

DR. LATTIMER AND THE GREAT THORBURN HOAX

by Wallace Milam

[This article is based on research by Ms Milicent Cranor. Ms Cranor, the most knowledgeable member of the research community on Dr. John Lattimer and his work, is currently preparing an article dealing with the neurological aspects of the Thorburn argument.]

New York urologist John Lattimer entered the Kennedy assassination controversy quite early. Beginning with an article in the Journal of the American Medical Association (JAMA) in 1966, Dr. Lattimer has been a shrill and frequent defender of the findings of major government investigations that President Kennedy and Governor Connally were struck by two bullets fired from behind them by Lee Harvey Oswald. Dr. Lattimer has carried out numerous shooting experiments, firing at human skulls and mock-ups of human necks and chests. In 1972, he became the first "independent" medical person to be allowed to examine the Kennedy autopsy materials. Over the past 28 years, Lattimer's research has been reported in both the popular and scholarly media.

A key element in Lattimer's reconstruction of the wounding of President Kennedy has been his claim that the movement of Kennedy's arms seen in the Zapruder film is the result of some sort of spinal trauma, causing the elbows to splay outward and the hands to turn inward with fists clenched. In the mid-1970's, Dr. Lattimer seized upon an illustration in a nineteenth century medical journal and published it as "proof" that a transiting bullet had produced a neurological response known as "Thorburn's position."

When Lattimer's writings concerning this alleged spinal trauma are carefully examined, they reveal not only a pattern of misrepresentation and misinterpretation of his source materials, but an actual ALTERATION of those materials. John Lattimer has not only been wrong, he has engaged in deception.

The Wandering Wound

Lattimer first wrote on the wounding of Kennedy in 1966. In JAMA, he stated that the bullet "missed both the bodies and the transverse processes of the vertebrae."¹ Two years later, in an article called "The Kennedy-Connally Single Bullet Theory: A Feasibility Study," Lattimer said the bullet "did not hit any bones in President Kennedy and indeed did not hit any vital structures."²

In 1972, Dr. Lattimer was allowed to see the Kennedy autopsy materials. Soon after, he wrote that there were two 4-mm slivers of metal in Kennedy's neck. He stated that they were "near the tip of the transverse process of the seventh cervical vertebra which the bullet may have grazed."³ Two years later, in an article co-authored with his sons, Lattimer wrote that the bullet "grazed the tip of the transverse process of the President's sixth or seventh cervical process, dislodging two tiny fragments of bone....our x-ray studies of various materials indicate that they are more likely fragments of bone rather than metal."⁴ In an article for the Bulletin of the New York Academy of Medicine, written ostensibly with two neurologists, Edward Schlesinger and Houston Merritt, Lattimer reported that the radio-opaque material in Kennedy's neck was bone and that it was in the general region of the "transverse process of the sixth cervical vertebra of the right side...."⁵ Lattimer said "...the tip of C-6 (not C-5 or C-7) had been struck by the bullet...."⁶ But just two years later, when Lattimer was contacted by the House Select Committee on Assassinations, he is reported as having told their investigators that "a missile passed through the area" and that there was a fracture of C-6 or C-7.⁷ In 1980, Lattimer wrote Kennedy and Lincoln. Here he offered still another account of the damage to Kennedy's neck. It seems Lattimer had concluded at that point that

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the bullet had produced a "concussive-contusive" trauma to C-6 even though that same bullet "grazed" the "tips of the transverse processes of of the lower cervical vertebrae, or possibly the uppermost thoracic vertebra...⁸. Coming full circle, Lattimer again appeared on the pages of JAMA in 1993, writing that Kennedy's behavior was "due to the shock to C6-7..."⁹. Thus, even though the Kennedy X-rays were examined by Lattimer back in 1972, and no new X-rays have surfaced, his interpretation of just where any damage occurred has varied considerably. But, as we shall see, there seems to be a motive--albeit a malevolent one--to his uncertainty.

Lattimer Discovers Thorburn

It was in the 1976 article for the Bulletin of the New York Academy of Medicine that Lattimer first sought to explain Kennedy's movements as a response known as "Thorburn's position" or "Thorburn's reflex." The diligent research of Milicent Cranor now makes it possible to understand just how this "insight" came about. It is not a pretty picture.

