

Pete Johnson
1170 Stroud Court
Westerville, OH 43081

5/27/93

Dear Mr. Johnson,

Thanks very much for your letter and its enclosures.

After asking Dave about Lundberg's remarks I heard from Gary Aguillar. He had the transcript and sent me a copy.

Somewhere in the clutter in my office is a note from one of you telling me I'll get a sound tape. I'll appreciate that for archival purposes but the transcript serves my immediate interest, quoting him verbatim.

What he said is indeed incredible and you have it correctly.

Sorry about my present confusion. I'd let everything I could slip and read Virginia Durr's and Rev. Graetz's excellent books and yesterday I was to Johns Hopkins for my semi-annual urological consultation and the trip alone always tires me so my head is not as clear this morning.

In your role as the Drug Emporium's pharmacy coordinator you may be interested in what benefit I seem to have had from proscar. The Hopkins experimental test was full and I was too late getting it prescribed but I suppose I was one of the early ones. I'd been getting monthly lupron injections. Yesterday's flow test was 15-20% better than the one of six months ago and I do not have to go back for a year unless I develop problems. So, my only problem with proscar is its cost, about \$1.75 a pill. But if it prevents or just delays another TURP it is worth it. The TURP is no real problem but I've been kept alive with coumadin since 1975 and the need for anticoagulation makes any surgery a problem, as does the fragility of my skin from the coumadin. Which is also costly and still well worth it, of course. In sort, I'm high on proscar regardless of its cost. Which is less than lupron in any event.

Thanks and best wishes,

Harold
Harold Weisberg

Mr. Harold Weisberg
7627 Old Receiver Rd
Frederick, Md 21702

Dear Mr. Weisberg

Having recently become very interested in the Kennedy assassination (and related events), I have become acquainted with Dave Keck, one of my "neighbors" here in Westerville. He called last week to say that you were interested in what Lunberg said at the Chicago Symposium.


My memory of his introductory speech has faded, but his initial emphasis was to end each paragraph or statement with the reason he believed Humes; that is because he "KNOWS HIM, AND WOULD TRUST HIM WITH HIS LIFE". That is very close to verbatim, and was repeated at least three times. As to specific content of the rest of his speech, I would be afraid to comment, as it has become blurred.

I met a young man from Columbus out there who I believe was tape recording. I have called him each night this week and Saturday morning, with no answer. I will keep trying. I believe at some point that the organizers will sell tape recordings of the event, as I purchased the one from the 1st Chicago symposium.

The enclosed materials are simply the work of others in preparation for Lundberg/Lattimer panel. The quote above was from Lunberg, the JAMA writer and not from Lattimer, the Columbia University/ NYC physician.

If you would like I could correspond with Mark Zaid or Bob Dean, who also attended. Let me know if I can be of help.

Pete Johnson


1170 Stroud Ct
Westerville, Ohio 43081

Lattimer Study Guide

Fellow Attendees,

Most of us here at this excellent conference are deeply concerned about the nature of the forces which appear to have captured much of our democracy.

A few, however, whether intentionally or unwittingly, appear to be here for the purpose of (a) disseminating misinformation, and / or (b) preventing formation of even the barest consensus among us on the past and - more importantly - on where we go from here. No doubt these people believe they are doing what is "right", or at least what they must do.

We must tolerate their behavior but we need not be naïvé about it.

A case in point is Dr. Lattimer's article published last week in JAMA, page one of which is reproduced for your perusal.

Also reproduced is page 79 of Thompson's "*Six Seconds In Dallas*" (1967), showing most cogently, persuasively, incontrovertibly the proof of multiple assassins.

We submit that Dr. Lattimer's mission is to introduce several new pieces of historical revisionism (e.g. disinformation). One of these is "new evidence" that JFK and Connally were both hit in Z224. By this argument they seek to get around Thompson's incontrovertible exposition.

But Lattimer will have no satisfactory answer as to why Connally's shoulder does not buckle - and why his cheeks do not bulge (with air expelled from his collapsed lung) until Z238, at least .7 seconds after JFK is hit (too late to be from the same bullet; too soon to be a second bullet from the same gun).

Apparently Dr. Lattimer and Dr. Lundburg are the vehicles for advancing many other deceptions about the JFK assassination.

We cannot stop them from attempting to dupe hundreds of thousands of physicians. But wouldn't it be interesting if we could find out why, and at Who's behest, they are doing it?

Respectfully,

Bob Dean

Steve Jones

Additional Data on the Shooting of President Kennedy

John K. Lattimer, MD, ScD

THE JOURNAL has performed a great service in persuading Humes, Boswell, and Finck to answer extended queries about the details of the autopsy of President Kennedy.^{1,2} They replied directly to many of the questions raised by the critics of the Warren Commission report, an excellent move toward "full disclosure." However, we must remember that Humes, Boswell, and Finck wrote their autopsy report without seeing the

See also pp 1507, 1540, and 1552.

color photographs or studying in detail the roentgenograms of the body that were taken at the autopsy. The photographs had been confiscated by the Attorney General (the President's brother) without being developed, and they were then turned over to the National Archives (from which they have never been released). The basis for this confiscation was the family's desire that the photographs of the President's exploded head not appear in every bookstore window, as they would have had they become part of the public record. Having examined these full-color photographs, I can say that they are far more shocking than the contrived latex dummies and allegedly genuine illustrations that are now appearing in certain

From the College of Physicians and Surgeons, Columbia University, New York, NY. Dr Lattimer was the first nongovernment investigator permitted to study the restricted Kennedy autopsy materials. He did ballistic research for the US Army in World War II and was a doctor at the Nuremberg trials.

