

Warren Report: The Autopsy

By **BERNARD GAVZER**
and
SID MOODY
AP Newsfeatures
Writers

IV—MORE ON THE AUTOPSY

Critic Harold Weisberg goes even further with his attack on the so-called "errant dot" on the autopsy report admitted by Cmdr. Boswell, calling it no error at all.

"Unless the commission is prepared to prove that this original working paper of the autopsy is wrong — not just a little wrong but grossly and inexcusably wrong—wrong in a manner that can never be expected from such eminent experts in both pathology and forensic medicine, its entire report is a monstrous fake!"

By the same logic, showing the errors and wrongs of "Whitewash"—as the writers are doing here—would amount to proving Weisberg is right in his charges.

Lane also saw something else

in the autopsy diagrams. There is an arrow on the back of the head, which is very plain. Lane sees it this way:

"The diagrams... show that Humes apparently believed a bullet to have exited at the left side of the president's skull, for he placed an arrow pointing to the left upon a mark evidently signifying a bullet entry wound."

How could he know what Humes "apparently believed"? No such stated belief is to be found in Humes' testimony. And Lane has admitted in a published interview that he wrote Humes but received no reply.

Boswell made the arrow.

What does it signify?

"The arrow is meant to imply that this wound of entry went from external to internal in an upward and inward slanting direction," says Boswell.

Epstein says there is other evidence that a bullet never went through the president's neck from back to front. For

this conclusion, he turns to the autopsy itself.

"The fact that the autopsy surgeons were not able to find a path for the bullet is further evidence that the bullet did not pass completely through the president's body," Epstein says.

One of the things on which he bases this is Humes' testimony that pathologists were unable "to take probes and have them satisfactorily fall through any path at this point." But Epstein leaves out Humes' statement that "attempts to probe in the vicinity of this wound were unsuccessful without fear of making a false passage."

The path was determined during the autopsy through recognized pathological procedure in which it was discovered there was bruising of the apex, or tip of the lung, bruising of the parietal pleura, or membrane lining the lung cage, and bleeding near the strap muscles between which the bullet passed. The

(Turn To Page A-3)

Warren Report: More In Autopsy

(From Page One)

hole at the back of the neck was characteristic of an entry wound. The hole at the throat did not have the characteristics of an exit wound because it had been used in Parkland Hospital for a tracheotomy when doctors were trying to give the mortally wounded president an air passage.

But Lane, Weisberg and Epstein won't buy that, not when they have the FBI summary report of Dec. 9, 1963, to play with.

Two FBI agents, James W. Sibert and Francis X. O'Neill, were in the autopsy room. So were some Secret Service agents.

The FBI summary report, which was not published in the Warren report or its supporting volumes—thereby providing other fodder for the critics—said, in part:

"Medical examination of the president's body revealed that one of the bullets had entered just below his shoulder to the right of the spinal column at an angle of 45-60 degrees downward, that there was no point of exit, and that the bullet was not in the body."

Lane says this report had to be the correct version of the autopsy finding.

"Clearly, Hoover (FBI Director J. Edgar Hoover) would not presume to summarize the 'medical examination of the president's body'—the autopsy report—in so vital a document as the Warren report—had been studied carefully. The undated autopsy report prepared by the military physicians and published by the commission, however, does not permit the conclusions offered by the FBI. Indeed it flatly contradicts them."

Was the report updated?

In a certificate dated Nov. 24, 1963, which is part of Commission Exhibit 397, containing the written autopsy report, Humes certifies that "all working papers associated with Naval Medical School Autopsy Report A63-272 have remained in my personal custody at all times. Autopsy notes and the holograph draft of the final report were handed to commanding officer, U.S. Naval Medical School, at 1700, 24 November, 1963."

Also, the FBI did not receive the autopsy report until Dec. 23, 1963. So the FBI couldn't have given it careful study, as Lane says.

And when the FBI did see it and turned out a supplemental report, Jan. 13, 1964, no change was made because of the FBI practice and tradition of report-

ing what its agents say.

This Jan. 13 report said, "Medical examination of the president's body revealed that the bullet which entered his back had penetrated to a distance of less than a finger length."

As J. Edgar Hoover was to explain later:

"The FBI reports record oral statements made by autopsy physicians while the examination was being conducted and before all the facts were known. They reported that Dr. James J. Humes, chief autopsy surgeon, located what appeared to be a bullet hole in the back below the shoulder and probed it to the end of the opening with a finger. The examining physicians were unable to explain why they could find no bullet or point of exit. Unknown to agents, the physicians eventually were able to trace the path of the bullet through the body."

One technique which the critics use to discredit the autopsy report is what might be called reverse English.

In a usual medical situation, if a person died during an operation, say for removal of a wart on his finger, the cause of death would be determined by an autopsy. If the autopsy attributed death to heart failure, critics such as Lane, Weisberg and Epstein—if they are judged by their performance—would say ignore the autopsy, look at the wart.

