

LATTIMER - FILE

(ACTIVE)

-HARDEN:

I'm TRYING TO DEVELOPE DR. LATTIMER
SO KEEP THIS STUFF UNDER YOUR HAT FOR
A BIT AND I'LL SEE WHAT THIS CORRESPONDANCE
LEADS TO.

TH

Box 82 Squankum Road
Howell, New Jersey 07731
August 12, 1975

Dr. Hohn Lattimer, M.D.
Columbia University
128 Fort Washington Avenue
New York, New York 10027

Dear Dr. Lattimer:

I have been researching the medical and ballistical aspects of the J.F.K. Assassination and recently wrote to Dr. Alfred G. Olivier of the Edgewood Arsenal concerning a question of terminal ballistics. I was wondering just how the missile could have passed through the President's neck and not have caused some sort of damage to the spine. No such trauma was recorded in the 1963 Bethesda autopsy report nor the 1968 Review Panels report. However, Dr. Olivier has informed me, that you have examined the X-rays and found "bone chips" in the neck region. If you wouldn't mind, I would like to know what conclusions you reached as a result of your examinations.

I am particularly interested in the dispersal pattern of those chips, as to whether they were grouped anterior or posterior to the cervical spine and what if any visible damage was done to the spine itself. Also, were you able to discern any permanent wound tract?

Your kind assistance will be very much appreciated.

Sincerely,

Emory L. Brown, Jr.

Attachment

College of Physicians & Surgeons of Columbia University | *New York, N.Y. 10032*

DEPARTMENT OF UROLOGY

620 WEST 168TH STREET

JOHN K. LATTIMER, M.D., Sc.D.
PROFESSOR AND CHAIRMAN

(212) 579-5466

28 August 75

Mr. Emory L. Brown
Box 82 Squankum Road
Howell, New Jersey 07731

Dear Mr. Brown,

Thank you for your letter of 12 August inquiring about the John F. Kennedy assassination x-rays. I am enclosing a reprint which says something about these chips, as per Dr. Olivier.

The chips are two very tiny radio-opaque fragments in the general vicinity of the upper end of the bullet track through the President's neck. They can be seen in only one projection, since they lie over the bone, in the other views taken of the neck area, at the time of the autopsy. The fact that they do not show up when superimposed over the bone, makes me favor the fact that they are made of bone rather than metal. The x-ray man of the 1968 panel described them, but thought they might be metal. It is impossible to localize them further because they do not show in any other projections. It seems to me that they probably represent 2 fragments from the very tip of the transverse process of either C6 or C7. The transverse processes of these two vertebrae are somewhat longer than the rest of the cervical vertebrae, as you probably know. They extend out into the area where the bullet went.

If the bullet did indeed "tick" the tip of the vertebrae, it would jar the spinal cord severely and might cause the President's elbows to fly up and his arms to assume a bent position, with the biceps predominating. The fact that his right arm flew up further than his left would be in keeping with the fact that the right extremity of the vertebra was the one that was hit. The fact that

the bullet went through the area of the brachial plexus on the right side might be relevant, except that the reaction was bilateral.

The President was certainly not reaching for his throat, as has been frequently stated, because his hands go far up in front of his face, in subsequent frames, as you probably know.

With regard to the head wound sustained by the President, 5 seconds after the neck wound, the bullet made a relatively small wound of entrance in the top right rear portion of the skull, where the skull began to turn forward. Then the bullet disrupted and left the head through the right anterior superior portion, causing a large wound of exit. The cavitation within the brain then produced a tremendous explosion of heavy wet brain material which broke the skull up into many small fragments, as always happens, most of which were retained by the scalp, except for 3 large pieces which flew off, upward and forward and can be clearly seen in Zapruder Frame 313 going many feet in the air along with a cloud of dispersed brain from the right side of the President's head. Because the wound of exit was largest on the upper right anterior part of the head, this scattered brain material acted like a jet engine and drove the head violently to the left and backwards, causing President Kennedy to topple over abruptly to the left and backwards, between Mrs. Kennedy and the back of the back seat. We have put on several demonstrations of this effect, of this particular bullet, on this particular part of the head, for CBS Television News for their program in November on this topic, but I do not know how much of it they will dare to show on the air.

With regard to your last paragraph in your letter, the bone chips were quite close together (perhaps 1/4 inch apart), and very close to the spine. Since there was only one film (an A.P. or P.A.), it was impossible to tell whether they were anterior or posterior to the midline of the cervical spine, but there was no other visible damage to the spine. It was quite lucky that they showed at all, since the x-ray had to be taken at just the correct tangential angle in order for them to be seen, clear of the rest of the bones.

The wound track through the neck was further marked by air

in the tissues which had probably escaped from the trachea and esophagus, back into the track of the bullet in the tissues in the neck, during the five seconds he lived after this shot, and the several additional seconds when he probably had agonal respirations in the car, on the way to the hospital. After that they had an endo-tracheal tube in, which would have prevented further air from going into the tissues. The large transverse tracheostomy was done after he was dead from the removal of the right side of his brain by the second bullet.

The large color photographs of the body leave very little doubt where the bullet went, especially when combined with the rather detailed testimony as to the findings, which you will find in the volumes of testimony by Commander Humes in the Warren Commission Report during his interrogation by the Commission. There is much more in his testimony, than there is in the autopsy report.

You probably know that the large drawings made for the Warren Commission, are strictly "diagrammatic" and do not in any way represent the actual wounds, inasmuch as the artist never saw the body and the doctors were not permitted to see the photographs that they took, even to assist them in preparing their autopsy report. This is one reason for much of the confusion. When you see the photographs, there is no doubt that the wounds are exactly as one expects.

I must say that I was disturbed by the fact that the drawings, which are the only official illustrations of the wounds, were so totally inaccurate and did not fit with the other allegations of the Warren Report. When I saw the photographs and x-rays, however, everything fell into place perfectly satisfactorily.

I will be interested to know if you are doing experiments with the wounds and other aspects of the matter, and would be very much indebted to you to hear about your results.

The CBS Program will be sometime in November, probably with some fanfare, and David Susskind will have a program on in late September, concerning these matters. I do not know how much detail

he will go into as far as the ballistics are concerned, but you will be able to tell about it when you listen to the program, if you can get to hear it.

Warmest regards,



John K. Lattimer, M.D., Sc.D.
Professor and Chairman
Department of Urology

JKL/dg
cc: Dr. Olivier

Box 82 Squankum Road
Howell, New Jersey 07731
September 12, 1975

By Certified Mail No. 821788

The... series... some test... there were... Dr. Olivier
Dr. John K. Lattimer, M.D., Sc.D. is an Assistant Professor and Chairman of the Department of Urology at the College of Physicians of Columbia University, 620 West 168th Street, New York, New York 10032. The holes in the clothing are... Dear Dr. Lattimer: In some... I tried to... Thank you for your letter of August 28, 1975.

The reprint you mentioned was not enclosed with the letter, however I certainly would appreciate an opportunity to read it if you would be kind enough to send a copy. I was because I did not... Dr. James... medical matters. Aside from my local library, I must depend upon individuals such as yourself and Dr. Olivier for professional guidance and advice. I am grateful to Dr. Olivier for his patience and willingness to correspond concerning my several inquiries. In the light of others who avoid such an issue, he is to be commended. It will most probably confirm the official version and ignore the evidence which the Government has previously... about seven years ago after watching a late night television talk show on the subject of a possible conspiracy and have been pursuing my research ever since, when ever time and finances would allow. Initially, it was the ballistical aspects which attracted me, since I do a lot of target shooting. I purchased a Mannlicher Carcano of the type reportedly found in the Depository and in the years that followed, fired approximately four hundred rounds through it. My personal observations led me to seriously doubt the Government's official theory and in particular, the history of the magic bullet known as Commission Exhibit 399, also known as the stretcher bullet.

Although my methods lacked the controlled conditions of the laboratory, I did approach my work with an open and objectively mind and am not convinced that CE: 399 struck anyone. I do feel, however, that it is one major proof of conspiracy. The enclosed photographs which I have prepared, illustrate my point, which is that this particular type of bullet could not possibly have passed through the two men and emerged in its present condition. However, I do believe that I have come close in determining how it did come into existence. I found that by firing the rounds into a target medium of low resistance at point blank range at reduced velocities, I could recover missiles quite similar to CE: 399. In fact, in an earlier test, I was actually able to produce a missile with the same curve characteristic that we have with CE: 399. I sent this bullet to Harold Weisberg who found it to be of some interest. I am now of the opinion that CE: 399 was fired from the suspect weapon under somewhat similar conditions, prior to the assassination and later planted at Parkland Hospital. Its discovery along with the Carcano to which it was identified as having been fired from, was deliberately used to frame Oswald who was and is in reality, innocent.

The H. P. White Laboratories which conducted some test for the CBS series several years ago, reported that there were actually two types of bullets used in their tests. Dr. Olivier confirms my own findings, in that he found that the type of bullet associated with the alledged assassination weapon tends to deform badly upon impact and during penetration. In addition, there still exist the problem of the relationship of the bullet holes in the back of the Presidents coat and shirt and the point of entry in his back. As you know, the holes in the clothing are several inches below the Government's location for the entry wound. In an attempt to gain some clarification on this area, I tried to find the answer by writing to Dr. Humes and the 1968 Review Panel.

After seven years, I was finally able to locate Dr. Humes, although had I been working for CBS, it probably would have been a rather simple matter to find him. Perhaps it was because I did not support the official findings as did CBS. When I did contact him, Dr. Humes clammed up immediately when he discovered that my interest was in the Warren Commission. I wonder why Dan Rather of CBS did not encounter this same attitude back in June of 1967? Perhaps it is because CBS has always favored the Government regardless of what the actually evidence really showed. Dr. Humes could be sure that he would receive no flack from CBS. I dare say that when the program you mentioned come out, it will most probably confirm the official version and ignore the evidence which the Government has previously refused to deal with.

When I learned of the 1968 Review Panels report, I contacted Dr. Fisher and secured a copy of the report from the Archives. The variations in the report and the original Bethesda autopsy along with the testimony of Dr. Humes are significant enough to me so as to make me seriously doubt the authenticity of the evidence. I can not help but wonder when reading through all of this material, if everyone is talking about the same corpse. I would imagine that you are familiar with most of this but allow me to highlight some of the cases in point.

1. On March 16, 1964 Doctors Humes, Boswell and Finck testified before the Commission to the affect that they had carefully examined the X-rays and found no evidence of fracture to the vertical column or any of the other bony structures in the area (2 H 361). In the 1968 Review Panel report, under the heading of " Neck Region " we find that several small metallic fragments were present in the region of the apex of the right lung of films 8, 9 and 10. You do not mention any such fragments in your letter. The autopsy doctors mention no bone chips. Is everyone examining the same X-rays ?
2. Dr. Humes also testified that there was no discernable bullet wound at the site of the tracheotomy incision when he examined the body (2 H 362) but on page 9 of the 1968 Panels report we find that they observed the upper half or the circumference of a circular cutaneous wound at the site of the incision. Is everyone looking at the same photographs?

