. Lattimer's experience while in the service of his country--taking care of people who have been shot, on occassion-- that he still hasn't learned fully about forensic pathology. Let me also point out to you a few other things. He was quoted in the New York Times as saying that the bullet could not possibly have fired from a grassy knoll which was off to the front and the right of the Presidential car.
Nebel: That's right.
Wecht: I don't want to get into a discussion whereby anybody would possibly infer that I particularly favor or believe in that theory. But let me just touch upon it for the purpose of again pointing out an inconsistency. He says--Dr. Lattimer-- that it would have been impossible for the bullet to have been fired from that direction because the angle would have been such that it could only have been fired from a person lying on the floor of the car, okey?
Nebel: Yes, sir.
Wecht: He said that in the New York Times. All right. Now let's turn it around. The bullet did in fact--at least we believe-- enter the back and exited from the front of the neck, okey? Now, we still have the same angle then. In other words, Dr. Lattimer says there was the angle--if the wound had come in from the front it would have been shot by somebody lying on the floor of the car, okay. Now let's turn it around, and we shoot it through the back of the neck, out the front of the neck at this angle which he describes, it goes back into the floor of the car. too, right? In other words, you know, on the one

hand if it had been a wound of entrance it would have come from the floor of the car. If it's a wound of exit in the front of the neck it's going down to the floor of the car. Tell me, Dr. Lattimer, please then, how did the bullet happen to go into Governor Connally's back on the angle that it did, exiting through his chest with a slightly downward angle? Why didn't it go down on the acute angle that you have described? Did you ask him that?

Nebel: No, I did not. But he said that he saw the actual photos. He saw the rear hole wound of the entrance. And it's far above the front wound of the wound of exit.

Wecht: Uh huh. Well, but did you get the point I just made?

Nebel: No, I, I understand your point. I... I... I still have to say this to you, Dr. Wecht, and you know I've known you for years. You have not had an opportunity to see the material in the Archives yet.

Wecht: (chuckling) that's very...

Nebel: You're going by hearsay.

Wecht: Yeah. That's very true.

Nebel: Now the fact is that the man is a urologist.

Wecht: Uh huh.

Nebel: And incidentally his credentials are excellent. As you know he is the chairman of the Department of Urology at Columbia University College of Physicians and Surgeons.

Wecht: I'm certain that he is an extremely competent urologist. I haven't any doubt about that at all. But I would also suggest to you--and you are a sophisticated individual when it comes to medicine-- that urology is as far removed from forensic pathology and the investigation of gunshot fatalities as would pediatrics or gynecology...

Nebel: All right.

Wecht: Or psychiatry be.

Nebel: Let me, now wait a moment, wait a moment Cyril. Let me ask you this question.

Wecht: Yeah.

Nebel: If I were to come to you, or let us say if you were in my apartment, and I was suffering some pains from urine retention...

Wecht: Yes.

Nebel: And you happen to be in my apartment. Could you give me a prostate examination?

Wecht: Well, I could do a prostate examination uh...

Nebel: In other words you have that ability, and you have that skill, and yet you are not a urologist.

Wecht: Well, but the analogy, John, is not valid, because the digital examination of a prostrate gland is something that every young man in medical school is taught to do, and which every medical student and intern subsequently does on numerous occassions.

Nebel: And of course, every man...

Wecht: I haven't done one now in many years. I did do them. I would not trust myself to interpret...

Nebel: Would you tell me whether or not I should go to a urologist tomorrow if you examined me tonight?

Wecht: Well, that I would tell you as soon as you told me that you had urinary retention. But let's go back to your attempted analogy. Where it breaks down is that you're going to analogize on that or any one of a host of other things where a young man through his medical school training or through his years of post-graduate training as an intern and possibly a resident may have been exposed to something. And what I'm trying to tell you is that one is not exposed to the performance of autopsies in gunshot cases in medical schools. One simply is not. Because by definition and by law these cases are taken by the local

medical examiner or coroner's office. And that is why doctors have no experience in these matters. That is why hospital pathologists have no experience in these matters. I took four years of residency training at good institutions, at big institutions-- at the University, Veteran's Administration's Hospital in Pittsburgh, two years in the United States Air Force, and except for two suicides that occured on our base, I never saw a gunshot wound. And I did no autopsies in cases like that. Okay. Now, I was just a typical pathology resident, and my own example and history could be related to that of about 99% of routine hospital pathology residencies throughout the United States of America. Now, John, when Dr. Lattimer tells you that he examined gunshot wounds in the service--and I certainly accept his word-- doesn't it occur to you we're talking about quite different matters. He was involved as a physician trying to operate on an individual, or evaluating him for surgery, and trying to see what he could do to save his life. John, he was not ever, ever concerned with or worried about whether or not the shot that had struck the American boy had been fired--whether it was in Europe by a German or in Asia by a Jap-- from a treetop 500 yards away; from a trench 200 yards away; hand-to-hand combat three feet away; whether he had been shot at from the right or the left; or where. Don't you see what I mean? It's a totally different thing.