It will be recalled that neurologists Schlesinger and Merritt are listed as co-authors of the article entitled "President Kennedy's Spine Hit by First Bullet." Ms Cranor contacted Dr. Edward Schlesinger on July 1, 1994, to ask about his role in the article, specifically whether or not he agreed that Kennedy's movements seen in the Zapruder film were consistent with "Thorburn's position." To her astonishment, Schlesinger reported that he had never even seen the Zapruder film! Three times during the conversation, he stated he had never done so, adding at one point:

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I've never seen it....I don't know....I had conversations with Dr. Lattimer about it and told him to look into the Thorburn business. I personally didn't write it, I wasn't consulted when it was written, he showed me the manuscript and then he put it into book form, and it was never to me something that I was intentionally involved in. It was just. ..in the beginning when he wrote a paper about it, I found that it was neurologically unsophisticated, and so I told him about the possibilities."¹⁰

Truly amazing! A neurologist lends his name to an article by a urologist, defining a neurological reaction he has never seen! Thanks to Ms Cranor's research, we now know (a) that Dr. Lattimer's vaunted "Thorburn position," later borrowed and relied upon by Dr. Michael West and author Gerald Posner, was casually suggested by a man who "wasn't consulted when it was written," who had never even observed the President's reaction, and who casually tossed it out as a suggestion to Dr. Lattimer when he saw that Lattimer's paper was "neurologically unsophisticated." But there is more: according to Dr. Schlesinger, the other neurologist, Dr. Merritt, also lent his name to the article without actually having any input into its content. Schlesinger told Ms Cranor, "And he [Lattimer] put Dr. Merritt's name on it. And Merritt had nothing to do with it."¹¹ [Emphasis his.]

Schlesinger had planted the "Thorburn seed" on fertile ground. By the time Kennedy and Lincoln appeared in 1980, what had been a casually-proffered theory had grown into an "indisputable fact." Now, according to Lattimer, Kennedy's reaction was "an almost classic demonstration of what may be called a Thorburn's position, indicating a lesion of the lower neck area."¹² The book contained a

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sketch taken from Dr. Thorburn's 1889 article, showing his injured patient lying with arms laid outward¹³ (SEE FIG. 1-b)

Boarding A Rickety Bandwagon

"Thorburn" was next borrowed by Dr. Michael West, a deputy medical examiner in Hattiesburg, Mississippi. Dr. West produced a video which, sad to report, was well received when it was presented before the American Academy of Forensic Sciences in New Orleans in February, 1992. Dr. West added his own spin to Thorburn, calling the phenomenon "Thornburg's position,"¹⁴ assigning it specifically to wounds to "the vertebra of C-6," and adding that "the victim's elbows and shoulders rise and the hands curl down....The President would have been unable to lower his hands. They would have been in the Thornburg position [sic] and he would not have been able to bring them down."¹⁵ West offered no explanation for the fact that the Zapruder film shows Kennedy beginning to lower both arms at the elbow at frame 241 and continuing to do so until he was fatally shot in the head.

Then came Gerald Posner. In his 1993 book Case Closed, so widely acclaimed by the establishment media and so vilified by conspiracy theorists, Posner joined the Thorburnites. Drawing heavily on Lattimer and Dr. West (whom he cites repeatedly), Posner unequivocally places the spinal trauma at C-6 and calls it "Thorburn's Position," which he says is "spinal injury that forces the victims arms to jerk up into a fixed position, almost parallel with the chin, the hands gathered near the chin and the elbows pushed out to the sides. This is exactly the position the President started assuming at frames 226-227."¹⁶ Like West, Posner is convinced that

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this alleged Thorburn's reflex left Kennedy's arms locked in place, and that only the fatal head shot seconds later released them. (Like West, Posner offers no explanation for the immediate lowering of Kennedy's arms.) Indeed, Posner offers new "evidence" of a type of Thorburn paralysis of the arms: that Mrs. Kennedy tried to push Kennedy's left arm down with first one then both her hands. Posner says she "grabbed" his arm with one hand then with both hands tried to lower the locked limb: "...but the film clearly records his resistance. His arm did not lower."¹⁷ A careful study of the Z film shows that Posner's representation of events is not accurate. Kennedy's hands have begun to lower even before Jackie places her hands on his arm. Her movements, instead of being efforts to pull his arms down, are actually efforts to either move herself closer to him or pull him toward her. There is no sign of any downward effort being exerted by either of Mrs. Kennedy's hands; even if there were, the President could conceivably have consciously chosen to keep his hands at his injured throat. Finally, Posner fails to point out that at the time Jacqueline Kennedy is supposedly vigorously trying to pull her husband's arm down, she is actually looking at Governor Connally.

