Hr. Kent Carroll Carroll & Graf 260 Fiftn Avenue New York, NY 10001

Dear Mr. Carroll,

In recent days I've received accounts of what you are about to publishing the book the title amone of which is damaging to a number of people your author, Harry Livingstone, imagines have conspired against him and worse. In your own words, quoted in Fublishers Weekly, we are allegedly "furthering the conspiracy" to kill the President. You personally then charge me with at the least being an accessory after the fact of that terrible crime. I did not know whether this is real or puffery but the accounts I've gotten, admittedly hearsay, of what the book says along with still new threats by your author that were sent me and I received yesterday have me deeply concerned.

With the clear threat in the published interview I got only yesterday I have to be concerned about being killed. His words, along with the other spurious and I assure you I believe malificus allegations of assassination involvement, are " will pay for it." I am aware that this can be ambiguous but my knowledge of your author leads me to belive that he continues to be the manace I believe he had become more than a half-year ago. This involves the state of my health, not that I think he will kill me. But then there is also his clear irrationality I believe cannot be entirely unknown to you, so who can tell.

Yesterday, sitting and reading a hardback commercialization and exploitation of the assassination, the book merely slipped. In that simple act that others would not even hotice the skin on my forearm peeled back. Ny skin alone is so friable that from my acciental rubbing my nose in my sleep it peeld back on my right forearm an inh inch in one direction and two inchest in the other derection. Merely grazing against the struct doorknob an with the other forearm as I walked out of my small office, and I can walk only slowly, I did the same thing to it. In all in recent weeks I have had as many as eight complete or halves of 3x3 suffical compresses on both arms to cover refent such injuries or those that had clotted, the latter for mechanical protection. I have my blood tested thrice weekly so the clotting time can be monitored carefully because of the inherent danger of the medication that keeps me alive and causes the skin condition I refer to. The adhesive tape that holds the patch on aft for the needle is removed causes subcutaneous hemorrhaging. The merest contact with anything also does, as anyone who has seen me in recent years can tell you.

Aside from other quite serious medical conditions what I tell you above means that the merest push can kill me. And I know your author to be capable of violence.

I do not know whether when you decided to publis what you cannot have submitted to any competent peer review, not asked me anything at all about, you considered what those of us you clearly indicate you know are going to be severely damaged by your

1968 PANEL NEVLEW OF PHOTOCRAPHS, X-RAY FILDS, DOCUMENTS AND OTHER EVIDENCE PERTAINING TO THE FATAL WOUNDING OF PRESIDENT JOHN F. KENNEDY ON NOVEMBER 22, 1963 IN DALLAS, TEXAS

At the request of The Honorable Ramsey Clark, Attorney General of the United States, four physicians (hereafter sometimes referred to as The Panel) met in Washington, D. C. on February 26 and 27 to examine various photographs, X-ray films, documents and other evidence pertaining to the death of President Kennedy, and to evaluate their significance in relation to the medical conclusions recorded in the Autopsy Report on the body of Fresident Kennedy signed by Commander J. J. Humes, Medical Corps, United States Navy, Commander J. Thornton Bonwall, Medical Corps, United States Navy and Lieutenant Colonel Pierre A. Finck, Medical Corps, United States Army and in the Supplemental Report signed by Commander Humes, These appear in the Warren Commission Report at pages 538 to 545.

The four physicians constituting The Panel were:

- (1) Carnes, William H., M.D., Professor of Pathology, University of Utah, Salt Lake City, Utah, Member of Medical Examiner's Commission, State of Utah, nominated by Dr. J. E. Wallace Sterling, President of Stanford University.
  - (2) Fisher, Russell S., M.D., Professor of Forensic Pathology, University of Maryland, and Chief Medical Examiner of the State of Maryland, Baltimore, Maryland, nominated by Dr. Oscar B. Hunter, Jr., President of the College of American Pachologists.

(3) Morga of Me of Hy Balti Presi (4) Morit Weste Profe nomit State Bruce Bron nominated by th thereafter requ to The Panel w: exhibits and co report. No one of prior investig acted with com views as to the the 1963 Autop

The Autop entire body of

This is the 1968 panel report released by Ramsey Clark in January 1969 to head off Jim Garrison's efforts to have the pictures and x-rays produced in court at the trial of Clay Shaw. See pp. 155ff. for extensive analysis.

Note the panel includes among its renjonuibilities to evaluate the photographic materials in relation to the "medical conclusions" of Humas' Supplemental Report. This the panel fails to do. The Supplemental Report is never again mentioned in this panel report.

Neck Region: Films #8, 9 and 10 allowed visualization of the lower neck. Subcutaneous emphysema is present just to the right of the cervical spine immediately above the apex of the right lung. Also several small metallic fragments are present in this region. There is no evidence of fracture of either scapula or of the clavicles, or of the ribs or of any of the cervical and thoracid vertebrae.