Reprint requests to College of Physicians and Surgeons, Columbia University, 630 W 168th St, New York, NY 10032 (Dr Lattimer).

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"entertainment" features. The roentgenograms were taken to determine if any bullets remained in the body. The autopsy surgeons had only a brief time to look at them and little chance to make precise measurements on the films (for example, to pinpoint the wound of entry on the skull).

After reviewing the restricted autopsy materials of President Kennedy several times, I was impressed by the superior quality of the roentgenograms taken by US Navy radiologist John H. Ebersole, MD, despite the demands for haste that were forced on the prosecutors. The photographs by chief navy photographer John T. Stringer also are of the highest quality. No one else was allowed to take photographs; when an unauthorized navy technician attempted to take some photographs at the autopsy, his film was seized and destroyed on the spot.

The large number of letters to the editor³ commenting on the articles in THE JOURNAL demonstrates physicians' concern about the issues the contrarian community and the entertainment industry have pressed on us and about other forensic questions such as, "Did a single bullet wound both men?" and "Why did President Kennedy's head move back toward the gun after it was struck?" I present information about each of these points.

A SINGLE BULLET

The instant at which both Kennedy and Connally were hit by the single bullet (Warren Commission exhibit 399) has been identified as frame 224 of the Zapruder film by experts of Failure Analysis Associates Inc, Menlo Park, Calif,


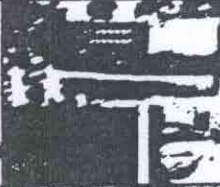
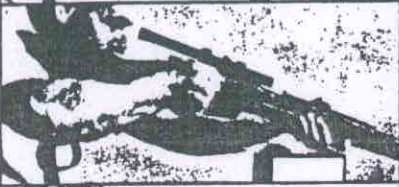


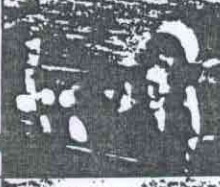
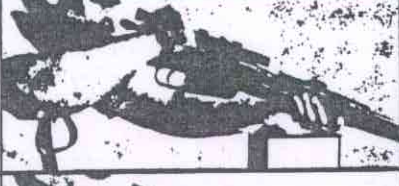

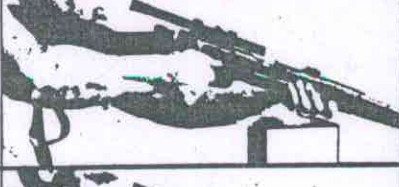





working with Martin Fackler, MD.⁴ They pointed out that, in this frame, the right lapel of Governor Connally's jacket suddenly bulged far forward, pushed outward by the tumbling bullet and the accompanying hail of soft-tissue particles that exited his chest below the right nipple (Fig 1). The bullet went on through his right wrist and, traveling backward, buried itself in his left thigh. Previous studies by other analysts, such as Itek Corporation, New York, NY, had postulated that this happened in either frame 223 or frame 224, on the basis of the movements of Governor Connally's body. To my knowledge, the lapel bulge had not been specifically pointed out before the Failure Analysis study. Previously, we had observed that the clothing on our research models often "flapped" forward when the body was hit.⁵⁽¹⁾⁽²²³⁾

SIMULTANEOUS ARM MOVEMENTS

The right arms of both President Kennedy and Governor Connally started their upward jerks in frame 225 (Fig 2), immediately after the bullet went through both men. President Kennedy's right arm started its upward movement toward his face (Thorburn's reflex position⁶) as his deltoid muscle contracted in response to the bullet wound through his right brachial plexus, stimulating his axillary nerve. Governor Connally's right hand, in which he was holding his white Stetson hat, was pressed against his left thigh to help push himself around to try to see President Kennedy, as Connally later testified.⁷ The white dot of his hand holding the hat appeared in frame 225 and came progressively farther up into sight in each succeeding frame until

(Journal of the American Medical Assn.)

