

NEW ADDRESS: Rt. 7, Frederick, Md. 21701

3/1/68

Dear Dr. Nichols,

Thanks for your letter of 2/26 and the sample autopsy protocol.

You say you "saw" Dr. Rose. Did he say anything?

I am trying to work something out with collateral rights to some of the material in POST MORTEM (one of the reasons I went nothing mentioned of its contents) in the hope this can produce enough to pay the printing cost of the book. I have to go to New York the first couple days of next week and may see someone there. As soon as I have made the arrangements and know the publication date, I'll let you know and release you from confidence.

Meanwhile, my wife's incapacity is not entirely a barren period. She is indexing POST MORTEM. By the time she is able to sit long enough to type without too much discomfort, she'll have it all carded and will be ready to. Thus, we'll have an index in the book, which I regard as an asset. If this work is to be of most possible use to people like you and Dr. Wecht, that also requires an index.

If anything appears in the papers you see about the eminence who has just deigned to grace our shores and airways, John Sparrow, warden of All Saints, please let me know. I regard his recent career and all of his writing on this subject with suspicion. His performance is not inconsistent with official auspices, not unlike the recent scandals about the "students' groups". Were he a genuine scholar, he'd never put his name on the rotten writing in the London Times Literary Supplement, which, it not turns out, is a book they were all keeping secret.

Because the revenue from a paperback of this sort, launched with its major propaganda campaign before it is on sale, cannot pay the promotional costs, and because he and the publisher allowed this to be done if, indeed, they didn't arrange it, the obvious probability is that they care little about the sale of the book and intend it as a vehicle for the presentation of his corruption of truth, his "defense" of the Warren Commission the members will be fortunate to survive.

Hope your article is already committed. Looking forward to seeing it.

Best wishes.

Sincerely,

Herold Weisberg



UNIVERSITY OF KANSAS MEDICAL CENTER

RAINBOW BOULEVARD AT 39TH STREET
KANSAS CITY, KANSAS 66103 • AREA CODE 913 • ADams 6-5252

SCHOOL OF MEDICINE
DEPARTMENT OF PATHOLOGY AND ONCOLOGY

February 26, 1968

Mr. Harold Weisberg
Rt 7, Fredrick, Maryland

Dear Mr. Weisberg:

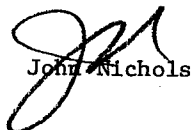
Many thanks for your letter of Feb 21. Am sorry that your wife has injured her ankle. I, too, agree that it would have been best to stop off a day here in Kansas City.

Attended the meetings of the American Academy of Forensic Sciences in Chicago last week. Saw Doctor Rose but did not get to meet Doctor Wecht. Have just recently had some of my art work copyrighted and hope to get onto the writing of a manuscript for a popular magazine this week.

In Chicago we had a whole afternoon on "Dissection of a Protocol". Herein is enclosed the manuscript created by two fellows from the Cook County Coroner's Office. This is a standard forensic autopsy and anything else is substandard. Of course, this one has deliberate errors in it such as the fact that the autopsy was signed out as final on July 31 but the toxicology report was completed only August 1 etc!!!!!!

Shall communicate with you soon as I have something to print.

Sincerely,


John Nichols

CITY OF METROPOLIS--MEDICO LEGAL OFFICE

Name Jane Marie Jones Date Of Death July 1st, 1967
 Address 123 Fourth Avenue Aut. Yes Cert. No Inq. Yes
 Identification Joseph Smith Exam. At Medicolegal Office
 Address 321 Seventh Street By Dr. James Brown M.D.

EXTERNAL EXAMINATION: CASE #1 OF JULY 1967 Date Examined July 2nd, 1967

Race White Sex Female Age 32 Length 65" Weight 130 lbs.
 Hair Brown Iris Blue Sclera Pale Pupils Round, Equal, 4mm.