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The foregoing observations indicate that the pathway of the projectile involving the neck was confined to a region to the right of the spine and superior to a plane passing through the upper margin of the right scapula, the apex of the right lung and the right clavicle. Any other pathway would have almost certainly fractured one or more bones of the right shoulder girdle and thorax.

Other Regions Studied: No bullets or fragments of bullets are demonstrated in X-rayed portions of the body other than those described above. On film #13, a small round opaque structure, a little more than 1 mm. in diameter, is visible just to the right of the midline at the level of the first sacral segment of the spine. Its smooth characteristics are not similar to those of the projectile fragments seen in the X-rays of the skull and neck.

## Examination of the Clothing

Suit Cost (CE 393) A ragged oval hole about 15 mm, long (vertically) is located 5 cm. to the right of the midline in the back of the coat at a point about 12 cm. below the upper edge of the coat collar. A smaller ragged hole which is located near the midline and about 4 cm, below the upper edge of the collar does not overlie any corresponding damage to the shirt or skin and appears

to be unrelated to the wounds or their causation.

In describing the all too few x-rays of the "neck region" the panel demolishes the there were no metallic fragments in the neck visible on the x-rays (2H361). 399 is chere were no metallic fragments in the neck visible on the x-rays (2000). Dyy is clearly unfragmented, yet it <u>hud</u> to have caused the neck wounds for the Commission's case to survive. Thus, the panel's statement that "several small metallic fragments case to survive. Thus, the panel's statement that "several shall metallic fragments ars present" in the neck region, although lacking the detail and precision that might be expected from such eminences, is sufficient to prove that the Report and the autopsy findings on which it was based are irreversibly wrong.

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Shirt (CE 394) and corresponding to located 2.5 cm. to ! shirt at a point 14 linear holes 15 mm. front of the shirt the knot of the nec Tie (CE 395) In the outer layer of diameter is located to the left of the

The informatio foregoing exhibits following conclusi The decedent w his body from behi One bullet str the external occi; that he was leani left when this bu that it came from bullet fragmented it passing forwar of the right side

The panel does not explai shirt cannot accurately b st this point, and, as th they were of significant) considerably longer than have accurately measured

anteriorly and superiorly. None can be visualized on the left side of the brain and none below a horizontal plane through the floor of the anterior fossa of the skull.

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On one of the lateral films of the skull (#2), a hole measuring approximately 8 mm, in diameter on the outer surface of the skull and as much as 20 mm, on the internal surface can be seen in profile approximately 100 mm, above the external occipital protuberance. The bone of the lower edge of the hole is depressed. Also there is, embedded in the outer table of the skull close to the lower edge of the hole, a large metallic fragment which on the antero-posterior film (#1) lies 25 mm, to the right of the midline. This fragment as seen in the latter film is round and measures 6.5 mm, in diameter. Immediately adjacent to the hole on the internal surface of the skull, there is localized elevation of these tissues and within the hole itself. These changes are consistent with an entrance wound of the skull produced by a bullet similar to that of exhibit CE 399.

The metallic fragments visualized within the right cerebral hemisphere fall into two groups. One group consists of relatively large fragments, more or less randomly distributed. The second group consists of finely divided fragments, distributed in a postero-anterior direction in a region 45 mm. long and 8 mm. wide. As seen on lateral film #2 this formation overlies the position of the coronal suture; its long axis if extended posteriorly passes through the above-mentioned hole. It appears to end anteriorly immediately below the badly fragmented frontal and parietal bones just anterior to the region of the coronal suture.

Here we learn that the entrance wound in the head, never measured by the autopsy doctors who preferred to locate it merely as "slightly above" the occipital protuberance, was actually 100 mm. above that point. No silly millimeter here. That is 4 inches higher than the autopsy doctors made out, putting the wound high on the back of the President's head instead of near the hairline as the doctors swore to and depicted on drawings. This is how the panel "supported" the autopsy report. The foregoing obse was struck from behind occipital region 25 mm. above the external occi fragmented on entering of fine metallic debri: explosively fracture tl emerged from the head.

In addition to the no evidence of project or in the right cerebr passing through the fl Also, although the fra of the midline and int skull, no bony defect entering or leaving th of the midline or in t reasonable to postulat in a direction other t Of further note,

presented to The Pane. regions by what appear on film #2, a pair of the film. Neither of interpretation of the

The panel's non secultur must have wounded the hend fro left side of the head could be such as a frangible bullet str immact.

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Note also the report of 1 was also mentioned by Humes and a description of precisely who no way of knowing whether this evidence.

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