Additional Data on JFK—Lattimer

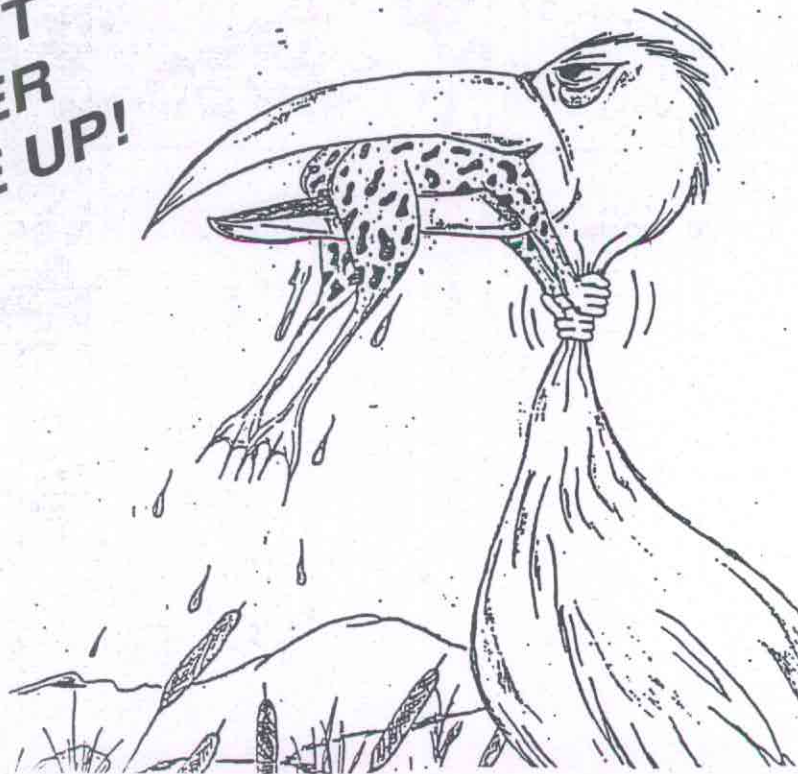
| ZAPRUDER FRAME NO. | TIME FROM 1st SHOT | COMMENT | REENACTMENT FRAME | ZAPRUDER FRAME |
|--------------------|--------------------|---------------------------------|--|---|
| 210 | 0.0 secs. | FIRST SHOT POSSIBLE |  |  |
| 222 | 0.656 secs. | CONNALLY TURNING LEFT |  |  |
| 225 | 0.830 secs. | KENNEDY REACTING |  |  |
| 230 | 1.093 secs. | KENNEDY HIT, CONNALLY UNINJURED |  |  |
| 238 | 1.530 secs. | CONNALLY HIT |  |  |
| 244 | 1.858 secs. | CONNALLY OBVIOUSLY HURT |  |  |
| 252 | 2.295 secs. | SECOND SHOT POSSIBLE |  |  |

* Whither though goest, Josiah?

My Country 'tis of thee
Sweet Land of Liberty
Of Thee I sing.
Land where my fathers died
Land of the pilgrim's pride
From every mountain side
Let Freedom Ring

We shall overcome
We shall overcome
We shall overcome some day.
Deep in my heart
I do believe
That we shall overcome
Some Day.