Musculature	Skelton:	Slender
Pigmentation		Medium
Edema		Powerful
Decubitus		Deformed
		Amputations

SIGNS OF DEATH:

Cornea:	<u>Cloudy-Turbid</u>	Decomposition:	<u>Skin-Slip</u>
	<u>Dry Shrunken</u>		<u>Tissue Gas</u>
Body Heat			<u>Discoloration</u>
Lividity			<u>Dehydration</u>
Rigor Mortis			<u>Putrefaction</u>

HISTORY OF CAUSE OF DEATH:

HISTORY

The deceased lived with 2 room mates in apartment 4-B of the above address. She had been employed as a secretary for a lumber firm for the last 7 years. She was seeing a physician for the last 3 months because of a "tired feeling" and occasional bouts of nausea and dizziness. She was last seen alive on the morning of June 30th when she left the apartment and went to work. According to her employer, she left work at approximately noon complaining she "didn't feel well". She was found in an automobile in the back seat by one Robert Brown of 654 9th Avenue. The police were called and an ambulance responded and she was taken to Metropolis Hospital where she was pronounced dead by Dr. James White. This occurred at 6:30 A.M. on July 1st, 1967. She was brought to the medicolegal office by a private ambulance and accompanied by Detective Black of the Homicide Squad.

EXTERNAL DESCRIPTION

The body is that of a fairly developed adequately nourished moderately pale young adult white female who appears her stated age of 32 years. Measured height 65"; scale weight 130 lbs. The body is cold to the touch. Rigor mortis is absent in the neck, arms, wrists, knees and ankles but is present to a minimal extent in the thighs. The body is fully clothed in a brown wool skirt and brown sweater, nylon stockings, flat shoes, and panties and bra, which are removed at this point. A long brown suede coat, a brown silk kerchief, and a brown leather purse accompany the body. The hair is long, straight, and blonde in color. The roots are dark. A minimum of make-up is present on the face. The eyebrows are brown and the eye-lids are dark and long. Irides dark blue, pupils round, equal and measure 4mm. each in diameter. The sclerae and conjunctivae are slightly suffused but show no petechiae. A small amount of froth and mucus are present in the nostrils. The ears show no exudates. The teeth are in good condition with no dentures. The 2nd and 3rd molars of the left mandible are absent. The tongue is not protruding, shows no bite marks, but a small amount of red discoloration is noted on the anterior tip. A dark red shade of lipstick is present; no injuries to the mouth, gums or lips noted. There are no palpable facial fractures. The neck is supple but not abnormally mobile. The cricoid cartilage is prominent. The trachea is not shifted. There are 4 curvilinear abrasions present in the left lateral aspect of the neck located 1" from the midline. Each is 1/2" in length and they encompass an area

IN MY OPINION THE SAID Jane Marie Jones death was

PART I. DEATH WAS CAUSED BY [Enter only one cause per line for (A), (B), and (C).]

IMMEDIATE CAUSE (A) HEMORRHAGE AND SHOCK

Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.

due to (B) BULLET WOUND OF BACK AND LEFT LUNG

due to (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A).

ACUTE NARCOTISM, SEPTIC ENDOMETRITIS, CORONARY ARTERIOSCLEROSIS.

Date July 31st, 1967 Signed James Brown, M.D. M. D.

Coroner's Physician

(over)

of 2" in a vertical configuration. No surrounding discoloration is noted. The right side of the neck shows no evidence of injury. The breasts are symmetrical; a small amount of milky fluid is expressed on gentle pressure. The chest cage is symmetrical and intact. The abdomen is soft but tense. The umbilicus is normal. The external genitalia show a small amount of red-gray mucoid material in the vaginal vault. The labia majora show no injuries. The legs are well developed. There is toenail polish present. No arthritis or edema of ankles or feet noted. The antecubital fossa of the left arm shows a recent hemorrhagic injection site; dissection of this area shows a fresh hemorrhage of maroon-red blood circumferentially located with a diameter of 1" immediately beneath the vena puncture site. There is no evidence of fibrous tissue thickening or fasciitis. A gold metal ring is present on the 4th finger of the right hand. The fingernails are long and polish is present. The 4th and 5th fingernails of the left hand are jagged and shortened. Examination beneath the nails shows small green fiber material which is saved and labeled. The back shows bright red lividity present on the right side of the back, the right posterior region of the buttocks, and the right lateral aspect of the thigh and calf. The anus shows a small amount of green fecal staining; hemorrhoids are not observed. No foreign material is seen. The spine is palpably intact.

