

AUTOPSY OVERSIGHTS COMPOUND LATEST

Much of the controversy over the medical evidence in the assassination of President Kennedy could have been dispelled had the autopsy been conducted according to proper civilian standards, or the military guidelines set forth in the *Autopsy Manual* prepared by the Armed Forces Institute of Pathology. But, as many accounts of the assassination and its aftermath have noted, it was not.

By law, the autopsy should have been conducted in Dallas, where the murder took place. But at the insistence of Kennedy aides and the Secret Service, the body was removed from the local jurisdiction and placed aboard Air Force One for the flight back to Washington. Along the way, Jacqueline Kennedy decided that since her husband had been in the Navy, the autopsy should be conducted at the National Naval Medical Center in Bethesda, Md.

Leading the team of three military physicians conducting the autopsy was Dr. James J. Humes. Assisting Humes were Drs. J. Thornton Boswell and Pierre A. Finck. Of the three, only Finck, who arrived at the autopsy 30 minutes late and served in a consulting capacity, was a forensic pathologist. Both Humes and Boswell were clinical pathologists who, according to the 1979 House Assassinations Committee report, had never conducted an autopsy in a death due to gunshot wounds.

The autopsists:

- failed to consult with the Dallas doctors before conducting their examination, as is standard procedure, and therefore did not learn until the following day, after the body had been removed, that an incision in Kennedy's throat they assumed had been caused solely by a tracheotomy done in Dallas also covered a bullet wound;

- failed to examine the President's clothing for bullet wounds;

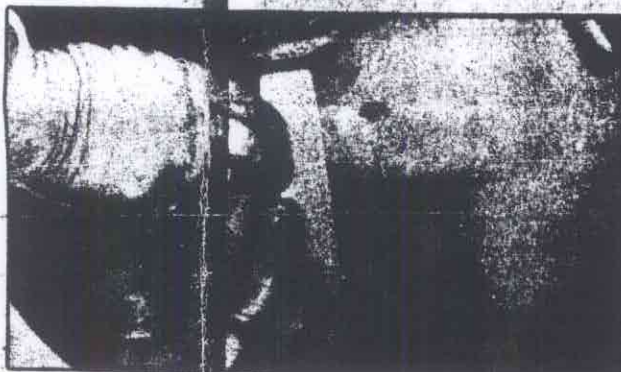
- failed to section the brain, so that the fatal wound to the President's head could be tracked and its total impact assessed;

- failed to dissect the track of the wound inflicted by the bullet they and the Warren Commission said entered at the base of the neck and exited at the throat, below the Adam's apple;

- apparently incorrectly located the bullet wounds in the back of the head and the base of the neck area. Autopsy photographs show the small bullet wound in the back of the head to be four inches higher and to the left of where the autopsists reported it, while the wound the autopsists described as being in the back of the neck is seen on the photo to be actually well below the shoulder;

- failed to describe the wounds with reference to fixed body landmarks, so that the location of the wounds might vary depending on what position the body was in when the measurement was taken;

- were not given access to the autopsy



Left: A Warren Commission exhibit depicting Kennedy's wounds as described by the autopsy doctors. Note absence of massive damage to the back of the head, location of the entrance wound above the right ear, far from the point shown on the photo, and location of second apparent entrance wound at the base of the neck. Right: Warren Commission exhibit showing what autopsists said were the trajectories of bullets through Kennedy's head. (Bottom arrow added by Globe).

Bottom: Official tracing commissioned by House Assassinations Committee of an autopsy photo showing Kennedy's back wound to be several inches below base-of-the-neck location depicted by Warren Commission.

photographs in preparing their final report, which they submitted undated. Humes conceded burning the original draft of the report;

Failure to track wound significant

Of these lapses, one of the most grievous breaches of basic civilian and military autopsy procedure was the failure to track the wound, which is officially said to have entered the upper back and exited the throat.

The centerpiece of the Warren Commission's lone-assassin conclusion was that Kennedy and then Texas Gov. John B. Connally were hit by a single bullet which struck Kennedy from behind at the base of his neck, exited his throat, entered Connally's back, smashed three ribs, punctured his lung, exited his chest, broke his right wrist and finally lodged in his left thigh.

The commission said that two other shots were fired at the President - also by Oswald. One shot missed and the other was the fatal shot which struck Kennedy in the back of his head and exited on the right side of his skull.

The single-bullet theory became crucial to the commission because if Connally had been hit by another bullet, it would have meant a fourth shot, fired by a second gunman - therefore a conspiracy.

Central to the single-bullet theory, in

turn, was the premise that the missile passed through or transited Kennedy. Though the autopsy report stated flatly that it did, an FBI report, written by two agents who attended the autopsy, revealed that Humes stated during the autopsy that the bullet had not transited Kennedy's body.

Bullet travelled 'short distance'

The FBI report, released years after the Warren report was published, said not only that Humes had failed to dissect the track of the bullet, but that "... the distance travelled by this missile was a short distance, inasmuch as the end of the opening could be felt with the finger."

The FBI agents, James Sibert and Francis O'Neill, placed this opening "... below the shoulders and two inches to the right of the middle line of the spinal column." Since the end of the opening could be felt with a finger probe, the agents wrote that Humes and his associates were "... at a loss to explain why they could find no bullets."

Then the agents received word that a bullet had been found on a stretcher in the emergency room of Parkland hospital, though it was not then clear whether the stretcher in question had been used to transport Kennedy or someone else.

The agents wrote that they gave this information to Humes during the autopsy

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and he remarked that "in his opinion, this accounted for no bullet being located which had entered the back region."

In addition, the FBI agents wrote, Humes speculated that since external cardiac massage had been performed on Kennedy at Parkland hospital "it was entirely possible that through such movement, the bullet had worked its way back out of the point of entry and had fallen on the stretcher."

So according to the FBI, Humes' statements at the autopsy contradict his conclusion in the autopsy report that the bullet did transit Kennedy's body.

That conclusion, Humes has recently conceded, was one he reached the following day based not on his observations at the autopsy, but on information supplied to him by telephone from Dr. Malcolm Perry, one of the Dallas physicians. Humes said Perry informed him that the tracheotomy had obscured a bullet wound to the throat, the characteristics of which neither Humes nor his colleagues saw.

Finally, there is the question of trajectory, and the precise location of the upper-shoulder/rear-neck wound which would have served as the entry point for a single bullet. The Warren Commission placed the wound at the right base of the neck, where a downward trajectory from the sixth floor of the Texas School Book Depository Building could presumably have caused the bullet to exit at the throat, below the Adam's apple.

But the autopsy photographs show the wound to be well below the shoulder, in a location where a bullet would have to have been fired upward, not downward, to exit at the throat. Dr. Boswell, one of the autopsists, placed the wound in the same location in a diagram he drew during the procedure, but he was not asked about this discrepancy in his testimony before the Warren Commission.

Also attesting to the below-the-shoulder location of this wound were holes in the President's suit jacket and shirt, as well as the statements and testimony of FBI agents Sibert and O'Neill and three Secret Service agents.

The House Assassinations Committee, in its final report, conceded the low, shoulder location of the wound, but held, nevertheless, to the single-bullet theory that the missile exited from there at Kennedy's throat.

The angle of that shot would have been from right to left. But both the Warren Commission and the House committee said that the fatal shot entered in the back of the head and exited at the right side, in a left-to-right flight path. Critics have argued that Oswald alone could not have been responsible for the conflicting angles.

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