**DON'T
EVER
GIVE UP!**



QUESTIONS FOR GEORGE LUNDBERG, MD

4-3-92

- 1) Can you honestly and scientifically characterize JAMA's coverage of JFK's death as an "open presentation" (JAMA. 1992; 268:1738) when: (1) No one other than you, a former military pathologist yourself, or your emissary, Dennis Breo, were given the opportunity to ask any questions of the three military autopsists, (2) Humes, Boswell and Finck have refused to answer any specific questions put to them in letters by other physicians in your own Journal in the "Letters to the Editor" section on 10-7-92, (3) Humes, Boswell and Finck have refused to appear publicly with you at news conferences to answer any "open" questioning from the press, and (4) Through you Humes, Boswell and Finck categorically state they will answer no further questions to anyone even to clarify previously contradictory testimony?
- 2) Can you fairly insist (Lundberg in JAMA V268:1738) that the motivations of the myriad conspiracy theorists are paranoia, need of personal recognition, public visibility and profit in view of the well documented military-intelligence deceits of the Bay of Pigs invasion, the Gulf of Tonkin incident, the falsified casualty figures and battle reports from the Vietnam war, as well as the lies regarding the Cambodian incursion, the lies of the Watergate cover-up, the Iran-Contra scandal, the Vincennes incident, the Iraq-gate deception and many others? In JFK's death are we readers to ignore your admonition that "It is the reader's responsibility, no matter whether an investigator, a physician, a medical reporter, or any member of the public, to read all with a skeptical eye" (Lundberg, JAMA V262:945)? In view of the above numerous examples of military misconduct and deceit, it would seem that suspicion of any military claims is justified, especially those of military pathologists whose wound locations have changed and who refuse to answer questions even from fellow physicians.
- (3) On Larry King Live you stated, "I've studied the Ramsy Clark Panel Report fully personally. They (sic) supported Humes and Boswell and provided additional forensic evidence that supported Humes and Boswell...". Why did you not ask Humes or Boswell why the Clark Panel found that Humes and Boswell "missed" the location of the fatal skull wound by 4-5 inches—that the wound they saw in photos and confirmed in X-rays was 4-5 inches higher than claimed by Humes and Boswell in JAMA and to the Warren Commission? Should not scientific honesty have compelled you to mention that the claims of the autopsists, repeated by you, have been proven false by findings?
- (4) If, as you claim, "These first hand accounts of the autopsy and the scientific forensic evidence are indisputable.", (JAMA. '92; 268:1738) can you possibly be aware that the X-rays and photos don't support the claims of Humes and Boswell? If Humes and Boswell are right about the location of the skull wound it implies that the photos and X-rays are forged as claimed by the technicians who took them. Is that JAMA's intent?
- (5) Humes and Boswell claimed that the skull entrance wound was #1 to the right and just above the EOP to the Warren Commission and to you. To the HSCA they claimed it was to the right and just below the EOP and labeled a skull specimen to show the location. In a second interview Humes caved in and decided that the HSCA's pathologists were right and that he, Boswell and Finck were wrong and that the wound was 4 inches higher in the area of the cowlick! You state: "I completely believe that this information, as personally given by Jim (Humes) and "J" (Boswell) is scientifically sound and, in my judgment, provides irrefutable evidence that president Kennedy was killed by only two bullets that struck him from above and behind..." (JAMA. '92; 267:2803) Why should anyone believe what Humes, Boswell and Finck say when, not only do they change their claims, but the photos and X-rays "prove" their JAMA claims wrong?
- (6) If JAMA's policy is to "prefer that information not be released to the public...until the article appears in print in (the) journal" (JAMA. '91; 265:400), why did you appear publicly and announce the upcoming JFK interviews on 5-19-92 (before anyone would have had the opportunity to study the data) and not wait until 5-27-92, the publication date of the issue in question?
- (7) You have stated: "...Rigorous peer review prevents the publication of poor science by applying the most stringent standards when evaluating the validity of research..." (JAMA. '87; 258:87). You also claimed: "I am extremely pleased that, finally, we are able to have published in the peer reviewed literature the actual findings of what took place at the autopsy table on 11-23-63..." (JAMA '92; 267:2803) Can we infer from your statement that outside, "peer review" experts were consulted to corroborate the information provided by the autopsy pathologists? If so, how could these consultants have failed to point out the previously contradictory testimonies of Humes, Boswell and Finck? How could JAMA have failed to mention it? How can you categorically state that the information is "scientifically sound"? If the autopsy pathologists were wrong about the location of the wound, something measured in inches, can you rely upon them to accurately determine "beveling" a feature measured in mm?
- (8) In your campaign against "JFK docufiction" you have presented yourself and your journal (JAMA) as solely interested in the truth. In the May, 1992 issue and in interviews you have characterized Dr Charles Crenshaw as unreliable by flatly suggesting that he was not even in the trauma room at Parkland during the time he claims to have made certain observations about the head wound. In addition Dr Baxter is quoted denying that Crenshaw ever took a call from LBJ. The Warren Commission volumes describe Crenshaw's presence in the trauma room at least 6 times, even by Dr Baxter's Commission testimony. JAMA claims Baxter insisted he never saw him in the trauma room. Dallas neurosurgeon, Williams, and Parkland operator, P. Bartlett, both recall a phone call from someone who identified himself as President Johnson and who was put through to the O.R. where Crenshaw took the call. If the above are true, do you not have a personal responsibility as a scientist, a professional, a fellow physician, and an honest man to set the record straight and correct this slander? Can the American public have faith in JAMA, the American Medical Association and even physicians when the leading physician figure in the war against "JFK-docufiction" is himself fictionalizing slanders to quash those with whom he disagrees?
- 10 months have passed since the above statements have appeared in print. In that time numerous other articles have appeared in the pages of JAMA on the topic of Kennedy's assassination. Not one word, however, has appeared to correct these insulting and slanderous untruths. When will JAMA tell the "PLAIN TRUTH" about Crenshaw's presence in the trauma room and the call from LBJ?
- (9) The articles published by your JAMA have caricatured critics of the Warren Commission, especially the article by Robert Artwohl. Not once have recognized critics been offered an opportunity to make their case on the pages of your magazine. While you have given roughly 40 pages in 3 issues to those who deny there was a conspiracy, only 3 1/2 pages were published by critics and those were only in the form of letters to the editor which largely went unanswered by those to whom they were directed. A balanced discussion of the subject, seemingly in the customary scientific tradition, is totally absent. How can JAMA claim absence of bias under these circumstances? Is it not apparent to you what a parody of honest scientific investigation your coverage of this subject is? Is its JAMA's intent to appear to encourage the view that there was a conspiracy, which JAMA has joined, by giving this complex issue such a superficial and ludicrously one-sided and biased exploration?

#IME 978-9653



Pete Johnson
District Pharmacy Coordinator

5737 Emporium Square
Columbus, Ohio 43231

614/890-3805

December 7, 1992

D. Rennie and B. Dan, Editors
JAMA
American Medical Association
515 North Dear Street
Chicago, Illinois 60610

Re: Letter to the editors

Dear Sirs:

We were pleased that our letters of response to Drs. Humes and Boswell, regarding the autopsy of John Fitzgerald Kennedy, were published in JAMA.¹ We were, however, most disappointed that all questions of evidential significance were ignored by the autopsists.² For individuals so uniquely placed by history to now affirm that they will forever remain silent on these issues is a great disservice to the medical community, to all Americans, and to history. If the imprimatur of scientific certainty is to be granted, as requested by Drs. Humes, Boswell, Finck, and Lundberg, for their proffered information,³ surely the ancient and valued tradition of responding honestly to letters of inquiry is required. Without this, the value of peer reviewed literature would greatly diminish.⁴ As members of the medical community addressing a matter of such historic importance, most decidedly we are accountable to the wider American public. In the Kennedy assassination, most especially, an open and uninhibited scientific interchange must be permitted. Sadly, that door has now been closed, supposedly for all time. Such a total lack of response, advanced with remarkably ringing finality, can only provoke among readers the opposite of its expressed intent. Rather than trust and confidence in Humes, Boswell and JAMA, mistrust and incredulity will result.