3. Dr. Humes stated that the X-rays showed two sizable metallic fragments above the right eye (2 H 353). However, in the report of the 1968 Review Panel, there is absolutely no mention of any such fragments being observed in any of the X-rays. Furthermore, it is interesting to note that although these two fragments were in existence at one time and designated as Commission Exhibit 843, they are not listed on page 6 of the Panel's report which would seem to indicate that the members of the Panel were never shown them.

4. In the report of the FBI agents who were in the autopsy room at the time (Sibbert and O'Neill, CD: 7) they state that Dr. Humes probed the back wound with his finger. At the bottom of page 15 of the Panel's report, it is stated that this back wound was obviously too small to permit the insertion of a finger. Did it shrink during rigor mortis?

5. Dr. Fisher says that the Panel calculated the angle of entry as being about 10 or 20 degrees and that it was his opinion that 45 degrees was not accurately determined by Humes. Be that as it may, Dr. Finck also went along with Dr. Humes in stating that in his opinion it was also 45 degrees (2 H 307-380).

6. To explain the inconsistency between the bullet holes in the back of the coat and shirt and the entry wound, Dr. Humes attributes it to the President's muscular build whereas Dr. Fisher on the other hand feels that it was the waving motion which caused the coat and shirt to "hike" up on the back. Both are wrong. First of all, the clothing was custom tailored which would exclude any physical reasons for the coat being any higher than it should be. Secondly, in one of the color slides taken by Phil Willis at the time of the first shot which is said to have been the back shot, the President's back is shown and the coat is not hiked or bunched up whatsoever. There would be even less chance that the shirt would ~~come~~ because it is secured at the top by a closed collar and anchored at the waist by the trousers and belt. I tried several times to produce such a condition with my own clothing. I would suggest that you might want to try the same.

7. Dr. Humes stated that the wound of entry in the rear of the skull was 2.5 cm to the right of the occipital protuberance and slightly above it. On page 11 of the 1968 Panel report, it is stated that the films depict a hole 100 millimeters above the external occipital protuberance. Also, there is a 13 x 20 mm structure seen in the base of the cranial wound cavity but there is no mention of it in the Bethesda autopsy report. In addition, the 1968 Panel observed a 6.5mm fragment embedded in the outer table at the edge of the hole but again, no such discovery is noted in the Bethesda report.

Dr. Lattimer
Page 4
September 12, 1975

I have always been puzzled by the fact that all of the eye witnesses who observed the major defect in the head prior to the publication of the Government's report, place the wound in the posterior portion at the occipital bone but the evidence released the Government now shows it to be located in the tempo-parietal region!

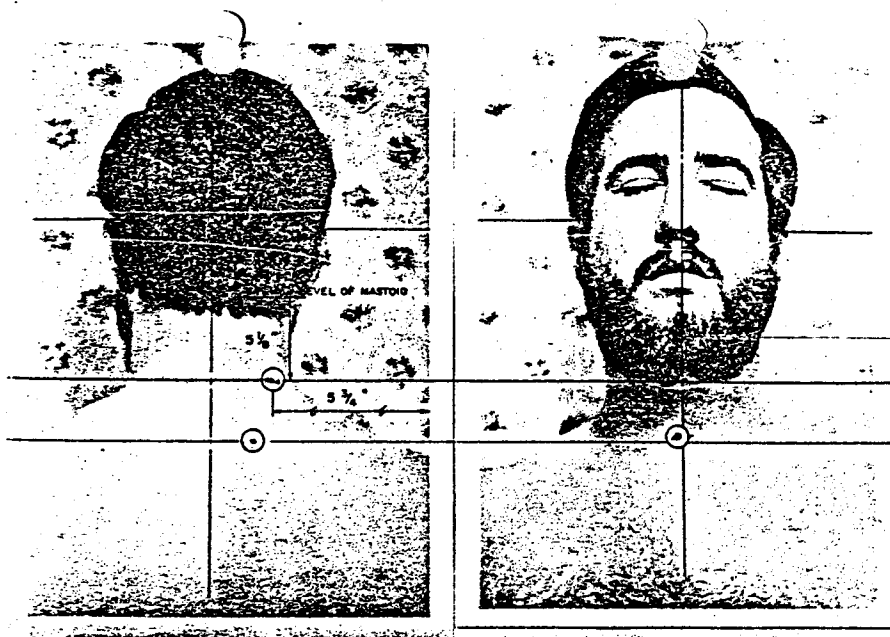
In conclusion, I think that what we seem to have here is evidence of some remarkable post mortem regenerative process or else some fabricated evidence. Since the official sources refuse to provide a logical and reasonable answer, the private citizen can only speculate as to what has really taken place.

Sincerely,

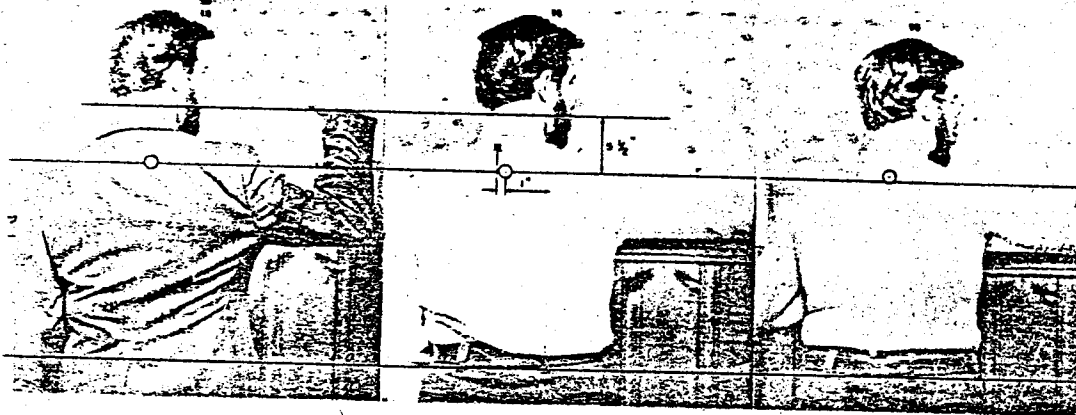
Emory L Brown, Jr.

Enclosures:

- (1) 13 5" x 7" photographs
- (2) 19 pages electrostatic copies



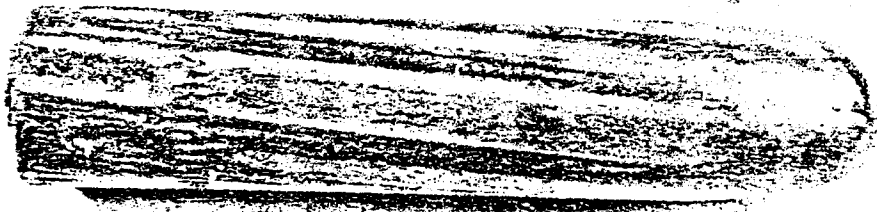
IN THE ABOVE TWO PHOTOGRAPHS, THE NON-FATAL WOUNDS ARE DEPECTED. THE LOWER WOUND IN THE SACK WAS POSITIONED DIRECTLY BENEATH THE HOLES IN THE OVERLYING SUIT COAT AND SHIRT. THE WOUND LOCATED IN THE POSTERIOR NECK WAS POSITIONED ACCORDING TO THOSE MEASUREMENTS REPORTED IN THE 1968 PANEL REVIEW (5 1/8 " below the right mastoid process and 5 3/4" from the right acromion process). THE WOUND IN THE ANTERIOR NECK WAS POSITIONED BY PROJECTING IT THROUGH A HOLE LOCATED DIRECTLY BELOW THE COLLAR BUTTON, IN THE OVERLAPING SEAMS. ALL WOUNDS PORTRAYED IN THE PHOTOGRAPHS ARE 1/4" IN DIAMETER.



THE ABOVE THREE PHOTOGRAPHS DEPECT THE PHYSICAL LOCATIONS OF THE BULLET HOLES IN BOTH THE SUIT COAT AND SHIRT, BASED UPON THE MEASUREMENTS REPORTED IN THE 1968 PANEL REVIEW OF FILMS, X-RAYS, PHOTOGRAPHS, ETC. THE MARK ON THE BACK OF THE SUBJECT REPRESENTS THE LOCATION OF THE ACTUAL WOUND OF ENTRY IF IT WERE PROJECTED THROUGH THE HOLES IN THE OVERLYING SHIRT AND COAT.

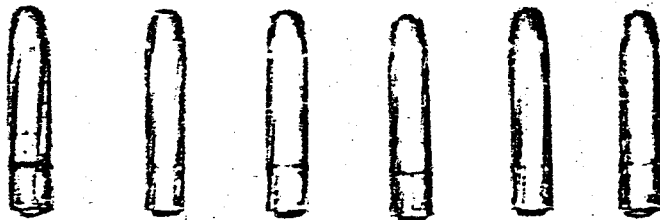


C





B



A

B

C

D

E

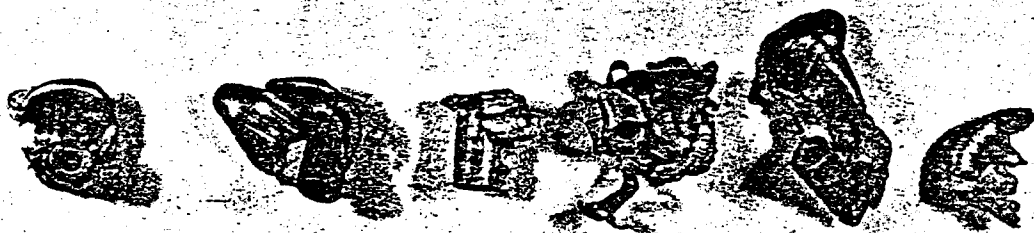
F

THE ABOVE 6.5 X 52 MM SLUGS WERE RECOVERED FROM A BUNDLE OF MAGAZINES INTO WHICH THEY HAD BEEN FIRED AT POINT BLANK RANGE. REDUCED CHARGES OF DUPONT IMR 4895 POWDER WERE USED. THE LOADS WERE :

- A. 12 GRNS = 796 fps⁺ MV (no measurement taken)
- B. 15 GRNS = 988 fps⁺ MV (penetration 9 3/4 ")
- C. SAME AS ROUND "B"
- D. 20 GRNS = 1,318 fps⁺ MV (penetration 11 1/2 ")
- E. SAME AS ROUND "D"
- F. SAME AS ABOVE