Nebel: Well, now wait a moment...

Wecht: There is no relationship a surgeon doing an operation on an individual who has been shot to a pathologist, a forensic pathologist, doing a post-mortem examination to determine angle and range of fire.

Nebel: All right now would you, would you at least agree with me that Dr. Lattimer must be capable of at least looking at and analysing an X-ray?

Wecht: Certainly X-rays in his field. I would not accept his expertise in examining X-rays in other parts of the body which are totally unrelated to urology. You know, John, and maybe you and I are making a mistake in taking things for granted unless you have already defined urology for your audience-- if you have, then I'll stop--if not...

Nebel: No, no, no. You define it, please.

Wecht: Urology is that branch of medicine which concerns itself with disease processes of the genital-urinary tract--primarily the kidneys, the uriters, the bladder, in a male the prostate gland, the testes, the scrotal sac, in a female the anatomical counterparts of those organs, although in a female the gynecologist then takes over on many things which would not be present in a male. Now, a urologist by definition--not by Wecht's definition, but by definition of the textbooks of medicine...

Nebel: I agree with your definition.

Wecht: A urologist, John, does not ever move above the umbilacus. He simply does not. That is not in his field of work. And I'm telling you that while I certainly am quite willing to acknowledge Dr. Lattimer as a fine gentleman, as an excellent physician, as an extremely competent, well-trained urologist, as an academician in the field of urology, John, by no means--tonight, next week, next month, next year, or in a hundred years-- will I acknowledge his expertise in the field of forensic pathology.

Nebel: Well he doesn't claim to enjoy expertise...

Wecht: (inaudible)

Nebel: In the field except he was trained...

Wecht: (inaudible)

Nebel: Wait a moment. Wait a moment Cyril. Except that he was trained by Milton Halpern.

Wecht: John, please. Don't you know what the business means about having been taught by Dr. Halpern has been teaching forensic medicine-- which

includes some forensic pathology-- in New York City for many years...
Nebel: What is... Wait a minute now. What is meant by forensic medicine compared to forensic pathology?
Wecht: Well, forensic medicine is simply a broader term which means the application and use of any aspect of medicine in a legal framework within the context of any civil or criminal process. So there we use the term forensic medicine, and its synonym would be legal medicine. Forensic pathology is a specific branch of forensic medicine, and that is the use and application of principles of pathology to the determination of the cause and manner of death in certain categories of death, such as sudden, suspicious, unexpected, unexplained, traumatic, medically undetected, and violent deaths.
Nebel:Um hmmm
Wecht: Now that's what forensic pathology is.And I'm telling you that to say that well, I had a course in forensic medicine when I went to medical school, and that Dr. so and so was my teacher, and to imply from that that thereby I have attained experience in the field is absurd. John, I think it's important for the listeners to realize that this isn't some kind of professional provincialism or chauvinism on my part. When I talk about forensic pathology-- you know, and I didn't create the specialty-- I'm talking about a field which requires 5 years of training--four years in anatomic and clinical pathology and a fifth year of specialty training in forensic pathology at one of the few approved accredited institutions in the country, and then, of course, the continueing work through an official medical-legal investigative office...
Nebel: All right, now let me ask you this question...
Wecht: Like you have in New York or one of the better coroner's offices. And what I'm telling you is that while I may indeed have some thoughts about urology, let's talk about my performance of a particular surgical procedure in the field of urology. Would you like to have me take out your kidney? Would you like me to determine whether or not you should have uh, if you needed a prostate operation-- would you like to have me determine whether it should be a trans-urethral re-section as opposed to a super-pubic prostitectomy (phonetic), or would you want a urologist to make that determination?
Nebel:Well..
Wecht: Let me give you another example...
Nebel: Wait a... wait a moment. Wait a moment, let me... I'm paying for the call.
Wecht: (laughter)
Nebel: Come on, will you, Cyril. Now, Cyril, I have such confidence in you, I would permit you to perform that operation.
Wecht: Thank you, John. Thank you. But I have such... such love for you that I wouldn't permit myself to do it. May I give you... may I give you one more analogy?
Nebel: No, wait. One thing.
Wecht: Go ahead.
Nebel: Let me ask you this.
Wecht: Yeah.
Nebel: Burke Marshall, who is Deputy Dean of Yale Law School...
Wecht: Uh huh.
Nebel: Uh, I think is a pretty bright guy. And I would like to know why he would select Dr. Lattimer if he didn't feel he was extremely competent, when there are many excellent forensic pathologists--including you, Dr. Wecht, and including John Nichols of the University of Kansas, and including Milton Halpern?
Wecht: Uh huh.
Nebel: Why was Lattimer, a urologist, selected, instead of one of the