This aura of stifling the truth was only enhanced by Humes and Boswell's deliberate absence from Lundberg's news conference announcing JAMA's forthcoming publication of their "plain truth" portrayal of the autopsy evidence in Kennedy's murder.⁵ The impression that Humes, Boswell, and Finck are unwilling to answer questions—whether from the free press, from fellow physicians (other than from former fellow military pathologist, Lundberg), and other readers of JAMA—undermines the confidence the public should have for physicians, the AMA, its journal and its authoritative conclusions regarding this case.⁶

As Lundberg, himself, has advised: "It is the reader's responsibility, no matter whether an investigator, a physician, a medical reporter, or any member of the public, to read all with a skeptical eye."⁷ He has suggested that we "...sift these data, challenge the hypotheses, results, and interpretations. And, let us bear from you."⁸ Yet when we

sifted and challenged and wrote JAMA, Mr. Broo answered that the "...only cogent question raised by all the response..." was that Finck's interview was absent in the first JAMA report.⁹ Is Lundberg seriously suggesting, via his surrogate, Broo, that these guidelines are to be ignored for the peer review discussion of Kennedy's autopsy? To be sure, there remain "cogent questions" that are still unanswered despite Broo's flip dismissive.

For example, if JAMA would be, in Lundberg's words, "...as correct as it is humanly possible to be...,"¹⁰ it might have requested that the autopsists discuss their claims in reference to the extensive work of the panel of forensic pathologists of the House Select Committee on Assassinations (HSCA). Their findings contradict the claims of the autopsists regarding the location of the fatal skull wound by 10 to 12 cm!¹¹ Furthermore, the photographs and radiographs also contradict the claims of Humes, Boswell and Finck. We cannot imagine how Lundberg and Broo could have failed to ask the autopsists such fundamental questions, or how any peer review analysis of the data in the case could have neglected them. These contradictions were the source of the greatest and unresolved medical controversies considered by the HSCA.

There can be no disputing that there are unresolved contradictions in the data on Kennedy's autopsy, which Humes, Boswell and Finck could greatly clarify. Among the many mysteries suggested by JAMA's coverage, the following areas of ambiguity could easily be clarified by the autopsy pathologists:

1) If "two thirds of the right cerebrum was missing", as Humes reported in JAMA, how could the brain in evidence weigh 1500 grams—the upper limit of normal for an intact normal brain—as the supplemental autopsy report asserts?

2) Frame 312 of the Zapruder film establishes that Kennedy's head was anteflexed only slightly at the instant of the fatal shot. If the autopsy exam revealed a wound of entrance "to the right and just above" the external occipital protuberance, as Humes, Boswell and Finck have claimed,¹² this would place the wound of entrance very near the base of the skull from a bullet arriving from above and to the right—assuming, of course, that the assassin was firing from the sixth floor of the Texas School Book Depository. How could this bullet enter near the external occipital protuberance and then exit through the skull defect shown at the vertex in the HSCA diagram, unless it were deflected by normal brain tissue? And how could it produce a large defect extending into the occiput, as reported by Humes and Finck, and as described by all Parkland medical personnel, and, as seen on the anterior skull radiographs?¹³

3) Humes, Boswell and Finck were apparently charged by Kennedy's personal physician, Dr. Burkley, with locating bullet evidence linking the murder to the (by then captured) alleged assassin, Oswald.¹⁴ While the pathologists did retrieve 2 bullet fragments measuring 7x2mm and 3x1mm, no mention is made the largest bullet fragment discernable on the currently available radiographs, a 6.5mm diameter, round object that is unavoidably obvious on the anteroposterior radiograph. This largest

fragment is seen imbedded in the outer table of the parietal bone in precisely the area examined, according to the testimony of Humes and Boswell.¹⁵ Could a fragment so large and so easily retrievable, and so important evidentially, have been ignored by 3 pathologists? Would the radiologist who was present, Dr. Ebersole,¹⁶ have failed to bring so important an object to the attention of the pathologists for retrieval if it had been overlooked by them? It was not mentioned by any of the pathologists in their Warren Commission testimony. In fact, after reviewing the autopsy radiographs for 5 hours on 1-26-67 all 3 autopsists signed a statement declaring that "...careful examination at the autopsy, and the photographs and X-rays (sic) taken during the autopsy, revealed no evidence of a bullet or of a major portion of a bullet in the body of the President...".¹⁷ This peculiarity has taken on increased significance because the technologist who took the radiographs, Jerrol Custer, claims that the current radiographs are forgeries.¹⁸ If the current radiographs are forged and are not those studied by the 3 autopsy pathologists and radiologist the night of the autopsy, that could explain how so large and obvious a fragment might have been neither retrieved nor mentioned by the autopsists. Do Humes, Boswell and Finck recall seeing this 6.5mm round fragment in the "cowlick" area of parietal skull on radiographs examined during the autopsy, where current radiographs show such a fragment? If they did, why, as Dr. Petty wondered in questioning Humes before the HSCA,¹⁹ did they not retrieve it while exploring this precise area, given Burkley's request? Why did Dr. Ebersole, the radiologist, not recall seeing this fragment when questioned about it twice (on November 2 and December 2 1992), by one of us (Dr. Maniuk)?