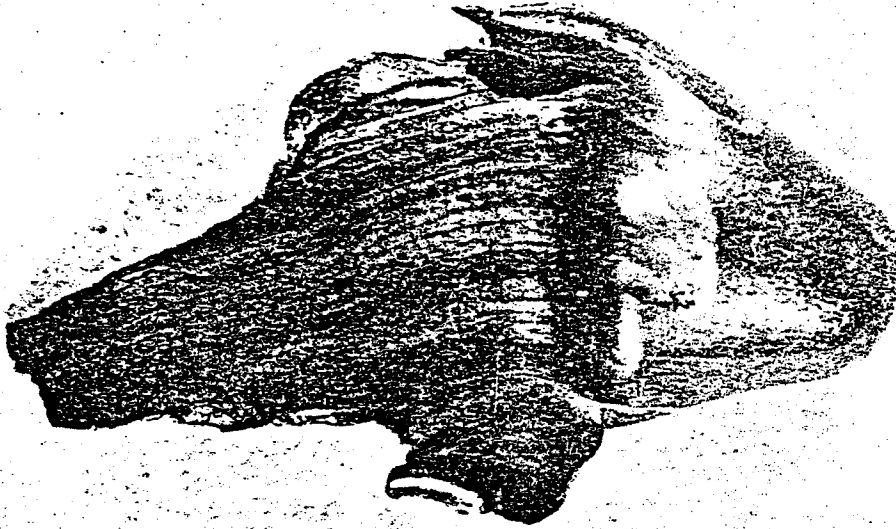


6.5 bullets recovered from an earthen backstop. Note the degree of fragmentation as compared with CE-399



THE ABOVE ARE FRAGMENTS OF 6.5X52MM BULLETS WHICH WERE RECOVERED AFTER HAVING BEEN FIRED THROUGH A 6" BUNDLE OF NEWSPAPERS AT A RANGE OF FIFTY-YARDS. (ITALIAN P)

"D"



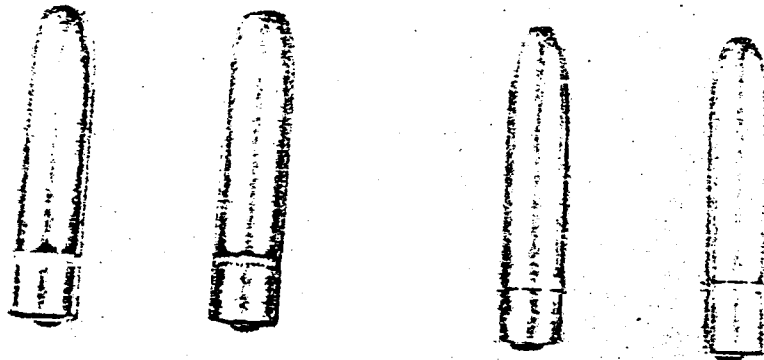
"C"



"B"



THE TARGET WAS A BUNDLE OF LIFE MAGAZINES, 7" THICK,
WEIGHING 32 POUNDS. FIRING WAS DONE A FIFTY YARDS.
ON THE LEFT ARE FRAGMENTS RECOVERED FROM TARGET,
HAVING PENETRATED 6" AND THE ONE ON THE RIGHT WAS
PICKED UP ON THE GROUND, TWO FEET BEHIND TARGET.
WEIGHTS: 78.0 grms, 64.3, 7.7 and 52.3 grains
(ITALIAN MFG. MILITARY AMMO)



Italian 6.5 x 52 IM bullets of military design. The two on the left are copper jacketed while those on the right are nickel. They average 162 grains.



THE ABOVE ARE FRAGMENTS OF 6.5X52MM BULLETS WHICH WERE RECOVERED AFTER HAVING BEEN FIRED THROUGH A 6" BUNDLE OF NEWSPAPERS AT A RANGE OF FIFTY YARDS. (ITALIAN MFG MILITARY AMMO)



THE ABOVE ARE FRAGMENTS OF 6.5X52MM BULLETS WHICH WERE RECOVERED AFTER HAVING BEEN FIRED THROUGH A 6" BUNDLE OF NEWSPAPERS AT A RANGE OF FIFTY YARDS. (ITALIAN MFG MILITARY AMMO)

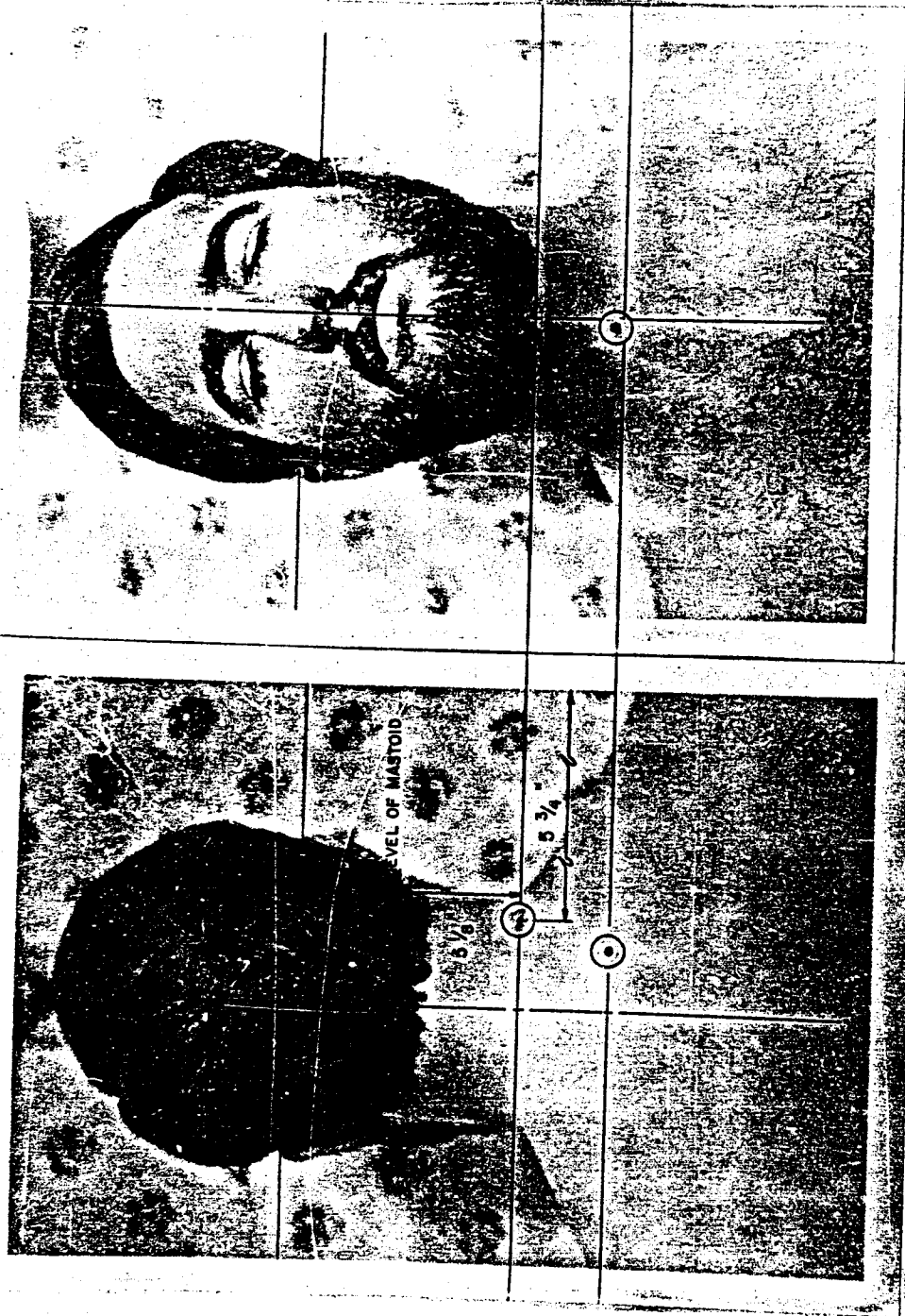


A B C D

THE TARGET WAS A BUNDLE OF LIFE MAGAZINES, 7" THICK WEIGHING 32 POUNDS. FIRING WAS DONE AT FIFTY YARDS. ON THE LEFT ARE FRAGMENTS RECOVERED FROM TARGET, HAVING PENETRATED 6" AND THE ONE ON THE RIGHT WAS PICKED UP ON THE GROUND, TWO FEET BEHIND TARGET. WEIGHTS: 78.0 grns, 64.3, 7.7 and 53.3 grains (ITALIAN MFG. MILITARY AMMO)



THE ABOVE THREE PHOTOGRAPHS DEPICT THE PHYSICAL LOCATIONS OF THE BULLET HOLES IN BOTH THE SUIT COAT AND SHIRT, BASED UPON THE MEASUREMENTS REPORTED IN THE 1968 PANEL REVIEW OF FILMS, X-RAYS, PHOTOGRAPHS, ETC. THE MARK ON THE BACK OF THE SUBJECT REPRESENTS THE LOCATION OF THE ACTUAL WOUND OF ENTRY IF IT WERE PROJECTED THROUGH THE HOLES IN THE OVERLYING SHIRT AND COAT.



IN THE ABOVE TWO PHOTOGRAPHS, THE NON-FATAL WOUNDS ARE DETECTED. THE LOWER WOUND IN THE BACK WAS POSITIONED DIRECTLY BENEATH THE HOLES IN THE OVERLYING SUIT COAT AND SHIRT. THE WOUND LOCATED IN THE POSTERIOR NECK WAS POSITIONED ACCORDING TO THOSE MEASUREMENTS REPORTED IN THE 1968 PANEL REVIEW (5 1/8 " below the right mastoid process and 5 3/4" from the right acromion process). THE WOUND IN THE ANTERIOR NECK WAS POSITIONED BY PROJECTING IT THROUGH A HOLE LOCATED DIRECTLY BELOW THE COLLAR BUTTON, IN THE OVERLAPPING SEAMS. ALL WOUNDS PORTRAYED IN THE PHOTOGRAPHS ARE 1/4" IN DIAMETER.

College of Physicians & Surgeons of Columbia University | *New York, N.Y. 10032*

DEPARTMENT OF UROLOGY

JOHN K. LATTIMER, M.D., Sc.D.
PROFESSOR AND CHAIRMAN

620 WEST 168TH STREET

(212) 579-5466

19 September 75

Mr. Emory L. Brown, Jr.
Box 82 Squankum Road
Howell, New Jersey 07731

Dear Mr. Brown,

Thank you for your long and interesting letter of 12 September. I can only apologize for the lack of reprints, and cannot understand this, since we dispense them liberally to interested people like yourself. I hope you will have received a set of our reprints by now, but if not, please let me know so that we can send you another set.

Like yourself, our understanding of the matter through experimentation has caused us to change our views as time has gone on, so that some of our original thoughts have been modified in later publications. I suspect this process will continue, as we try to unravel more of the threads of the problem.