There is a bullet wound present in the middle part of the left back. It is 4'6" above the left heel. This wound is located 3½" to the left of the midline of the back and 6" below the top of the shoulder and is immediately beneath the inferior border of the left scapula. The wound shows black discoloration of the edges which are somewhat serrated. The wound is oval in shape having a greatest diameter laterally to medially which is 3/8". The superior-inferior diameter is ¼". The actual perforation site is 1/8". There is no evidence of powder burns, peppering or muzzle imprint. Three old transverse scars each 1½" in length are present in the medial aspect of the left wrist at the level of the styloid process of the radius. There is a laceration which contains 2 silk sutures which is located in the left antero-lateral chest cage. It is 5" below and 2" lateral to the left nipple. This wound is diagonal in configuration with a left upwards to right downwards configuration. It is oval in shape and has smooth edges. The edges are sharply tapered and no skin tags or serration of the edges are noted. The greatest length is 3/4" and the greatest width is 5/16". This tract is probed and passes into the chest cavity between the 7th and 8th ribs. There are linear parallel abrasions of the right knee which encompass an area of 2¼" by 1½". They pass in diagonal fashion from right upwards to left downwards. A central purple discoloration is seen and a greenish-brown peripheral color is noted.

INTERNAL EXAMINATION

The usual Y-shaped incision is made. The panniculus measures 3/8". The musculature is adequately developed. The uterus is moderately enlarged but the serosal surface is smooth and shiny although it is dark red to maroon. The urinary bladder is contracted. Approximately 50cc of pink tinged clear fluid is present in the peritoneal cavity; no adhesions are present. The liver is moderately enlarged but the spleen is contracted. The stomach is dilated and its serosal surface is smooth and shiny. No pelvic or lower spine fractures are noted. The diaphragmatic leaves are situated at the 5th rib on the right and the 5th interspace on the left. The chest cage is opened; the lungs are well aerated and almost completely fill the pleural cavities. There are 200cc of unclotted blood in the left chest space. There is an apical adhesion on the left side which strips with difficulty. The pericardial sac is intact; 25cc of pink tinged fluid are present; no adhesions are seen. The right side of the heart is widely dilated and the left side is somewhat contracted. Mediastinum contains no blood. A small remnant of thymus is present. No obvious rib fractures are seen.

Weights of organs: lungs 1470-heart 380-liver 1860-spleen 140-kidneys 320-pancreas
140-brain 1595-adrenal glands 10 grams.

LUNGS: the posterior surface of the upper lobe of the left lung contains a 3/8" oval defect which penetrates the parenchyma for a depth of 5". A minimum of surrounding hemorrhage into the parenchyma is noted. A .38 caliber bullet is recovered and marked "J". It is turned over to Detective Black at this time. The anterior left chest cage shows a ½" laceration which passes through the 4th interspace 4" to the left of the midline of the chest. A minimum of hemorrhagic diathesis in the intercostal space is seen. The total depth of this wound tract is 2". It passes from front to back, slightly downwards at approximately a 20 degree angle, and has no right to left deviation. The remainder of the lung parenchyma is slightly pale, well aerated, and of normal crepitation. There is no evidence of infarction, pneumonitis or abscess formation. The pleural surfaces are smooth and shiny; anthracotic pigment is mild and diffuse. The hilar lymphnodes show a focal area of calcification which is yellow-gray-tan in color. The pulmonary vascular tree is widely patent and shows no thrombo-emboli. The bronchi show a small amount of blood stained mucus but the lining is smooth and shiny throughout. The thyroid gland is red and meaty on sectioning. It is normal in size, shape and position. The superior parathyroid bodies are identified; they are brown-tan in color; inferior parathyroids not found. The thymus weighs approximately 10 grams, is purple-gray in color, and spongy on sectioning. There is a fracture of the distal tip of the left thyroid cartilage 3/8" from the cornu at its distal tip. A moderate amount of hemorrhagic extravasation is seen. The remainder of the thyroid cartilage, the cricoid cartilage and hyoid bone are intact. No muscular hemorrhage is noted. The carotid sheaths show no hemorrhage. The cervical spine is intact. The tongue shows a bite mark in the left side at the posterior one-third. The tonsillar crypts are small and

redundant. Epiglottis show a few focal petechiae. The vocal cords are not edematous. The little finger is admitted with ease through the larynx. There are no palpable facial fractures. The soft palate, gums and teeth are normal.