three of you?
Wecht: That's a very good question, John, and I think it's the kind of a question that more or less answers itself, particularly if one more fact would be known to everybody. And that is that of the four people who have applied, three of them are pathologists; one was a urologist. Three have written and spoken in a critical fashion of the Warren Commission; and one has written and spoken of it in totally affirmative, plausitive terms of complete acceptance. Okay?
Nebel: Um hmm.
Wecht: By further coincidence the one who has written affirmatively happens to be the urologist, and by further coincidence he happens to be the one who's given permission. The three pathologists are not given permission--uh at least not thus far.
Nebel: Well, uh... uh, let me ask you this. Isn't there any forensic pathologist who enjoys great expertise in the field that has been favorable to the Warren Commission Report?
Wecht: That has been favorable?
Nebel: Yes.
Wecht: Well...
Nebel: What you're... you're implying that Dr. Lattimer was uh, favorable to the Warren Commission Report.
Wecht: I'm not implying, John. His writings are there. I'm...
Nebel: All right. Fine...
Wecht: I'm... I'm not accusing him of anything. I'm simply telling you what he's written.
Nebel: But aren't there any forensic pathologists that possibly agree with Lattimer?
Wecht: Well, as I've told you, there was a panel review in 1969...
Nebel: Isn't that the one that Ramsey Clark appointed?
Wecht: Uh, yes...
Nebel: The four men?
Wecht: It included Russll Fisher and Alan Moritz, and they are two highly competent forensic pathologists. And they did, in essence, conclude that the findings of the Warren Commission vis a vis the scientific aspects were correct. They also listed and documented their findings and showed several things which were <u>different</u> from the findings contained in the original autopsy of the Bethesda Naval pathologists.
Nebel: You mean in the original report.
Wecht: Pardon me?
Nebel: In the original report.
Wecht: Yeah, from the original report.
Nebel: Yes.
Wecht: All right. I'm talking about the original in the testimony before the Warren Commission. Further, the Russell Fisher/Alan Moritz Panel used language which clearly showed something less than a totally positive acceptance of several things. So what I'm trying to tell you is, as I've said before, it's fascinating, isn't it, that pathologists, including a subsequent team of forensic pathologists, while-- I want to make it clear so I'm not accused of misstating the case-- while they did conclude, in essence, that the Warren Commission Report was correct, they did point out several things which were inconsistent with... which were different from the original report, number one. And number two, they used language which in some instances was quite similar to that used by the original pathologists-- a kind of negative approach where certain things could not be ruled out, and so on. And I'm telling you that, that I am a little non-plussed by the fact that a urologist is able, in a medical-legal investigation involving gunshot wounds, to arrive at opinions which outstanding pathologists

are unable to do. How does that uh, you know, how does that set with you?
Nebel: Well, uh I think that's uh an excellent point...
Wecht: Let me go back to the analogy I... I wanted to make further. You remember, John, in fact I think we talked about it on your show in the past, uh the great furor that developed in Texas between DeBakey and Denton Cooley, okay?
Nebel: Yes, sir.
Wecht: On the concepts of cardio-vascular surgery, heart transplants, and so on.
Nebel: Right.
Wecht: Allright? Two great men, a very hot issue, uh one of great provocation, although admittedly not one with political overtones outside of medical politics. Now, John, if I as a pathologist or a psychiatrist or a pediatrician went in there and evaluated the case and then came out and said okay, uh boys, gather your pens together and your TV cameras and your little uh radio buttons and bring them over here, and I'm going to tell you now what I as a pediatrician, a gynecologist feels about the Cooley-DeBakey debate, and I'm going to tell you which cardio-vascular surgical technique is proper. What would you do, John? What would you? You'd either laugh or if you were polite, you'd listen, and you'd go back and you'd tell your boss that he was crazy for having wasted company time and your time, and having sent you out in the first place. Why is it that in a matter like this which is, you know, directly analagous, and of far greater importance, certainly, in terms of its political ramifications, why is it that people ar uh, at least some people are apparently willing to accept the opinion of a urologist in a matter involving forensic pathology? And I must say this, John, I must say that while obviously Dr. Lattimer is a man of high repute in his field, I must say that I'm very, very puzzled the kind of uh... gee, I don't know, academic arrogance or whatever to label it, that he has shown in projecting himself into a situation in this field. You know that I'm involved in legal medicine, that I'm a lawyer. And I'm very much involved in malpractice. One of the cardinal rules in the field of malpractice, for instance, is for physicians not to become involved in another specialty, whether it's from the standpoint of treatment and diagnosis, whether it's from the standpoint of giving expert testimony in court, and so on. This is something that is traditional, that is steeped in wisdom, that is founded on logic, and which is practised in principle and understood by physicians all over. How this man would have dared to thrust himself into a situation to evaluate differences of opinion in the field of forensic pathology, and then to come forward and say that he can do this because he saw some gun-shot wounds in the war, and because he's fired a gun is absolutely unbelievable...
Nebel: Oh, come on, come on now. Oh come on Cyril. Don't... don't say he has fired a gun. I mean...
Wecht: I mean fired many guns. Is that better?
Nebel: Yes.
Wecht: Do you know how many cathiters I passed in my medical school days?
Nebel: (laughter)
Wecht: By the hundreds, possibly by the thousands. Let's say that I understood all the concept of hydraulics, and uh, and uh I knew all the principles behind the use of a cathiter. Would you want me to pass a cathiter all the way up into your urenal pelvis? How would you like that?
Nebel: Well, I have great confidence in you, Cyril.
Wecht: Oh yeah, well your confidence, I assure you would quickly pass...