I am very pleased to encounter somebody who was interested in experimentation rather than just complaining, or doing just library research. I am not against either of the first two, but I have a much greater respect for experimentators.

I would like to start by saying that it is very important to exactly duplicate the circumstances of the Kennedy shooting as to the type of rifle, the type of ammunition, etc. If you do not do this, you get different results. I think that this accounts for some of your results with the fragments of bullets, where you used Italian ammunition. How many failures-to-fire did you have?

It is also important to duplicate the wounds fairly precisely. For example, Dr. Olivier was told to aim at a point much too low

on his skulls and he had to use old, dried skulls. It is a surprise to me that he got even as similar a type of wound as he did. A fresh skull, struck high on the back of the head, as we have been doing, gives somewhat different results.

The head wound has two phases. In the first phase, the bullet strikes the back of the skull and fragments. It makes only a small entrance wound, although it may deposit a fragment at this point, but the disrupted jacket and core then proceeds forward through the brain, with the fragments diverging somewhat, and leaving the head through the area of the forehead and just above it, creating a large wound of exit. These fragments are usually deflected up, apparently because the base of the skull is more solid than the dome. These fragments have very little force but could strike the frame of the windshield and the glass of the windshield without doing too much damage, and then drop into the front seat of the car, quite understandably. Other fragments, however, would proceed over the windshield and down the street to kick up dust, as some people reported. Our experiments showed this phenomenon repeatedly.

The second phase of the head wound is the effect of the cavity forming within the brain. This expands in all directions and literally blows the skull into a dozen fragments, some of which fly as far as 90 feet. I suspect that some of the fragments of President Kennedy's head were never recovered. While the fragments adjacent to the big wound of exit will escape, most of the other fragments, while broken up, will be retained by the tough scalp. While the bursting effect gives an explosive reaction in all directions, the largest amount of heavy liquid or semi-liquid brain content goes out through the front of the head through and around the large wound of exit. This causes a "jet-engine" effect, which drives what is left of the head off the stand backwards, towards the gun. It also moves markedly to the left, if one strikes the skull exactly where President Kennedy was struck, namely on the upper right side. We have repeated this experiment over and over and the results are remarkably consistent. The backward movement of President Kennedy's body is mostly due to stiffening of the body as the massive downward discharge of brain impulses goes down the spinal cord, stimulating all of the muscles, but the strongest ones "of the back" will predominate, and pull the body more or less erect. He was already leaning towards the left, and between the jet-engine effect and the stiffening of his body, it

was not surprising to see his body lurch backwards and to the left.

In our reprints you will see comments on so many of the questions you raise that I would ask you to read the reprints carefully and then come back to me with any additional questions, since I can write all day and all night on the topics which you raise.

With regard to the single bullet deduction, I can only tell you what the "Lattimer Reconstruction" offers, as a result of our study and experimentation.

If a bullet like 399 does not strike bone directly, it has tremendous penetrating capability. It requires a pile of Ponderosa Pine boards 47" thick to bring this bullet to a halt, and when you dig the bullet out of this block of wood, it looks completely undisturbed. You get the same effect with other types of wood, and the distance of penetration depends upon the characteristics of the wood.

It is my deduction that the bullet struck the tip of a transverse process of a vertebra in the neck, (C6 or C7) knocking off two tiny chips of bone, which had been characterized by the 1968 review panel as metal, rather than bone. I will correspond with the man who made this interpretation to see whether he would consider it equally possible that they might be bone. It was my reasoning that when you turned the body these chips would continue to show up against the vertebrae, if they were metal. On the other hand, if the chips were bone, they would not be visible when you turned the body so that the chips were superimposed on the other bones of the neck. This is what happens. You cannot see them in any view except the one where the x-ray beam is tangential to them and shows them out in the soft tissues, away from the bones a short distance. I do not think it is possible to tell whether the chips are metal or bone but for my hypothetical reconstruction, I would deduce that they are probably bone rather than metal. If the bullet hit bone hard enough to break off chips of metal, there would have been additional chips, of both bone and metal, and the fragments of the bullet would then have made multiple wounds of exit, in all probability. There was no sign of this.

In answer to your question, we are all looking at the same x-rays, but it is possible that the chips might be either bone or metal. The doctors were prohibited from opening up the neck wound so there was no opportunity to retrieve them.

In answer to your second question, the tracheostomy was quite large, and a large tube had been inserted through it. This would make a semi-circular dent in the margin of it, which would not necessarily be related to the bullet wound. In inspecting these photographs, which are quite spectacular in the excellence of their quality, I could not be sure where the bullet hole had been, which Dr. Perry had transected when he made his tracheostomy incision.

The bullet fragments in the head conform to the description of Dr. Humes, when you look at the x-rays, as I recollect it. They would not let me copy the x-rays directly, but would permit me to make sketches. I noted the fragments more or less as described by the panel. You will see them in the drawings, in the reprints which are enroute.

In reply to your paragraph 4, the bullet hole in the back was about the same size as these bullets, but was slightly ovoid in a transverse direction, because of the way the tissues of the neck act, when the head is pulled back. The photographs are very good and I cannot see any discrepancy in the fact that it was too small to admit a finger.

The matter of angles is relatively absurd, in my opinion. Both men were twisted somewhat at the moment they were hit, and it is ridiculous to take drawings of their bodies facing straight ahead and pretend that they are plaster statues so that you could look back through the bullet holes in these plaster statues and see which windows the bullet holes pointed at, 200 ft. or 250 ft. away. Human bodies are much more like bags of jelly suspended from coat hangers, and when you twist them around, the angles of the bullet holes are completely useless for precision purposes, in my opinion.

No. 6 is related to your photographs of a gentleman whom I assume must be yourself, with the coat and shirt on and off. Remember that the President wore a back brace and that there are several photographs of his coat and shirt humped up on the back of his neck, including one of those taken very shortly before the

first bullet must have struck him. Your "victim" is not "seated", as President Kennedy was.

I was particularly interested in your photograph of the back of one of your men, where the lower bullet wound is almost exactly where the bullet wound in President Kennedy's neck appears. What you do not realize is that he had an unusual roll of muscle tissue across the back of his neck, possible related to the adrenal hormones that he had been taking for years, or possibly related to his capability as a swimmer. In any case, this clearly indicates why the bullet course could have been exactly as the Warren Commission indicated, and the photographs of the body show that it is indeed that way. Again, I see no discrepancy in the location of the bullet holes, and your drawings are surprisingly supportive of the Warren Commission Contentions.

The disparities between the location of the bullet holes stated by the autopsy surgeon and the later findings on the x-rays are understandable when you realize that they took these x-rays and photographs with the objective of using them as the basis for an accurate and dependable autopsy report. When they were not permitted to see the photographs at all, and could only get a quick glimpse at the x-rays, they then had to make up their autopsy report from memory and from their naturally diagrammatic and hasty notes. It is not fair to condemn them for doing a poor autopsy and writing a poor autopsy report, when the basis for a very good autopsy report was prepared by them and then taken away from them in the frustration and grief of the moment, since no one wanted the family to have to see the bloody stump of their father's head in every bookstore window. This is what would have happened had the Commission made these photographs part of the official record. It is too bad they did not permit the x-rays to be released, because they are quite informative and would have dispelled many of the questions.

Both the photographs and the x-rays leave no doubt as to the exact location of the wound in President Kennedy's head.

With regard to the course of the bullet which went through the President's neck, it is necessary to account for where this bullet went, in the car. If it did not go into the back of Governor Connelly, where did it go? As you know, it can do tremendous

damage and the wound in the car would have been very obvious, if it had missed Governor Connally. Governor Connally says he was leaning to look back over his right shoulder at President Kennedy after hearing the first shot, and when one does this one leans markedly to ones left, in order to try to see directly backwards. I believe this accounts for why the bullet hole is in the right side of his back rather than the left side of his back, but in any case, it would have hit him somewhere.

The bullet hole in Connally's back was elongated, and the surgeon who described it described it first as 3 cm long in his operative report done under very precise conditions at the end of the operation. He then changed his story gradually to make it 1-1/2 cm in latter versions. In any case, it was probably a tumbling bullet that struck Governor Connally, although the possibility of a tangential strike does naturally exist. It is my experience that these bullets make a much worse wound if they strike tangentially, however, and our experiments indicate that bullets passing through a simulation of President Kennedy's neck do tumble as much as 90° in the distance involved, and sometimes turn further, so as to be going partly backwards. The fact that lead protrudes from the back of the flattened jacket of 399, makes me believe that the bullet was indeed going a little backwards when it struck Governor Connally, was flattened by striking his rib a glancing blow, causing the lead to protrude. This lead was then scraped off on the bone of the wrist, as the bullet went tangentially through this bone at greatly reduced speed and embedded itself in Governor Connally's leg going backwards. It left a last piece of lead on his femur, before being knocked out onto the stretcher. If it had struck his wrist directly or even as a new wound, it would have shattered the bone severely, as demonstrated by Dr. Olivier and by ourselves. The wounds of the wrists are very mild, with the fragments not displaced, indicating that the bullet was either travelling very slowly or hit the bone only a glancing blow. Had it not been remarkably slowed down it would have shattered his leg bone in a million pieces, as we have demonstrated. The particles removed from Governor Connally's wrist were lead, rather than copper, indicating that the bullet was probably travelling backward at that time.

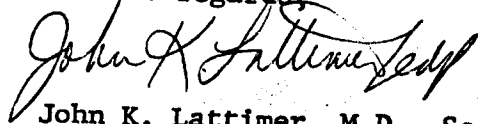
The final indication that Governor Connally was not struck at a different time was the fact that his right wrist, in which he held his hat, had to be down on his left knee in order to be struck

by the same missile. You can see his hat come up to the edge of the car as he makes his reflex contraction of his arm as he begins to recover from the stunned condition of being hit, almost immediately after President Kennedy is hit. This means to me that he was not struck by anything that went through his wrist at any later point.

Governor Connally's chest had been torn open and his nerve and rib-ends exposed by the bullet passing through and along them and as he recovered from his stunned condition he then tried to take a breath and the motion of his chest wall was excruciatingly painful. He then clamped his right arm hard against his chest wall to splint it, resulting in the downward motion of his shoulder and the change in his facial expression. His mouth then dropped open in pain, as seen in the movie.

I will be happy to have you pick my theory to pieces and to hear what your theory is in rebuttal.

Warmest regards,



John K. Lattimer, M.D., Sc.D.