This is what they've done on focusing on what happened when the president was taken to Parkland Memorial Hospital. Again, they show how they pick and chose to get what they did—an entrance wound at the throat.

Lane needs this to support his argument that there was a shot (or shots) fired from the grassy knoll—the greensward parallel to the presidential motorcade—rather than solely from Oswald's perch on the sixth floor of the Texas School Book Depository.

"Although every doctor who had seen the throat wound prior to the tracheotomy and expressed a contemporaneous opinion had said that it was a wound of entrance," Lane says on Page 53 of his book, the commission chose to dismiss these as erroneous conclusions stemming from a doctor's observations to the press.

Let's see.

Dr. Charles J. Carrico. Lane doesn't name him as one of the doctors saying there was an entrance wound at the throat. But Carrico was the first doctor to see the president. In a written report dated at 4:20 p.m. on the day of the assassination, Carri-

co described the wound as a "small penetrating wound of the neck in the lower 1-3."

"Penetrating" in medical terminology can mean either entrance or exit. In his testimony, Carrico further said that "not having completely evaluated all the wounds, traced out the course of the bullets, this wound would have been compatible with either entrance or exit wounds depending upon the size, the velocity, the tissue structure and so forth."

Dr. Malcolm Perry. He performed the tracheotomy, so he saw the wound before it had been touched. In a press conference in which he had the burden of trying to answer most of the questions ("It was bedlam," he later testified) he was quoted as saying the throat wound was an entry wound.

Asked about what questions he was asked and what replies he made, Perry testified:

"Well, there were numerous questions asked, all the questions I cannot remember of course. Specifically, the thing that seemed to be of most interest at that point was actually trying to get me to speculate as to the direction of the bullets, the number of bullets, and the exact cause of death.

"The first two questions I could not answer and my reply to them was that I did not know, if there were one or two bullets, and I could not categorically state about the nature of the neck wound, whether it was an entrance or an exit wound, not having examined the president further—I could not comment on other injuries."

Dr. Charles R. Baxter. He helped with the tracheotomy. On Page 52 of his book Lane writes: "Dr. Charles R. Baxter told commission counsel that 'it would be unusual for a high velocity missile to cause an exit wound possessing the characteristics of the president's throat wound.'" But Lane left out most of the sentence on Page 24, Vol VI, which was a reply Baxter made to a question. It says: "Although it would be unusual for a high velocity missile of this type to cause a wound as you have described, the passage through tissue planes of this density could have well resulted in the sequence you outline; namely, that the anterior wound does represent a wound of exit."

Dr. Ronald C. Jones. His report described the wound as an entrance wound. He testified as to his reasons for this belief, and Lane quotes his testimony from Page 55, Vol VI—up to a point, an important point. In Lane's book, Jones says in part " 'You'd expect more of an explosive type of exit wound, with more tissue destruction than this appeared to have.' " Three

words were then dropped after "have." They were "... on superficial examination."

Lane doesn't mention that none of the doctors knew there was a wound at the back of the neck.

Lane and Weisberg also emphasize that the little entrance hole on the back of the president's skull was not seen by the doctors. Lane's treatment of this deserves a close look.

"These eight physicians examined the right occipital parietal area; each testified that he did not see a bullet hole which the commission said was there," Lane writes. Then he gives this version of the questioning of Dr. William Kemp Clark, director of neurological surgery at Parkland Memorial Hospital:

"Q: Now you described the massive wound at the top of the President's head, with the brain protruding; did you observe any other hole or wound on the president's head?"

"Dr. Clark: No, sir; I did not."

And that is where Lane stops. It's not Clark. His answer was:

"No, sir; I did not. This could have easily been hidden in the blood and hair."

None of the seven other doctors saw such a hole. But none said there was no such hole. And there is good reason—a reason the critics elect to ignore:

The president remained on his back, with great care taken not to move his head, all the time he was at the hospital.

Why wasn't the president turned over at Parkland?

Carrico testified:

"This man was in obvious extreme distress and any more thorough inspection would have involved several minutes—well, several—considerable time which at this juncture was not available. A thorough inspection would have involved washing and cleansing the back, and this is not practical in treating an acutely injured patient. You have to determine which things, which are immediately life threatening and cope with them, before attempting to evaluate the full extent of the injuries.

"Q: Did you ever have occasion to look at the president's back?"

"Dr. Carrico: No sir. Before—well, in trying to treat an acutely injured patient, you have to establish an airway, adequate ventilation and you have to establish adequate circulation. Before this was accomplished the president's cardiac activity had ceased and closed cardiac massage was instituted, which made it impossible to inspect his back."

Was this done after the president died? No. Not one doctor ever said this was done. Why

not, Carrico was asked.

"I suppose nobody really had the heart to do it."