Thorburn According to Thorburn (not Lattimer)

Through Ms Cranor's efforts, I finally obtained a copy of Dr. Thorburn's original article. It was only then that the extent of Dr. Lattimer's scientific charade became evident. Eighteen years after his work was prostituted, it is finally time to let Thorburn speak for Thorburn:

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In June, 1886, Dr. William Thorburn received a patient at his infirmary in Manchester, England. A workman had lost his balance and fallen while standing on a scaffolding whitewashing a wall. The back of his neck slammed against a bench while his feet remained caught in the ladder. As a final blow, the bucket of whitewash fell back upon him. Dr. Thorburn, who did not see the patient until he was brought to the hospital four days later, observed the man as his condition deteriorated over the next three weeks. After the workman's death 26 days after the accident, Thorburn performed a post mortem examination and then wrote about the incident as "Case I" in Cases of Injury to the Cervical Region of the Spinal Cord.¹⁸

Dr. Lattimer sees such parallels in the injuries and reactions of the workman and Kennedy that he calls the President's response "an almost classic demonstration of what might be called a Thorburn position."¹⁹ But if he read Dr. Thorburn's article at all, he must have noted many significant differences:

a. Thorburn's workman was rendered immediately unconscious²⁰; Kennedy was not.

b. According to Lattimer and his disciples, Kennedy's arms flew immediately into place and locked there. Thorburn's patient had no such immediate reaction. On regaining consciousness, his legs were paralyzed, but "his arms [were] partially so."²¹ The engraving of the injured workman, showing his arms laid outward (Fig. 1-a), depicts his condition four days after the accident, a fact which Lattimer deliberately distorted. (See below.)

c. While one of Kennedy's vertebra and his spinal cord may have been grazed (HSCA's medical panel concluded that a bullet did not hit one of Kennedy's vertebra and that the damage "if any, was purely negligible."²²), the workman suffered "complete transverse

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d. The possible damage to Kennedy's vertebra occurred at the level of C-6 or C-7 (and even possibly T-1) according to the HSCA medical panel. As we have seen, Lattimer first claimed the bullet struck neither vertebrae nor the spinal cord. Then he narrowed the choices to C-6 or C-7, finally settling on C-6. He specifically ruled out C-5. But Thorburn's victim had a dislocation between the 5th and 6th cervical vertebrae with complete paralysis of all nerves below C-5, the spinal cord being completely destroyed "immediately below the level of origin of the fifth cervical nerves."²⁵ As will be seen, Lattimer took steps which hid these facts as well.

e. Finally, the engraving of Thorburn's patient (Fig. 1-a) shows the position of his arms to be quite the opposite of Kennedy's. The workman's arms are abducted, falling to his side, away from the throat and midline of the body, while Kennedy's arms are adducted, his hands in front of his throat.

Lattimer Plays the Caption Game

Dr. John Lattimer had a problem. He wanted to cite Thorburn's work--with its engraving--as an explanation of Kennedy's movements, but if anyone should look closely at Thorburn's article (and the captions on his engraving), they would see the contradictions. So, Dr. Lattimer has never once, in all his writings, quoted directly from Thorburn's "Case I." And, when he reproduced the Thorburn engraving, he altered the captions, adding untrue statements and deleting information which was harmful to his thesis.

Compare the actual Thorburn illustration, as printed in Cases of Injury to the Cervical Region of the Spinal Cord (Fig 1-a), with what purports to be the same illustration as published both

FIG. 1-a



FIG. 1.—Position occupied by the limbs in a case of complete transverse destruction of the spinal cord immediately below the level of origin of the fifth cervical nerves.

FIG. 1-b



**THORBURN'S
POSITION**

Illustration from Dr. William Thorburn's 1889 article "Cases of Injury to the Cervical Region of the Spinal Cord," showing the peculiar position assumed by the elbows immediately after an injury to the spinal cord in the lower neck region. This was confirmed at autopsy the following day.

This is the same position into which Kennedy's elbows flew after bullet 399 passed through his neck, striking the tip of the transverse process of a vertebra in the lower portion of his neck and obviously transmitting an impulse to his spinal cord to cause this reflex. (Drawing reproduced by courtesy of Charles Griffin and Company Limited)

FIG. 2

6. Thorburn W. Cases of injury to the cervical region of the spinal cord: position of the elbows after injury to C-6 (level confirmed at autopsy). *Brain*. 1886-1887;9:510-543.

in Lattimer's Kennedy and Lincoln²⁶ and his 1993 article in JAMA.²⁷ (Fig 1-b) The picture is reversed in Lattimer's writings, but this is apparently simply a persisting publishing error. The captions tell the story:

a. Thorburn's original captioning contains the information that this case involved "complete transverse destruction of the spinal cord" and that this destruction was "immediately below the level of the origin of the fifth cervical nerve." Both these facts are harmful to Lattimer's theory.