JKL/dg

(Signed in Dr. Lattimer's absence)

Dr. John K. Lattimer, M.D.
September 19, 1975
Private

Box 82 Squankum Road
Howell, New Jersey 07731
October 18, 1975

Dr. John K. Lattimer, M.D., Sc.D.
Professor and Chairman
Department of Urology
College of Physicians of Columbia University
620 West 168th Street
New York, New York 10032

Dear Dr. Lattimer: Warren Commission Reports and neither his nor

Thank you for your letter of September 19, 1975 and the publications which arrived under separate cover. It is not my intention to pick anyone's theory to pieces but I do appreciate the opportunity of corresponding with you on this particular matter of interest. Perhaps your bullets might not have been those wearing the steel jackets.

My rifle was a 6.5x52mm Mannlicher Carcano 91/38 but I had to use a weaver scope and mount and so I will rely upon the results obtained by the F.B.I. and the Army as to the accuracy of Depository Carcano. It is interesting to note however, that that particular rifle did not have any metal shims installed on it when found but were later added by the F.B.I. As far as I know, CBS conducted the only tests on moving targets but they would not give me a detailed report on the number of hits their shooters made. Personally I find that I can shoot much better with out the use of the telescopic sight on this rifle.

The ammunition and in particular the penetration characteristics of the missile is what I am most interested in at this point. Because of the fact that the Western Cartridge Company ammo is impossible to be had on the open market, I had to begin with ammo of Italian manufacture but later reloaded my own rounds. As you may know, the Italian ammo is loaded to a somewhat higher velocity (2480 fps) than the Western ammo (2167 fps) and although I would speculate that the powder was less potent because of age, the missiles penetrated my targets very well. Most of the Italian ammo was not reliable due to defective primers. The bullets from the Italian rounds as well as those from cartridges handloaded by me (Norma brass, Remington primers, DuPont powders and Italian bullets) would always emerge from the target medium, grossly deformed as illustrated by the photographs previously sent to you. I wrote to Winchester Western and was advised that their bullets were based upon Italian design drawings and that the performance of both bullets could be about the same. It was also interesting to note that that company still insist that none of the ammo in question was ever put on the market, though I don't know what purpose this serves since they are obviously wrong. However, a possible answer to the problem of fragmentation came in correspondence from the H. P. White Laboratory.

Concerning the jet engine blast effect, please excuse my ignorance in such matters but all I have to go by is a text which was recommended by Dr. Olivier and is entitled Wound Ballistics (Army Medical Department 1962). In this book, it is given that the bullets shock wave travels ahead of and away from the missile, at speeds of 4000 fps and creating pressures over 1000 pounds per

John K. Lattimer, M.D., D.
per 18, 1975
p. 2

Dr. John K. Lattimer
Col. Robert L. ...

square Seems that the Western Cartridge Company actually came out with two different 6.5 bullets, one with a " cupro-nickel " jacket and the other with a " steel " jacket and as far as CBS is concerned, they don't know which was which and from your material, I am wondering about your bullets. Dr. Olivier used the cupro-nickel jacketed bullets which were associated with the Depository Carcano and even he was surprised by the fact that they fragmented very easily. Photographs of his recovered bullets are published in the exhibits of the Warren Commission Report and neither his nor mine look like CE:399. Now, if I may, it seems to me that if Dr. Olivier's bullets fragment on bone, even the skull and in my humble tests they do the same, it is difficult to see how they could penetrate 47 inches of pine or three telephone poles and not deform. However, I accept your reported results and can only wonder if perhaps your bullets might not have been those wearing the steel jackets.

I do not condemn the autopsy doctors who are responsible for the Western Cartridge Company manufactured the 6.5s apparently under two government contracts, one during World War II and the other during the early 50s (1954). The year of the lot from which the ammo found in the Depository came, seems open to question but if yours are from the 1954 contract, leaping tall buildings in a single bound and being more powerful than a speeding locomotive, I would think they are the steel jacket ones, and if such is the case, then you were using the wrong ammo in your tests. As hard as this type of ammo is to get, I noted that you managed to obtain some and I was wondering if you might be willing to sell me some or if not, perhaps some of the bullets your son pulled, which I could reload in my own cases? My use of this material would be to conduct penetration tests of my own and also to have a college chemistry department determine the composition of the bullet jackets. Should you agree, I would be happy to provide you with copies of all correspondence as well as photographs from the range tests.

In your letter, you state that the bullet fragments from the head shot would have very little force but then go on to say that they could still account for the hits on the pavement reported by some of the bystanders. How so? In your experiments, did the fragments strike macadam (I do see any in the photograph on page 520 of the reprint from the New York Academy of Medicine)? There would be a significant difference between just kicking up some dirt on the range and knocking out pieces of pavement from the roadway. Also, if such fragments would be headed upward away from the surface of the road as they left the car, how could they then descend with enough force to create such an impact? Once their initial velocity was expended, gravity would take over and I seriously doubt that such a pull would create a new velocity sufficient to dislodge portions of the pavement.

Concerning the jet engine blast effect, please excuse my ignorance in such matters but all I have to go by is a text which was recommended by Dr. Olivier and is entitled Wound Ballistics (Army Medical Department 1962). In this book, it is given that the bullets shock wave travels ahead of and away from the missile, at speeds of 4800 fps and creating pressures over 1000 pounds per

page 5
c scope
11

Dr. John K. Lattimer, M.D.
October 18, 1975
Page 3

square inch. As I recall, the force exerted in the jet engine is in the same directions and the aircraft is pushed forward. However, your tests showed the results to be just the opposite! Following the blast in Z-313-4, JFK's head only moves forward a few inches from such a terrific force. Quite naturally should any laboratory tests on this subject have been filmed, it would not be for viewing by the general public but do you really feel the back brace was this significant? In my mind, it would seem that the impact of such a shot would have knocked JFK against the back of the jump seat. Oh well....

Have you ever wondered just why the autopsy doctors were prevented from dissecting the neck wound? Like the large "Y" incision, such an examination would have been hidden by the clothing had the casket been open to the public.

I do not condemn the autopsy doctors who are responsible for a report that is just the opposite very thorough and detailed one given on his alleged assailant. I really suspect that they were under threat real or implied from superior officers and from personal experience I can understand, but the fact that they put their signatures to that instrument makes them fully responsible for its content, good, bad or indifferent. This whole business of being in a rush to get it out of the way and having the final report at variance with pre eye witness descriptions of the wounds makes the whole thing stink. Recently I ran across an FBI report (CD:7, page 281, file 89-3) in which it is stated that when the body was removed from the casket, it was discovered that surgery had already been performed on the top of the head. Such was not done by any of the Parkland doctors so who then? Was the original wound which everyone said was located in the occipital region altered between the time the body left Dallas and reached the autopsy room at Bethesda?

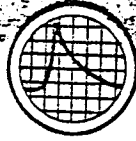
Thanks again for your time and I hope to be hearing from you again soon.

Sincerely,

Emory L. Brown, Jr.

Enclosures

H. P. WHITE



LABORATORY
RESEARCH · DEVELOPMENT ENGINEERING

BOX 331, BEL AIR, MARYLAND 21014
TELEPHONE: Terrace 8-6550

20 February 1970

Mr. Emory L. Brown, Jr.
Route 4, Box 82
Squankum Road
Farmingdale, New Jersey 07727

Dear Mr. Brown:

Reference your letter of 15 February, the telescopic sight on the Oswald rifle appeared to be mounted between 1 and 2 inches to the left of the axis of the bore. If the scope were mounted parallel to the axis of the bore, the bullet would go between 1 and 2 inches to the right of the aiming point. If, however, the scope were adjusted to hit the aiming point at 100 yards, the bullet would be to the right at the muzzle and would approach and insect the line of the sight at 100 yards, then would go to the left thereafter.

I tried to make it clear in my previous letter that the aiming error appears to be far greater than that of the rifle when the target is moving. In the test for CBS with shooters picked at random, one target had the shots quite closely spaced and could be covered by the area of the hand, while others were more widely spaced and some were misses.

Regarding the terminal characteristics of the bullet, it was demonstrated repeatedly that the bullet could pass through 5 inches of gelatin, then through 12 inches of gelatin, then through 3 inches of gelatin with tempered masonite inserted, and would be only slightly deformed. This was with the same ammunition that was used in the Presidential Assassination and essentially duplicated the results of the tests reported by the Warren Commission. You must understand that the bullet was decelerated by passing through 17 inches of gelatin so that upon striking the hard masonite, it would deform only slightly. If it had struck the masonite at the full velocity, the results would undoubtedly have been different.

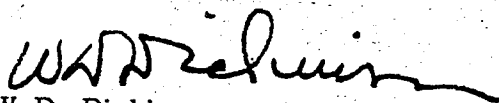
The jacket of the bullet could, I think, have considerable effect on its performance at the target. We know that jacket materials vary in thickness and that the jacket in the more common military ammunition for the 6.5 Carcano is made of steel and has a thin copper plating. It was probably this type that we fired through the 14-inch maple tree.

Mr. Emory L. Brown, Jr.
20 February 1970
Page 2

If you do not already have it, I suggest that you obtain the report of
"The President's Commission on the Assassination of John F. Kennedy".
It is available from the Superintendent of Documents. This book has
much more information on the rifle than could be repeated here. The
numerous appendices contain even more information.

Very truly yours,

H.P. WHITE LABORATORY


W.D. Dickinson.

WDD/ss



DEPARTMENT OF THE ARMY
HEADQUARTERS, EDGEWOOD ARSENAL
EDGEWOOD ARSENAL, MARYLAND 21010

SMUEA-BL-B

13 February 1973

Mr. Emory L. Brown, Jr.
Rt 4, Box 82
Squankum Road
Formingdale, NJ 07727

Dear Mr. Brown:

The metallic fragment could have been deposited at a wound of entrance or exit; we have to consider all facts in making our judgement. Since the fragment is embedded in the outer table, it indicates an entrance wound. More significant is the description of the hole in the skull; 8 mm in diameter on the outer surface and as much as 20 mm on the internal surface. This enlargement of the hole in the inner table of the skull is caused by the spalling of bone-fragments and is a most reliable indication of bullet direction (this was an entrance wound).

This metallic fragment was probably deposited when the bullet jacket ruptured against the skull. This rupturing of the jacket was one of the things that surprised me when we tested the bullet (same lot as used by Oswald) against human skulls. Apparently, the gilding metal was fairly soft, allowing these full-jacketed military bullets to act like soft nosed hunting bullets. If Oswald had used the Italian ammunition, which had steel jackets, the head wound would have been much less severe, but probably still fatal.

Sincerely yours,

ALFRED G. OLIVIER, V.M.D.
Acting Chief, Biophysics Div
Biomedical Laboratory



-General Correspondence No. 88

Saint John Hospital

22101 MOROSS ROAD • DETROIT, MICHIGAN 48236 • (313) 861-8200

February 10, 1970

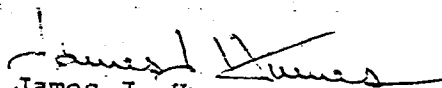
Mr. Emory L. Brown, Jr.
Route 4, Box 82
Squankum Road
Farmingdale, New Jersey 07727

Dear Mr. Brown:

Your letter concerning me and addressed to the Naval Medical School has been forwarded to me in Detroit.