4) On three occasions, Humes, Boswell and Finck have stated that the fatal entrance wound was near the external occipital protuberance (EOP). To the right and just above the EOP to the Warren Commission, to the right and just below the EOP to the HSCA,²¹ and to the right and just above the EOP in JAMA. The available photographs and radiographs, if true representations, indicate that Humes, Boswell and Finck erred by 10 cm to 12 cm—an enormous discrepancy. That is, the photos and radiographs if authentic show the fatal entrance wound at least 10 cm above where the autopsists claim it was.²²

In their House Select Committee testimony, Boswell, with Humes at his side, twice asserted that a fragment of bone brought late to the autopsy fit a defect in the occipital bone surrounding the fatal entrance wound.²³ In fact, Boswell stated that it was the beveling on the inner aspect of precisely this fragment that allowed them to determine that the "inshoot" had occurred so low in the occipital bone.²⁴ Do the autopsy pathologists recall a defect in the occipital bone that was made whole with the arrival of a bony fragment the night of the autopsy? Significantly, no defect in the occipital bone is seen on the current lateral radiograph. The radiographs were taken before the autopsy had begun and, presumably, at a time when the defect in the occipital bone was present, according to Boswell and Humes' testimony.²⁵ Were there two traumatic defects in the skull at the beginning of the autopsy, one the entrance defect in the occipital bone reconstructed with the arrival of the fragment mentioned above, and the second a large exit defect, or was there a single continuous, large "temporo-parietal-

occipital" defect as described by Finck?²⁶ If there were two separate defects, what was the separation between them? How wide was the occipital portion of the large skull defect mentioned by Dr. Boswell?

5) The autopsy report describes "...a (note the singular form of the indefinite article) large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions." How can this be reconciled with the photographs which show no defect even remotely close to the occipital region? This question is very important since the photographer who took the photographs, Floyd Reibe, claims the photographs currently available are also forgeries.^{27,28}

The evidence Humes, Boswell and Finck have given to JAMA, the Warren Commission and the House Select Committee on Assassinations appear to support Reibe's stunning allegations of forgery and to undermine the conclusions of the panel of forensic pathologists of the House Select Committee which accepted the photographs as valid.²⁹ Is that their intent? Humes himself categorically denied the legitimacy of the higher skull wound, whose existence is "proven" by the photographs and radiographs. Reviewing a photograph of the back of the skull showing a high wound of entrance before the HSCA, Humes protested, "I can assure you that as we reflected the scalp to get to this point there was no defect corresponding to this in the skull at any point. I don't know what that is (referring to the higher wound seen on the photos). It could be to me (sic) clotted blood. I don't, I just don't know what it is, but it certainly was not any wound of entrance."³⁰ Furthermore, the House Select Committee's panel of pathologists reported that Finck "believed strongly that the observations of the autopsy pathologist (sic) were more valid than those of individuals who might subsequently examine photographs."³¹ This implies that Finck also disputed the photographic "proof" of an entrance wound high in the skull. How do the autopsists reconcile the striking discrepancy between their localization of the fatal wound and contradictory photographic evidence?

Indeed, why, in a second interview before the House Select Committee's panel of forensic pathologists, did Humes abandon his prior low location to endorse the forensic panel's 10-12 cm higher location of the fatal wound "proven" to them by the photographs and radiographs?³² Why has he reversed himself again and decided that the lower location of the fatal wound was right after all in his JAMA interview, even though he places that wound at a different low location ("just above" the EOP) than he did in testimony before the House Select Committee (1 cm or 2 cm "below" the EOP)?³³

6) Was the cerebellum visible through the skull defect? How is it conceivable that no one on the Warren Commission or on the HSCA even ventured to ask such a rudimentary question? Seven Parkland physicians have reported seeing cerebellum through the skull defect: Drs. Baxter, Carrico, Clark, Jenkins, McClelland, Peters and Perry.³⁴ In particular, Dr. Kemp Clark, the neurosurgeon, in a handwritten note

reported both cerebral and cerebellar tissue. Many of these physicians were asked to confirm this in their sworn testimony, and no one recanted.^{25 26}

7) Why was the designation "14 cm" on Dr Borwell's diagram in dark blue ink, while the remainder of the diagram was entirely in pencil? When was the "14 cm" notation inserted?

8) On January 27, 1964, during a Warren Commission executive session, J. Lee Rankin, while holding photographs, stated that the bullet entered below the shoulder blade.²⁷ This agrees with the accounts given by: 1) Burklely in his death certificate that the wound was to the right of the 3rd thoracic vertebra,^{28 29} 2) the autopsy diagram of Borwell, which was signed as "verified" by Burklely,^{30 31} 3) the eyewitness testimonies of SS Agent Clint Hill, FBI agents Silbert and O'Neill,^{32 33} 4) the verbal description given twice by the attending radiologist, Dr Ebersole, to one of us (Dr Mantik), and 5) the corroboration that the bullet holes in Kennedy's jacket and shirt were 5 inches below the collar, while at the moment of bullet impact photographic evidence shows that his jacket was not "riding up" and distorting the clothing evidence regarding the location of bullet entrance.³⁴ Was the back wound where Burklely placed it, to the right of the third thoracic vertebra, in the recollection of Humes, Borwell and Finck?