HEART: the myocardium is brownish-red and firm throughout. No fibrosis, hemorrhage or softening is noted. The endocardial lining show pinpoint petechia/hemorrhage beneath the mitral valve. The coronary ostia are widely patent. Coronary arterial tree shows focal atheromatous changes and the left anterior descending branch $\frac{1}{2}$ " from its origin shows an area of brown-tan discoloration occluding the lumen approximately 50%. This extends for $\frac{1}{8}$ " distally and the remainder of the vessel is patent. The right main coronary artery and the left circumflex branch show minimal atheromatous changes. The left ventricle is 16mm. in thickness. The right ventricle is 4mm. in thickness. The chordae tendinea are somewhat shortened and slightly fused. The valvular cusps show no vegetations. There are no mural thrombi seen and the pulmonary and aortic outflow tracts are widely patent and of their usual diameters. Aorta and vena cava normal.

LIVER: the parenchyma shows a smooth and shiny capsular surface. The edges are sharp. The color is brown-maroon throughout. Sectioning reveals a normal lobular architecture with distinct markings. A moderate congestion with viscous red blood is present. A slightly sweet odor is detected. There is no increase in resistance and no discoloration or softening is noted. The gallbladder is intact, 30cc. of green-black viscous bile present; no calculi. The ducts are not obstructed.

SPLEEN: capsular surface is wrinkled and the spleen is light purple in color. Sectioning reveals a mushy parenchyma with indistinct white pulp. There is no evidence of injuries.

PANCREAS: normal in size, shape and position. Transverse sectioning reveals a well lobulated pattern throughout. There is no duct inspissation. The color is tan to gray to yellow. A slightly gritty consistency is apparent in the tail region.

ADRENAL GLANDS: normal in size, shape and position. Cortex retains gold-yellow color. The medullary aspect is slightly autolyzed. There is no hemorrhage or evidence of tumor.

KIDNEYS: equal to each other in size and shape. A moderate amount of perirenal fat is noted. The capsules strip with minor difficulty; a few V-shaped scars are noted. Geographic areas of red-brown discoloration are apparent. Sectioning reveals focal areas of hemorrhagic diathesis in the regions of the medullary rays. Hemorrhagic streaking of the cortex with mild pallor in some areas is noted. Abscess formation is not seen. The pelves are slightly dilated. The ureters are of normal configuration and enter the urinary bladder in the usual manner. They are not dilated. The bladder contains 15cc of cloudy pink-red-yellow urine. The lining is slightly trabeculated and pale. Urethral orifice normal.

GENITALIA: the left ovary is slightly enlarged containing a gold-yellow corpus luteum measuring $\frac{3}{4}$ " in diameter. The right ovary contains a few small cysts. The parenchyma is spongy. The fallopian tubes are slightly dilated. There is no pus present. The uterus measured $7\frac{1}{2}$ " by $4\frac{1}{2}$ " by $1-3\frac{1}{4}$ ". The serosal surface shows no defects. The cervical os is red-purple in color. The outer aspect shows erosion and L-shaped markings upto $\frac{3}{16}$ " in length which are 4 in number and are situated at the quadrants of the cervix. The vagina has a slightly roughened wall and is colored brown to tan throughout. Sectioning of the myometrium shows no evidence of tumor formation. The endometrial lining is hemorrhagic upto $\frac{1}{4}$ " in thickness, and a putrid odor is noted upon opening the uterus. A circumscribed area of tan-gray discoloration with a rubbery firmness is noted. There is no evidence of demonstrable fetal remains. The contents of the uterus are liquid, approximate 5cc., and appear to have a slightly foamy and sweet quality. There are no perforations or fistulus tracts to the urinary bladder or the rectum. The external genitalia show no injuries.

GASTROINTESTINAL TRACT: esophagus noncontracted; gray-white mucosal lining; no varices. The stomach contains a partially digested meal of which vegetable and meat fibers are noted. Total amount 20cc. A focal area of corrosion is noted on the greater curvature of the pylorus and immediately beneath is some gray-white granular material amounting to about 5cc. The duodenum is contracted and shows hyperemia of the mucosal lining and a small amount of digested food material. The small and large intestines show green-yellow-tan liquid to semisolid material. The appendix is surgically absent and the stump is identified. The large bowel has a pale mucosal lining and is somewhat dilated. Dark green feces are present in the sigmoid colon and rectum. There are no hemorrhoids, polyps, or diverticula seen. The anus is normal.