I no longer have any "official capacity" in the U.S. Navy but should you wish to contact me you certainly may do so at this address.

Sincerely,


James J. Humes, M.D.,
Vice President for
Medical Affairs

JJH:pd

EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

General Correspondence No. 88

February 16, 1970
BY CERTIFIED MAIL

Dr. James J. Humes, M.D.
Vice President of Medical Affairs
Saint John Hospital
22101 Moross Road
Detroit, Michigan
48236

Dear Dr. Humes:

Thankyou for your letter of 10 February.

As you may have guessed, my inquiry is about the autopsy findings of President John F. Kennedy. Because of the controversy that has arisen in regards to the Presidents wounds, I wish to state that it is not my purpose to embarrass or accuse anyone. I have studied your hand-written draft, the Pathological Examination Report and the "1968 PANEL REVIEW OF PHOTOGRAPHS, X-RAY FILMS, DOCUMENTS AND OTHER EVIDENCE PERTAINING TO THE FATAL WOUNDING OF PRESIDENT JOHN F. KENNEDY ON NOVEMBER 22, 1963 IN DALLAS TEXAS". There are several points I would like to discuss with you.

For the most part, the findings of the original autopsy and those of the 1968 Review Panel are in agreement. However, a complete study of the several reports and of the available evidence in the Hearings of the Warren Commission indicates that some clarification is necessary. For instance, the FBI report of O'Neil and Sibert of 11/26/63 states that you determined the angle of entry of the back wound to be between 45-60 degrees downward. In a letter from Dr. Russell Fisher of the Panel, he stated to me, "we were able to calculate the angle of this track from the comparison of various photographic views of the Presidents body and are convinced that it was between 10 and 20 degrees rather than 45 degrees!" This would change the point of origin for the shot.

In the Panels report, it is stated that a 13x20mm gray-brown rectangular structure was located at

EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

General Correspondence No. 88

April 13, 1970
BY CERTIFIED MAIL

Dr. James J. Humes, M.D.
Vice President for Medical Affairs
Saint John Hospital
22101 Moross Road
Detroit, Michigan
48236

Dear Dr. Humes:

I realize that your duties at the hospital must keep you quite busy, but having invited me to write you (your letter of 10 February) I had hoped you would have responded by this time.

As mentioned in my letter of 16 February, there are certain aspects of the Autopsy which are not fully covered by either the Bethesda Autopsy Report or the 1968 Review Panel. Because of your direct involvement in the Autopsy, I was hoping that you could answer some of my questions.

A reply to my letter of 16 February would indeed be very much appreciated.

Sincerely,

EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

General Correspondence No. 88

January 26, 1970
BY CERTIFIED MAIL

Captain James J. Humes, MC, USN
United States Naval Medical School
National Naval Medical Center
Bethesda, Maryland
20014

Dear Sir:

Subject: Autopsy of President John F. Kennedy;
Non-Fatal Posterior Missile Wound

Both your autopsy report and the report of the Attorney Generals Autopsy Review Panel locate the non-fatal posterior wound at the base of the neck. Also, both of you agree on the location of the bullet holes in the back of the Presidents coat and shirt, in that they were approximately six inches below the collar. The question that has always bothered me, was how the point of entry in the clothing could be so far below the point of entry in the body.

One explanation has been, that the Presidents coat was raised at the time of impact. However, I have examined a 35MM color slide which was exposed at the time the first shot was heard (Willis No. 5) and it indicates the coat was neither bunched or wrinkled on the back, nor was the right shoulder raised to any degree. Therefore, it is difficult to understand this strange relationship between the defects in the garments and the physical wound.

In addition, I noted that the Attorney Generals Panel placed the angle of entry at between 10-20 degrees, rather than 45 degrees.

I would very much appreciate your comments concerning the above.

Sincerely yours,

central portion of the base of the brain, which the Panel was unable to identify. Can you tell me what this object is?

There also is a question regarding the major head wound. Those who had an opportunity to view the large head wound in Parkland Hospital seem to concur in their statements and testimony, that it was primarily confined to the posterior of the head, for the most part involving the occipital bone, but extending somewhat into the parietal region. The autopsy report and review findings of the Panel locate the damage in the temporo-parietal area and the posterior head seems little involved except for the smaller entrance wound. Considering the evidence, it would seem as though there was some unusual postmortem regenerative process. Would you offer an opinion on this problem?

Last, and perhaps the most controversial aspect is the non-fatal posterior wound, which has sometimes been referred to as a back wound and at other times as a posterior neck or throat wound. Although the autopsy report locates this wound at the base of the neck and this is confirmed by the Panels review, the fact still exist that the bullet holes in the back of the coat and shirt are almost six inches below the upper edge of the collars and therefore not in alignment with the wound at the base of the neck. Attempts to explain this, such as the coat having been raised or bunched at the time of impact fall short of fact. Photographs taken at the time this shot struck the President show that the coat was neither raised or bunched. Even if this had been the case, the shirt would not have shifted because it was anchored by a closed collar and the belt at the waist of the trowsers. How would you explain this phenomena?

Your kind reply to the above would be most appreciated.

Sincerely yours,

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EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

January 26, 1970
BY CERTIFIED MAIL

General Correspondence No. 88

Captain James J. Humes, MC, USN
United States Naval Medical School
National Naval Medical Center
Bethesda, Maryland
20014

Dear Sir:

Subject: Autopsy of President John F. Kennedy;
Non-Fatal Posterior Missile Wound

Both your autopsy report and the report of the Attorney Generals Autopsy Review Panel locate the non-fatal posterior wound at the base of the neck. Also, both of you agree on the location of the bullet holes in the back of the Presidents coat and shirt, in that they were approximately six inches below the collar. The question that has always bothered me, was how the point of entry in the clothing could be so far below the point of entry in the body.

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In addition, I noted that the Attorney Generals Panel placed the angle of entry at between 10-20 degrees, rather than 45 degrees.

I would very much appreciate your comments concerning the above.

Sincerely yours,

Emory L Brown Jr

Original



DEPARTMENT OF THE NAVY
NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20814

IN REPLY REFER TO

General Correspondence No. 88

4 February 1970

Mr. Emory L. Brown, Jr.
Route 4, Box 82
Squankum Road
Farmingdale, New Jersey 07727

Dear Mr. Brown:

In reply to your Certified letter of 1 February 1970, the following information is submitted. Captain J. J. Humes, MC, USN is retired from the Naval service and is not in this immediate area. We have, today, forwarded your letter to him for reply.

Sincerely,

R. F. SCHINDELE
Commander, MSC, USN
Administrative Officer
By direction of the Commanding Officer

Copy to:
Dr. Humes

EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

General Correspondence No. 88

February 1, 1970
BY CERTIFIED MAIL

Commanding Officer
United States Naval Medical School
National Naval Medical Center
Bethesda, Maryland
20014

Dear Sir:

Subject: Whereabouts of Captain James J. Humes,
Medical Corps, United States Navy

A registered letter to Captain Humes was returned marked "addressee unknown". I am sure that records maintained at the facility must contain the address of Captain Humes and I would like very much to contact him in his official capacity.

If Captain Humes is no longer assigned to the Medical School, please notify me as to how I may get intouch with him.

Your kind assistance will be much appreciated.

Sincerely yours,

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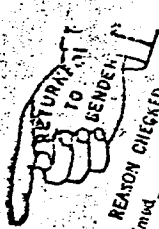
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07727

General Correspondence No. 88



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NO. 3762

Captain James J. Humes, MC, USN
United States Naval Medical School
National Naval Medical Center
Bethesda, Maryland
20014



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Personal

EMORY L BROWN, JR.
ROUTE NO. 4, BOX 82
FARMINGDALE, NEW JERSEY 07727

July 14, 1967

1267-B

Capt. James J. Humes., M.D.
United States Naval Medical School,
National Naval Medical Center.
Bethesda, Maryland. 20014

Dear Sir:

Having read your autopsy report on President John F. Kennedy, as represented in the Warren Commission Report (C.E., 397) and having listened to your interview during the recent CBS Television program dealing with the Warren Report, I would like to ask you several questions concerning the your autopsy report.

First of all, there are the diagrams on the autopsy descriptive sheet. On the back of this sheet I found a sketch of what seems to be the head or skull of the President with the top of the Cranium removed. This drawing seems to indicate that there is a 10x17cm area of the right posterior missing and also, a 3cm opening of some nature in the left frontal region, near the left eye. May I assume that this diagram depicts the large skull defect as being primarily located in the right posterior rather than the right temporal region and that there was a wound in the left frontal or temporal regions?

Secondly, the findings as stated in the supplementary autopsy report (C.E., 391) indicate that the damage to the brain was not entirely confined to the right hemisphere. The report notes a laceration of the mid-brain, along with a tear in the left cerebral peduncle and the superficial lacerations of the basilar aspects of the left temporal and frontal lobes, which seemed to imply that a foreign body traversed the brain from the rear, moving towards the left at a downward trajectory. Now sir, it appears to me, a non medically trained person, that the damage to the left side of the brain, along with the 3cm opening near the left eye, plus the fact that all of the bullet fragments recovered from the Presidential automobile, except one, were found in the left interior and the damage to the left side of the windshield and chrome, would seem to indicate that a bullet or bullet fragments exited from some point on the left side of the Presidents head.

I would like to know if my interpretation of your report has any substance to it and if you think it possible that one of the missiles or its fragments exited from the left side of President Kennedy's head. I would appreciate any clarification you can give me on these questions.

Sincerely yours,

Emory L Brown, Jr.

RUSSELL S. FISHER, M.D.
CHIEF MEDICAL EXAMINER
WERNER U. SPITZ, M.D.
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STATE OF MARYLAND
DEPARTMENT OF POST MORTEM EXAMINERS
OFFICE OF THE CHIEF MEDICAL EXAMINER
700 FLEET STREET
BALTIMORE, MARYLAND 21202

April 17, 1969

General Correspondence No. 34³

Mr. Emory L. Brown, Jr.
Route 4, Box 82
Farmingdale, New Jersey 07727

Dear Mr. Brown:

I am sorry to say that the press of duties here and a great many letters of inquiry about findings in our autopsy review make it impossible for me to continue to correspond in any detail about the case.

Suffice it to say that we found correlation between the bullet holes in the clothing, the entrance bullet wound of the body and from studies which we personally did on cadaver material in a medical school Department of Anatomy we were convinced it was possible for a bullet tract to connect the entrance and exit wounds without being deflected by, or hitting the bony vertebrae.

I have no comments to make on whether this bullet also struck Governor Connally since we did not investigate this phase in detail.

Very truly yours,

Russell S. Fisher, M.D.
Chief Medical Examiner

RSF/vkh

EMORY L. BROWN, J.