9) Do they believe the "Single Bullet Theory"—that a single bullet caused both Kennedy's and Connally's non-fatal wounds in 7 places through skin and muscle, pulverizing a 5 inch segment of Connally's rib, and passing through his wrist while fracturing the widest portion of the radius bone yet remaining virtually undamaged? Humes and Finck strongly disagreed with this theory in their interviews before the Warren Commission.^{35 36} Yet they seem to say the opposite in JAMA. If they changed their mind, what new evidence caused them to change?

10) Humes and Finck insisted in JAMA that there was no interference in the President's autopsy. While testifying under oath in the Shaw trial, however, Finck was asked why he had not dissected the track of the bullet wound in Kennedy's back, an elemental aspect of an autopsy in a shooting. He responded, "As I recall I was told not to but I don't remember by whom." Moments later he was pressed, "But you were told not to go into the area of the neck, is that your testimony?" He answered, "From what I recall, yes, but I don't remember by whom."³⁷ Taking a major departure from customary autopsy protocol because one is "told not to" seems to be interference. Can the autopsists maintain this was not interference?

11) How can the current photographic collection purport to be a full complement when Humes himself reports taking great care to obtain at least one photograph of the right apical pleura, which was bruised? This photograph is absent. If an extra photograph was inserted to maintain a full complement, which one is it? If it a posterior view of the head?

12) On Borwell's face sheet diagram the anterior to posterior length of the skull defect was labelled as 17 cm with the designation "missing". (Author David Lifton reports that Borwell told him in 1979 that the measurement was made by him using a centimeter scale.³⁸ If this defect starts near the coronal suture, it necessarily must extend far into the occipital bone (which is also consistent with the autopsy report). Even the use of Hume's smaller 13 cm measurement necessarily extends the large defect into the occiput on skull models. Dr Ebersole locates the posterior border large skull defect as 2-2.5 cm lateral to the smaller occipital entry wound (which was near the EOP). All 3 of these physicians' descriptions are in gross anatomic disagreement with the current posterior head photograph, which shows no sign whatsoever of a large skull defect. Who should be believed: the eyewitness testimony of 4 physicians (the autopsists and Ebersole), or a photograph whose authenticity has been denied by the photographer himself (Reizbe)?

13) The current posterior head photographs show no large defect. Is this what the pathologists saw? It is astounding that they were not asked this question. On the one issue raised (the site of the bullet entry) their recollections were, in fact, vastly different.

14) Why was the brain not sectioned coronally? When did Humes intend to do this if not for the supplemental autopsy report? Surely by that time (December 6, 1963) he could leisurely have reviewed standard forensic pathology protocols and would have known that such sectioning was an essential component of a full report. Also given the absence of urgency in the examination of the brain, why did Humes not request an AFIP consultation for a definitive pathologic study of the brain?

15) The JAMA interview makes frequent use of phrases rarely found in scientific papers: "irrefutable proof", "foolproof", "blatantly obvious". (The authors challenge the reader to find similar terminology in any contemporary JAMA articles.) The autopsy report, however, makes liberal use of the word "presumably", even when describing such critical items as wounds. Have Humes and Borwell made new discoveries since the autopsy which increase their scientific certainty? If so, an opportunity to share such discoveries should not be missed.

16) The trail of bullet fragments reported by Humes began at the external occipital protuberance. Ebersole has confirmed that these tiny fragments did extend from the occiput toward the right forehead, which is consistent with Humes testimony. The current lateral radiograph, however, shows them much higher near the vertex. Which version is correct?

17) The HSCA reported that the back wound had an abrasion collar at the inferior border. Did the pathologists see this? It was recognized by the HSCA that this implied a rising bullet. The HSCA also reported that Kennedy was leaning forward by only a few degrees. Did this bullet then enter him going superiorly? If so, how did it then

reverse course, without striking bone (as everyone agrees), and enter Connally going downward?

18) Why does the autopsy report describe Kennedy as falling forward (by implication, from a rear fatal head shot) while the Zapruder film shows him violently propelled backward? The autopsists were also told that the lone assassin, Oswald, had been apprehended and that he had fired at the president from above and to the rear. Were the autopsists influenced in their conclusions by this information? Who told the pathologists that Kennedy fell forward with the fatal shot?

19) Why are there no photographs of the brain in the skull? Were any photographs taken before manipulations had been performed?

20) Were the skull radiographs taken before or after the brain was removed, or both? Do the extant radiographs purport to contain brain?

As a final question to Lundberg: Were outside consultants used by JAMA to analyze the data given by Humes, Borwell and Finck, JAMA's standard peer review process?³⁹ If so who were they and what are their qualifications?

We hope that raising these issues will invite additional expertise to examine unsettled aspects of the autopsy and will promote additional clarification. We harbor little hope that our queries, even if fully answered, will quiet all doubters, since there seems to be an unlimited supply. We do, however, share with Lundberg an abiding faith in the peer review process. We hope that the full exercise of that process, which Lundberg has long championed, will leave physicians, the American Medical Association, its journal, and the concerned public confident that JAMA will continue to be "as correct as it is humanly possible to be".