Nebel: (laughter)
Wecht: (inaudable)...that I had never done it before.
Nebel: (laughter)... Cyril, let me ask you this...
Wecht: Did you ask Dr. Lattimer, you know, let's forget about the war, Dr. Lattimer, and let's forget about the guns that you shot, whether they're in your back yard or hunting wild tigers in Northern New York, uh has anybody asked Dr. Lattimer about when was the last autopsy that he did, and when was the last autopsy that he did on a guy that had been shot, where he had to arrive at conclusions of angle and range of fire, and so on? Did anybody ask that question?
Nebel: Well uh... uh I know what you're doing. You're being extremely critical of your friend the moderator in New York, Long John Nebel.
Wecht: (laughter)
Nebel: Let me just ask you this, though. Uh, you're going to be on with me February 11.
Wecht: Uh, yeah right, right.
Nebel: Uh would you like to meet Mr. ... uh Dr. Lattimer, if he's available?
Wecht: Sure. Certainly.
Nebel: All right. May I just ask you one more question?
Wecht: Go ahead.
Nebel: Are all undertakers as noisy as those guys are around your room there?
Wecht: (laughter) You know, I thought you were going to ask me one more serious question. That is whether, as we've discussed before, I feel that because I also happen to be at this time President of the American Academy of Forensic Sciences, which is the largest and most prestigious group of forensic scientists--people who are involved in medical-legal investigation-as a matter of their professional daily activities-- whether I felt that this ex-officio, in addition to board certification in forensic pathology, etcetera, should qualify me for the right to examine these materials? And I would like to point out... well, my answer, of course, is yes, if I may answer it. And I would like to point out that if such a death of national concern occurred in uh Britain, in any of the Commonwealth nations, in any of the Europeon nations, and so on, particularly one in which there was a question of politics, and so on, there is no doubt at all, no doubt at all--and you can have any of the foreign correspondents from your stations or your friends in New York confirm this-- that the first organization that the governemnt would turn to would be the Academy of Forensic Sciences.
Nebel: May I ask you this? Were you involved in the autopsy of Robert Kennedy with Noguchi?
Wecht: Yes, I was involved as a consultant. I did not participate in the autopsy. I was consulted even before his death, after he was shot, and uh, continuously consulted thereafter. And then I did review all the autopsy slides and materials about two weeks later at the Los Angeles Medical Examiner's office.
Nebel: I think you might be interested, I did ask Dr. Lattimer the question, was there a possibility that John F. Kennedy had Addison's Disease.
Wecht: Uh Huh.
Nebel: And he said there was a great indication that he had been taking large quantities of cortisone.
Wecht: Uh huh... uh huh.
Nebel: Okay?
Wecht: Yes, well uh, yeah well that, that we've known, and that's not really relevent...

Nebel: What ever happened to the brain of Dr.... uh, uh of John F. Kennedy?
Wecht: Yeah... yeah.
Nebel: What ever happened to it?
Wecht: Nobody knows, John. Even the panel in 1969 called in by the Government was not given the brain to examine. And as far as we know from the protocol and other written materials, the left side of the brain was never even examined. And that's another important matter. I'd like to ask Dr. Lattimer about that...
Nebel: All right.
Wecht: Did he examine the microscopic slides in this case? When he talks about the bullet hole in the back and he talks about some circular bruise or halo bruise, did he examine the microscopic slides from the tissues of that bullet hole to show whether or not there were some of the classical and essential elements of an entrance wound?
Nebel: Well, I'm going to try to get Dr. Lattimer to be with us on February 11.
Wecht: Okay.
Nebel: And we can talk about this at greater length.
Wecht: And you know, John, I hope that by February 11 I may have seen these materials too.
Nebel: Good. And thank you very much, Cyril, for talking to me tonight.