General Correspondence No. 33

ROUTE 4, BOX 82

FARMINGDALE, NEW JERSEY 07727

April 7, 1969

Dr. Russell S. Fisher, M.D.
Department of Pathology
University of Maryland
Baltimore, Maryland
21200

Dear Sir:

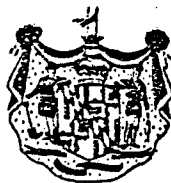
I want to thank you for your reply of 20 February concerning the re-examination of the JFK autopsy material. If I may, I have several other questions on the topic which I would like to pose to you.

Since receiving your letter, I have examined a 35MM color slide which was taken of the Presidential limousine at the time the first shot was heard. This picture reveals no wrinkles or folds to be present on the back of the President's coat nor is his coat raised in any manner. I have noticed that with my own coats (with mark to indicate the proper location of the bullet hole) the entry hole in the back can not be raised to the base of the neck unless the arms are raised over the head. Also, with the shirt being anchored at the waist by the trouser and belt, there is virtually no shifting of the point of entry, in relation to the physical wound. This would seem to indicate that the President's wound must have been located further down the back but you say it is at the base of the neck. Would you know of any anatomical or skeletal explanation for this phenomena?

The second thing I wanted to ask about was the neck wound. If the missile entered just to the right of the spinal column and exited in the mid-line of the anterior neck, how could it fail to contact part of the bone structure within? It would have to be on a very broad angle laterally wouldn't it? Another question that arises is how this missile which exited to the left center of the anterior neck, could then have struck Governor Connally at the right armpit, when he was seated directly in front of the President. If you could offer any opinions they would be most welcome.

Very truly yours,

USSELL S. FISHER, M.D.
CHIEF MEDICAL EXAMINER
WERNER U. SPITZ, M.D.
DEPUTY CHIEF MEDICAL EXAMINER
CHARLES S. SPRINGATE, M.D.
ASSISTANT MEDICAL EXAMINER
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TOXICOLOGIST
PAUL SCHWEDA, PH.D.
ASSISTANT TOXICOLOGIST
JOHN T. MILLER, PH.D.
IMMUNOCHEMIST



STATE OF MARYLAND
DEPARTMENT OF POST MORTEM EXAMINERS
OFFICE OF THE CHIEF MEDICAL EXAMINER

111 PENN STREET
BALTIMORE, MARYLAND 21201

THE MARYLAND POST MORTEM
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ROBERT H. HEPTINSTALL, M.D.
ROBERT J. LALLY
ROBERT B. SCHULTZ, M.D.

March 9, 1970

General Correspondence No. 103

Mr. Emory L. Brown, Jr.
Route 4, Box 82
Squankum Road
Farmingdale, New Jersey 07727

Dear Mr. Brown:

The cadaver material test mentioned in my letter of April 17, 1969 was not performed by the Panel, but was conducted by my associates and myself quite sometime after the panel report had been submitted. Since it was an informal study done purely to satisfy my own interest I made no report of it to anyone.

I am confused by your statement that the particular type of missile in question would most probably have penetrated the trunk of the body and most certainly the neck. As I recall it, the original autopsy report and all subsequent reports indicate that the anterior throat wound was an exit wound enlarged by surgery for the tracheotomy and that the bullet did indeed penetrate from back to front at the base of the neck.

With respect to finding metallic traces on the damaged shirt collar, I am aware of the FBI reports. Whether or not there would always be metallic traces from jacketed bullets is debatable so that I do not attach any significance to the negative report in this case. Surely there is no question that a bullet made the holes in the shirt so it seems somewhat futile to debate the issue as to whether metallic traces are necessary to prove it is a bullet hole.

I trust this answers the various questions you have posed. I must at this time inform you that due to the press of my other demands I have decided not to engage in any further correspondence concerning the Kennedy matter.

Very truly yours,

A handwritten signature in cursive script that reads "Russell S. Fisher, M.D.".

Russell S. Fisher, M.D.
Chief Medical Examiner

RSF/vkh

EMORY L BROWN, JR.
ROUTE 4, BOX 82
SQUANKUM ROAD
FARMINGDALE, NEW JERSEY 07727

General Correspondence No. 103

February 24, 1970

Dr. Russell S. Fisher, M.D.
Office of the Chief Medical Examiner
700 Fleet Street
Baltimore, Maryland
21202

Dear Dr. Fisher:

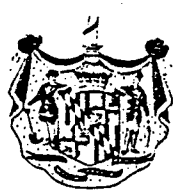
Since Dr. Moritz indicates that you are to handle all correspondence relating to the Panels work, I find that I must trouble you again.

I have obtained a copy of the Panels report and there is no mention of any test being conducted on cadaver material as stated in your letter of April 17, 1969. Were these conducted during the Panels study of the evidence and if so, why is there no mention of the results in the report?

With respect to the anterior throat wound, from having made a study of the evidence, I assume you are aware that the FBI found no metallic traces on the damaged shirt collar (which is a natural result, I am told, if such a missile had passed through it). Also, I have a letter from the H. S. White Laboratory of Bel Air, Maryland which states that the particular type of missile in question would have most probably penetrated the trunk of the body and most certainly the neck. From the medical evidence the Panel reviewed I suppose that conclusions drawn would have been a natural result, but wouldn't evidence such as the foregoing give members of the Panel cause to think about it?

Sincerely,

RUSSELL S. FISHER, M.D.
CHIEF MEDICAL EXAMINER
WERNER U. SPITZ, M.D.
ASSISTANT MEDICAL EXAMINER
CHARLES S. SPRINGATE, M.D.
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THE MARYLAND POST MORTEM
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STATE OF MARYLAND
DEPARTMENT OF POST MORTEM EXAMINERS
OFFICE OF THE CHIEF MEDICAL EXAMINER
700 FLEET STREET
BALTIMORE, MARYLAND 21202

February 20, 1969

General Correspondence No. 26

Mr. Emory L. Brown, Jr.
Route 4, Box 82
Farmingdale, New Jersey 07727

Dear Mr. Brown:

In answer to your letter of February 12, 1969 we found the bullet holes in the President's coat and shirt essentially in the same locations where they were described in the Warren Commission Report and it is our belief that when the coat and shirt were worn with the President's right shoulder and arm somewhat elevated that the holes in the clothing lined up with the bullet entrance wound at the base of the neck.

With respect to the 45° angle business, it is not my understanding that Dr. Humes made any accurate determination of the 45° angle despite some testimony to this effect by people who heard a discussion of the angle of trajectory of the bullet track during the course of the autopsy. We were able to calculate the angle of this track from the comparison of the various photographic views of the President's body and are convinced that it was between 10° and 20° rather than 45°.

Very truly yours,

A handwritten signature in cursive script that reads "Russell S. Fisher".

Russell S. Fisher, M.D.
Chief Medical Examiner

RSF/vkh

EMORY L. BROWN, JR.
ROUTE 4, BOX 82
FARMINGDALE, NEW JERSEY 07727

- General Correspondence No. 26 -

February 12, 1969

Professor Russell S. Fisher
Department of Pathology
University of Maryland
Baltimore, Maryland
21200

Dear Sir:

I am a bit confused over a newspaper article I read concerning Attorney General Clark's panel of which you were a member. As I understand it, the panel examined the X-ray films, photographs and clothing of the late John F. Kennedy and one of the conclusions reached, was that a missile had entered at the base of the posterior neck and exited from the midline in the anterior. The photographs which I have seen of the President's coat and shirt show a hole in each garment that is located well below the base of the neck. This would seem to indicate that either the President was struck in the back by two separate missiles or that if by only one missile, that it originated (was fired) from a position below the shoulder line of the President.

During the autopsy, Dr. Humes determined that the missile which entered the back, did so at an angle of forty-five degrees. If this was the correct angle and the missile exited at the anterior throat wound, then it would seem that the missile must have entered at the base of the skull. Could you tell me where the bullet holes were located in the articles of clothing that you examined?

Sincerely yours,

College of Physicians & Surgeons of Columbia University | New York, N.Y. 10032

DEPARTMENT OF UROLOGY

620 WEST 168TH STREET

JOHN K. LATTIMER, M.D., Sc.D.
PROFESSOR AND CHAIRMAN

(212) 579-5466

October 23, 1975

Mr. Emory L. Brown
Box 82
Squankum Road
Howell, New Jersey 07731

Dear Mr. Brown:

Thank you for your letter and interesting enclosures, of October 18th. I will try to reply to it paragraph by paragraph for your reference, since I assume you have a carbon copy. I do not recollect whether Oswald's rifle fired to the right and high (as on the W.C. exhibit targets), before they installed the shims and whether the shims then corrected this tendency. It might have been possible to bend the telescope mount a bit, but I did not dare do so because of the fact that I did not want to take any chances on damaging anything. The screw holes are very shallow. I tried tracking moving targets (on a car) and stationary targets, and could find practically no difference in the two, except that the single moving target seemed easier. I did not dare fire at it, because of the danger from these bullets and bullet fragments, which are so good at penetrating. Like yourself, I often used the rifle without the telescope, but found that the ordnance optics telescopes were easy to use at this range for rapid fire from a rest, of the well-near "perfect" design, which Oswald arranged for himself.

In paragraph two, you refer to the fact that Olin insists that none of the ammo in question was ever put on the market, and I assume that they mean "by them". I am sure that they know that it was dumped on the American market all through the middle west, in its original boxes.

In paragraph three, you bring out the fact that the Western Cartridge Co. (Olin) may have produced two different kinds of bullets, although I did not gather that this was necessarily so, from their letter. Maybe I did not read it closely enough, or maybe you have additional letters which say so. I have dissected a large number of "Olin" bullets, and have never encountered one which I thought was jacketed with steel. They all appeared to be

covered with jackets made of "gilding-metal". I wonder where you got the statement that a third variety was used, called "cupro-nickel". The letter from Olin dated 20 March, (1970 indicates that their jackets are made of gilding metal, composed of 10% zinc and 90% copper. Nowhere do I see that any nickel was used. Dr. Olivier's letter also indicates gilding-metal rather than cupro-nickel metal for the bullet jackets he used. All of our ammunition was in its original boxes, with the lot numbers ascribed by Olin to the four lots manufactured at the time. At one time I had some Italian rounds, and while the bullets had a copper color, the cartridge cases had olive-colored paint on them, and I never fired any of them nor did I dissect the cartridge or the bullet. Perhaps they are the ones that you refer to, with steel jackets, but I never fired any of them in our experiments. I think a few of them came with one of the guns which I purchased, but I doubt that I still have them. I will look.

I have heard Dr. Olivier say that they recovered bullets which looked very similar to CE:399, after passing through various segments of gelatin and board. He regretted that he did not save them, nor that CBS or whoever sponsored the tests saved them.