CENTRAL NERVOUS SYSTEM: the scalp shows no subgaleal hemorrhage. The cranium measures $\frac{3}{8}$ " in thickness. No fractures are seen. The meninges are smooth and shiny on all surfaces. No intermeningeal hemorrhage noted. The brain completely fills the cranial vault. The base of the left frontal cortex reveals an area of yellow-gold discoloration with a cystic defect measuring $\frac{1}{4}$ ". The arteries at the base of the brain show minimal junctional atherosclerosis but no obstructions or aneurysm formation. Sectioning of the brain reveals intact thalamic structures with no cystic or hemorrhagic change. A pink tinged spinal fluid is present. The choroid plexus is congested. The cortex and white matter are distinct with no softening of petechiae. The pons, cerebellum, and brainstem are normal. The spinal cord is removed anteriorly: it shows normal configuration and consistency on sectioning. The bone marrow is red in color. The osseous tissue is firm throughout. Pituitary slightly enlarged; it overfills the sella turcica. The middle ears are opened and show no evidence of pus. The sinuses are not opened.

ANATOMIC DIAGNOSIS

1. Bullet wound of left back and left lung; .38 caliber bullet recovered from lung parenchyma.
2. Laceration of left antero-lateral chest cage.
3. Thrombosis of left anterior descending coronary artery.
4. Left ventricular hypertrophy.
5. Mild atherosclerosis of descending aorta.
6. Stab wound tract of anterior upper lobe of left lung.
7. Fracture of left thyroid cartilage with surrounding hemorrhage.
8. Petechial hemorrhages of epiglottis.
9. Sweet odor detected in liver.
10. Chronic pancreatitis, tail region.
11. Slight autolysis of adrenal glands.
12. Arterial nephrosclerosis
13. Abrasions of cervix with external erosion.
14. Brown-tan discoloration of vagina.
15. Putrid odor present to endometrial lining; septic endometritis?
16. Partially digested meal in stomach.
17. Gray-white granular material present in greater curvature of stomach.
18. Surgical absence of appendix.
19. Old contusion of base of brain, left frontal region.
20. Arteriosclerosis of cerebral vessels, minimal.
21. pink color present to spinal fluid and lateral ventricles.
22. Mild enlargement of pituitary gland.
23. Left hemothorax, 200cc.

MICROSCOPIC EXAMINATION

The myocardium shows well preserved fibers with no evidence of fibrosis or inflammation. The cross striations are well preserved. The coronary arteries show resolving hemorrhage with cholesterol cleft formation and atheromatous plaques which upon section show occlusion of the lumen by approximately 75%. The aorta shows a well preserved lining with a few atheromatous plaques demonstrable. The lungs reveal areas of pulmonary congestion and edema with focal atelectasis. Alveolar hemorrhage is present around the wound tract but there are no inflammatory changes noted. Pulmonary vascular tree is clear. A few vegetable fibers are seen in the distal bronchioles. The trachea shows a mild round cell infiltration in the submucosa. The thyroid gland reveals normal sized acini filled with abundant colloid material. The parathyroid glands are not studied. The larynx including the vocal cords show no inflammation. The tonsils are not inflamed. A section of the salivary gland reveals no inclusions or evidence of inflammation. The liver shows foci of centrilobular fatty metamorphosis. There is no evidence of fibrous tissue increase or degeneration. Round cells are apparent in the regions of the portal triads. Bile stasis is minimal. The spleen shows granulocytes in the red pulp and a well preserved white pulp with reticulum cells prominent in the central aspect. Abundant brown-black pigmentation is noted. The pancreas shows prominent fibrous tissue in the tail region. The ducts are distended by a small amount of pink staining homogenous mucoid material. The acini are well preserved. The adrenal glands show autolysis of the medulla and a cortex containing abundant lipid material within the cells. The kidneys show focal peripheral sclerosis of the glomeruli. The tubules contain small crystalline material which is somewhat rhomboid to oval in shape and appears to be collected in "wheat-sheaf" formation. There is no evidence of fibrin thrombi in the vessels of glomeruli but a few granulocytes are apparent in the distal tubules. The vasculature is not thickened. The urinary bladder shows no evidence of inflammation. The ovaries demonstrate a few small cystic spaces and a corpus luteum of pregnancy is observed. The fallopian tubes are contracted but a few areas of granulocytic infiltration within the lumina are seen. The uterus shows abundant inflammatory cell exudate and necrotic chorionic villi adherent to the endometrial lining. A pink-gray homogenous material is present in many of the smaller blood vessels and circumscribing this material is abundant granulocytic nests of cells. Hemorrhage and granulocytes as well as plasma and eosinophils are noted in the lower endometrium and cervical region. The myometrium shows mild hypertrophy of the fibers but no evidence of tumor formation. No foreign material is seen on the epithelial lining of the vagina. The gastrointestinal tract shows focal corrosion and autolytic change of the gastric lining but no inflammatory exudates are seen. The small and large bowels including the gallbladder and appendix show no pathological features. The pituitary shows a slight eosinophilic cellular excess. The bone marrow shows a normal maturation and cellular population. Sections of the brain reveal glial cell formation and gliotic response at the area of the left inferior frontal cortex. The Purkinje cells in the cerebellum are intact. There are no anoxic or degenerative or inflammatory changes observed. The meninges show no evidence of inflammation. Sections of the spinal cord show no pathological features.