Very truly yours,

Patricia L. James, MD

Gary L. Aguilar, MD

Wayne S. Smith, PhD

David W. Mantik, MD, PhD

Anthony White, MD

¹ JAMA 1992; 268:1681-1685.

² *IBID.*, p. 1685.

³ Lundberg GD. Closing the case in JAMA on the John F Kennedy autopsy. JAMA. 1992; 268:1736-1738.

⁴ Carney MJ, Lundberg GD. We've come a long way—thanks to peer review. JAMA. 1987; 258:87.

⁵ New York Times; 5-20-92, p.A-1.

⁶ Lundberg GD. Closing the case in JAMA on the John F Kennedy autopsy. JAMA. 1992; 268:1736-1738.

⁷ Lundberg GD. Providing reliable medical information to the public—invest factor. JAMA 1987; 262:945-946.

⁸ Lundberg GD. MRJTT and the goals of The Journal. JAMA 1982; 248:1501.

⁹ Broo DL. Letter "In Reply". JAMA. 1992; 268:1684-1685.

¹⁰ House Select Committee on Assassinations (HSCA). Washington, DC; US Government Printing Office; 1978; 7:245-263.

¹¹ Broo DL. JFK's death—the plain truth from the MDs who did the autopsy. JAMA 1992; 267:2794-2803.

¹² Broo DL. JFK's death, part III—Dr Finck speaks out: "two bullets, from the rear". JAMA. 1992; 268:1748-1754.

¹³ HSCA. Washington, DC; US Government Printing Office; 1978; 7:260.

¹⁴ HSCA. Washington, DC; US Government Printing Office; 1978; 7:263.

¹⁵ HSCA. Washington, DC; US Government Printing Office; 1978; 7:254.

¹⁶ Broo DL. JFK's death—the plain truth from the MDs who did the autopsy. JAMA 1992; 267:2797.

¹⁷ Military Review. Report of the three autopsy doctors after review of the autopsy photos and X-rays in January 1967. A public document available at Justice Department. Referred to in: Lifton DS: Best Evidence. Best Evidence. New York, New York: Carroll & Graf; 1992:721. Copy available from Gary Aguilar, MD.

¹⁸ Livingston HE. High Treason II. New York, New York: Carroll & Graf Publishers, Inc; 1992: 209-225, 308.

¹⁹ HSCA. Washington, DC; US Government Printing Office; 1978; 7:246.

²⁰ Livingston HE. High Treason II. New York, New York: Carroll & Graf Publishers, Inc; 1992:432-433.

²¹ HSCA. Washington, DC; US Government Printing Office; 1978; 7:246 & 7:260.

²² *IBID.*—p. 260.

²³ HSCA. Washington, DC; US Government Printing Office; 1978; 7:249.

²⁴ Finck PA. Ballistic and forensic pathologic aspects of missile wounds. Conversion between Anglo-American and metric-system units. Military Medicine. 1965; 130:545-569.

²⁵ King J. JFK autopsy photo called phony; navy technicians charge tampering. San Francisco Examiner. April 29, 1992; A8.

²⁶ Livingston HE. High Treason II. New York, New York: Carroll & Graf Publishers, Inc; 1992: 305-309.

²⁷ HSCA. Washington, DC; US Government Printing Office; 1978; 7: 113-119.

²⁸ HSCA. Washington, DC; US Government Printing Office; 1978; 7:254.

²⁹ HSCA. Washington, DC; US Government Printing Office; 1978; 7:115.

³⁰ HSCA. Washington, DC; US Government Printing Office; 1978; 1:323-332.

³¹ Aguilar DL. Letter to the editor. JAMA. 1992; 268:1681-1682.

³² Lifton DS. Best Evidence. New York, New York: Carroll & Graf; 1980:321-327.

³³ Report of the President's Commission on the Assassination of President John F. Kennedy (Warren Commission). Washington, DC; US Government Printing Office; 1964; vol 6:20.

³⁴ Groden RJ, Livingston HE. High Treason. New York, New York: Berkley Books; 1990:453.

³⁵ National Archives; Record group 272, entry 1.

³⁶ Wilbur CG. Medicolegal investigation of the President John F. Kennedy Murder. Springfield, Illinois: Charles C Thomas; 1978:111.

³⁷ Groden RJ, Livingston HE. High Treason. New York, New York: Berkley Books; 1990:27-29.

³⁸ *IBID.*, p.84.

³⁹ Thompson J. Six Seconds in Dallas—A Micro-Study of the Kennedy Assassination. New York, New York: Bernard Geis Associates—distributed by Random House; 1967:222-223.

⁴⁰ Report of the President's Commission on the Assassination of President John F. Kennedy (Warren Commission). Washington, DC; US Government Printing Office; 1964; Vol 2:382.

⁴¹ *IBID.*, vol 2:376 & vol:374-375.

⁴² Reprinted in: D'Elia J. Destiny Betrayed. New York, New York: Sheridan Square Press; 1992:302.

⁴³ Lifton DS. Best Evidence. New York, New York: Carroll & Graf; 1980:319-320.

⁴⁴ Lundberg GD. The quality of a medical article—thank you to our 1990 peer reviewers. JAMA. 1991;265:1161-1162.