b. Consequently, neither of these facts is included in his caption. Erroneous material is substituted. The picture is said to show the "peculiar position assumed by the elbows immediately after an injury to the spinal cord..." [emphasis added]. As we have seen, the arms were only partially paralyzed after the accident and Thorburn's drawing is based on the position of the arms 4 days after the accident. There is no way that the engraving could show the "peculiar position assumed by the elbows immediately after" the injury. Instead of reporting Thorburn's precise location of the injury ("immediately below the level of the origin of the fifth cervical nerve"), Lattimer substitutes the vague phrase "in the lower neck region." To complete his handiwork, Lattimer says that the spinal cord injury was "confirmed at autopsy the following day." Had this been true, it would certainly have met with vigorous protest from the victim, since he was quite alive the day after his injury and lived for twenty five more days!

c. In references at the end of his 1993 JAMA article, Dr. Lattimer offers still another variation on the alteration theme: this time he provides Thorburn with an unsolicited subtitle (Fig 2).

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"Cases of Injury to the Cervical Region of the Spinal Cord" has been enhanced to now include this subtitle: "position of the elbows after injury to C-6 (level confirmed at autopsy)." [emphasis added]

Lattimer's motives here are obvious.

Summary

Lattimer's attempts to explain sid'ent Kennedy's behavior by using Dr. Thorburn's findings is a hoax. A study of Thorburn's "Case I" reveals numerous and significant differences. Either Dr. Lattimer never read Thorburn's report or he chose to ignore those portions which did not suit his purposes. In either case, the results have been both sad and comical:

* Other "researchers," with their own agendas, borrowed and perpetuated his "facts," apparently without bothering to check the source material either.

* A national gathering of forensic scientists viewed a videotape which offers the Thorburn position as a factual explanation for Kennedy's behavior and most were favorably impressed.

* The most proclaimed Kennedy assassination book of the 30th anniversary, Posner's Case Closed, presented Thorburn as gospel, and the prosecution in an ABA mock trial of Lee Harvey Oswald offered it as evidence in court.

* Posner appeared in telecasts by both CBS and PBS, telling national audiences of Kennedy's "Thorburn reaction."

All of this because of Dr. Schlesinger's offhand suggestion in 1976 that Dr. Lattimer might want to "look into the Thorburn business"!

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End notes

- 1--Journal of the American Medical Association, 1966; 198 (4), p. 327.
- 2--International Surgery, 1968; 50 (6), p. 529.
- 3--Medical Times, June, 1972, p. 37.
- 4--"The Kennedy-Connally One-Bullet Theory," Medical Times, November, 1974, p. 41.
- 5--"President Kennedy's Spine Hit by First Bullet," 1977, p. 280.
- 6--Ibid.
- 7--HSCA, Volume VII, p. 290.
- 8--Kennedy and Lincoln, p. 243.
- 9--269 (12), p. 1545. The JAMA article also offers a hint that Dr. Lattimer was now aware of one of his "Thorburn" problems-- namely that the reactions he had described did not match the alleged areas of damage in the spinal cord. In order to "fix" this, Lattimer decided, without a shred of proof, that the right brachial plexus, as well as C-6 and C-7, had been shocked by the passing bullet. The brachial plexuses are large clusters of nerve cell bodies located on either side of the spinal cord in the neck/shoulder region. Apparently, Lattimer chose the right brachial plexus because it was quite large and a bullet could have hit it. Unfortunately for his assertion, brachial plexus palsy causes the arm to hang limp at the side of the body, with the forearm extended and pronated. In addition, trauma to the right brachial plexus would not explain the movement of Kennedy's left arm and hand.
- 10--Telephone conversation: Millicent Cranor and Dr. Edward Schlesinger, July 1, 1994.
- 11--Ibid.
- 12--loc. cit.
- 13--Ibid., p. 244.
- 14--"Confirmation of the Single-Bullet Theory," videotape by Johan Rush and Michael West, 1992.
- 15--Ibid.
- 16--Case Closed, pp. 328-329.
- 17--Ibid., p. 329.
- 18--Thorburn, pp. 511-512.
- 19--Lincoln and Kennedy, p. 243.
- 20--Thorburn, op cit., p. 511.
- 21--Ibid.
- 22--HSCA, Volume VI, p. 56.
- 23--Thorburn, op. cit., p. 512.
- 24--Ibid.
- 25--p. 244
- 26--269 (12), p. 1546.