TOXICOLOGY: blood, urine, bile, uterus, uterine contents, stomach, stomach contents, liver, kidney and brain are submitted for alcohol, carbon monoxide, barbiturates, tranquilizers, abortifacients, opiates and other narcotics, heavy metals and volatiles.

REPORTS ACCOMPANYING THE MEDICO-LEGAL AUTOPSY PROTOCOL

1. Toxicology report
2. Bacteriology and/or virology report
3. Serology report (blood typing, identification of spermatozoa)
4. Receipt for medical evidence (clothing, bullets, trace evidence)
5. Identification (police, family)
6. Ballistics report
7. Preliminary case report sheet.
8. Police investigation, initial and/or follow-up
9. Hospital chart or summary
10. Notes made by Pathologist
11. Anatomical charts describing wounds
12. Scene investigation report
13. Death certificate, original or copy
14. Court subpoena.

Name of Patient Jane Marie Jones		Sex F	Age 32 yrs.	Time and Date of Death 6:30 a.m. July 1, 1967	
		Received From Dr. James Brown			
Time and Date Received 9:30 a.m. 7/2/67		By Det. W. Black	By Mail Messenger <input checked="" type="checkbox"/>	Receipt Given Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
SPECIMENS RECEIVED					
Specimen		Amount	Specimen		Amount
BRAIN	X	500 grams	BLOOD	X	50 cc.
LIVER	X	500 grams	URINE	X	58 cc.
KIDNEY	X	200 grams	GASTRIC CONTENTS	X	110 cc.
OTHER - 800 mg. Hair					
REPORT					
GASES	Analysis of blood showed the hemoglobin to be 20% saturated with carbon monoxide. Analysis of blood showed the presence of a trace of carbon dioxide.				
VOLATILES	Analysis of blood showed the presence of 55 mg% ethanol. Analysis of urine showed the presence of 70 mg% ethanol. Analysis of blood showed the presence of .50 mg% amphetamine.				
ORGANIC ACIDIC AND NEUTRAL COMPOUNDS	Analysis of blood showed the presence of 1 mg% barbiturate. Analysis of urine showed the presence of 15 mg% salicylate. Analysis of brain showed the presence of 10 mg% carbamate.				
ORGANIC BASIC COMPOUNDS	Analysis of bile showed the presence of 5 mg% morphine. Analysis of liver was negative for thorazine. Analysis of liver showed the presence of a trace of quinine.				
INORGANIC COMPOUNDS	Analysis of hair was negative for arsenic. Analysis of urine showed the presence of 80 gamma percent lead.				
SPECIAL ANALYSES	Analysis showed the blood cholinesterase to be normal.				
REMARKS	The specimens were contaminated with formaldehyde.				
Date Completed 8/1/67	Chemist R. J. Sim		Chief, Bureau of Toxicology L. C. Rod		