Why don't you try firing bullets into wood, yourself? You will find that wood has a peculiar capability of maintaining the bullet in relatively pristine condition, as compared with your piles of magazines or other targets. This is a well known fact to all who do ballistics experiments, and the depth of penetration is controlled by the toughness of the wood used. These bullets keep on going straight ahead in the wood. These same bullets will fragment exactly like a soft-nosed bullet, if they strike the skull, exactly as President Kennedy's skull was struck. His head wound was where the skull begins to curve forward on the top, to the right of the midline. I have done this experiment over and over, and believe it has to do with the physical characteristics of the bone, which is both hard and elastic, at the same time. If you fire the same bullet into a wrist bone, such as the thick part of the radius, you get a different type of bullet deformation, where the majority of the bullet looks fairly normal and only the nose is flattened. This causes tremendous destruction of the radius, and is nothing at all like Governor Connally's wrist wound where the bone fragments are not displaced at all, but merely shattered "in-place", by a bullet which has gone very slowly "past" the bone rather than striking it "directly" or "primarily". These experiments have been done over and over, and it is very obvious that the same bullet type behaves entirely differently on striking different types of bone, versus soft tissue. It is also surprising

to fire one of these bullets into a honeydew melon, and find that it comes out of the other side of the melon traveling exactly sideways. A slight variation in the angle of entry into the melon will stop this tendency to "yaw" and it is difficult to reproduce the effect you want, when you want it, as you must know by now. These three different effects, mentioned above, are all obtainable by using gilding-metal bullets and do not require the use of steel jackets. I will see if I can find some to send to you, since I am always glad to find a fellow-experimenter. I have given away much of it, and it is now frightfully expensive.

In your third paragraph on page 2, you comment on my statement that the bullet fragments after the head shot, had very little force. This was because most of them were relatively small and light, with the exception of one or two fragments from each bullet. They did not penetrate our bullet traps very far, but still could have traveled on down the street several hundred yards. They could have caused the marks on the windshield frame and windshield, without any doubt. I believe that the bullet which hit the curb might have been a fragment of the first bullet, which I speculate hit a branch of a tree and disrupted, thus retaining enough power to make a mark on the curb. It could have been the lead core of a disrupted bullet that could have done this. It might even have been a piece of the head bullet, since at least one of the fragments was usually a lead core fragment of large size. I do not recollect seeing any photographs of pieces knocked out of the pavement. My memory was that "dust was kicked up" from the pavement by these bullet fragments, and that this dust or sand was what stung the face of one of the observers. Again, I do not know where your statement about dislodging portions of the pavement came from but I have not read the Warren Report in some time, I admit.

I will try to find a copy of a photograph to send you, from one of our movies, showing the head moving backwards towards the gun, after a very slight initial forward movement. I do not know whether CBS will show our movie of this or not, on their program scheduled for November 18th, at 10:00 P.M. (Twentieth Century Fox is calling about it now, too.) The backward movement of the President was a combination of the stiffening of the muscles of his neck and back, plus the "jet-engine" effect from the blast of brains flying out the front of his skull, thus driving the head backwards. It has nothing to do with the shock wave.

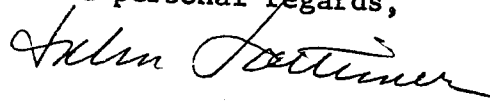
It is my understanding from the doctors, (whom I know), that the family did not want the neck dissected, in case they wanted to leave the coffin open, even though I certainly agree it should have been dissected. Permission was granted in stages to do the

autopsy, and it was only at the very end that the final Y-shaped incision of the abdomen was permitted.

The brain surgeon who examined the President at Parkland is a good friend of mine and I have discussed the head wound with him at some length, and he sees no discrepancy between what he found at Parkland Hospital and what the autopsy photographs reveal. The statement that surgery had been done on the top of the head has no basis in fact, that I can discover anywhere. There were many loose statements made by peripheral observers who either saw things from a distance or repeated things that they thought they heard or heard, which were not factual. The photographs and x-rays of the head showed no signs of wounds of the occipital region, except for the wound of entry and the large cracks. The back of the scalp was intact on the original photographs taken just before the autopsy started, which I examined in detail. The back of the head had not been disturbed other than by the bullet, so far as I could determine.

Where did you get the information that Olin made two different batches of Mannlicher-Carcano cartridges? Their letter of August 24, 1967 says that production ceased immediately after World War II, and I can see no reference in the letters you sent me about another batch made by them in 1954. The lot numbers of our ammunition were on the boxes, and it is my understanding that these lots were the only ones made, from which Oswald's ammunition might have come. Certainly the purple lacquer around the primers was exactly like the lacquer on his rounds, although I realize that this does not prove anything.

Warmest personal regards,



John K. Lattimer, M. D., Sc.D.
Professor and Chairman

JKL/j

cc: Howard G. Boker
W. D. Dickinson
Alfred Olivier
Walter Lister (CBS)

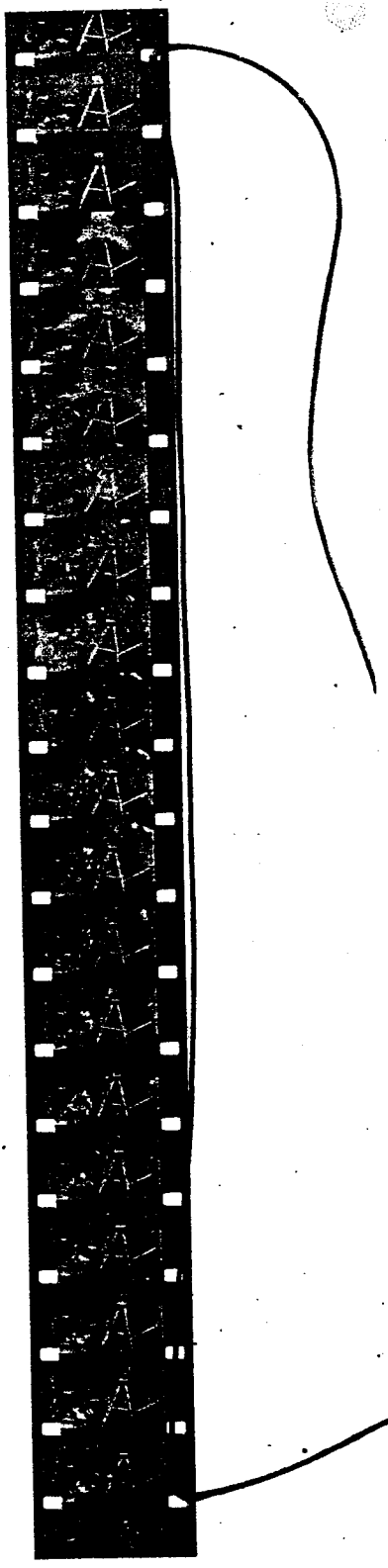
TOP

GUN →

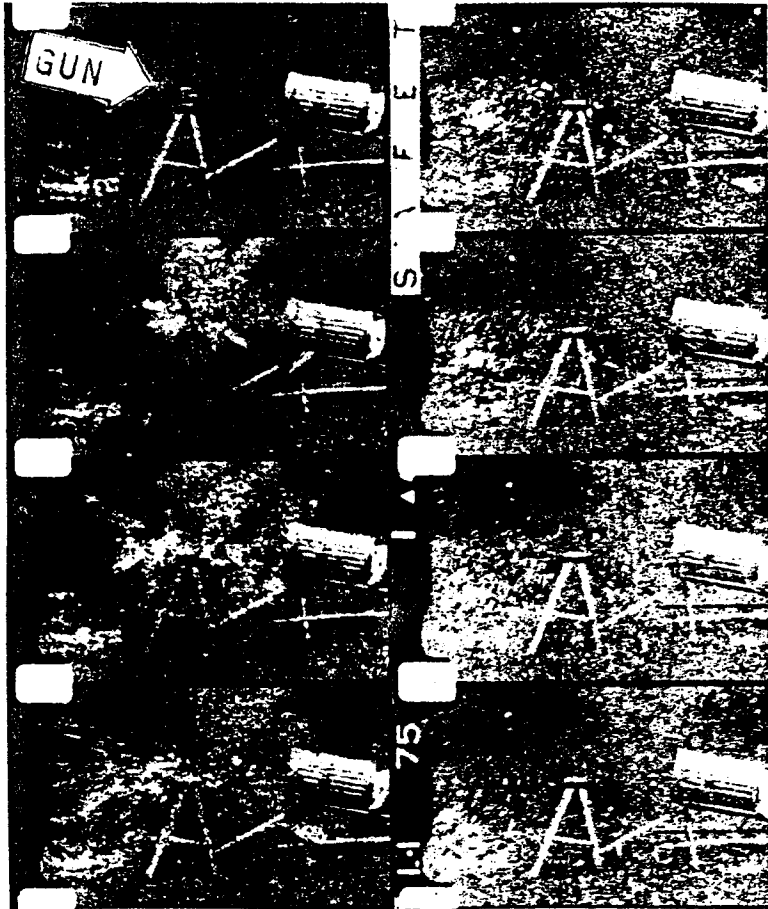
HEAD →

A →

0/1 →



Dear Mr Brown. Note what is kept of Head flying off the stand towards the end
which is the C.F.T.



Box 82 Squankum Road
Howell, New Jersey 07731
November 15, 1975

Dr. John K. Lattimer, M.D., Sc.D.
Professor and Chairman
Department of Urology
College of Physicians of Columbia University
620 West 168th Street
New York, New York 10032

Dear Dr. Lattimer:

When the F.B.I., received the Carcano, the mount was loose and Special Agent Frazier supposed that the scope had been removed during the time which the weapon was being examined for fingerprints by the Dallas Police Department. On the range where he along with agents Cunningham and Killion test fired the rifle, it was discovered that the elevation and windage adjustments of the scope were not such, that the point aim could be moved to the point of impact (3H405). Futhermore, the spring mounting like which held the crosshair would not stablize until five or six shots had been fired (3H405-406). So, the opinion of the F.B.I. expert (Frazier) was that the type of scope which was mounted on the rifle (which was actually designed for use of .22 caliber type rifles) was inadequate to begin with.

The F.B.I., range tests were conducted at distances of fifteen, twenty-five and one hundred yards and the results showed in part, that the hits on the targets grouped on an average, four to five inches high and one to two inches to the right of the aiming point with the group being three to five inches in diameter (3H390-441 Frazier). The Army next tested the Carcano and they are the ones who found it necessary to add the metal shims to the scope, using three of them (3H441-451). Although the experts felt that firing on a moving target would require a bit of guess work, they felt that accuracy could be acheived with a considerable amount of practice. However, nowhere in the Commissions report is it established that Oswald even had one practice session with the rifle, let alone many which would have been needed. As to his marksmanship record in the Service, having undergone similar training myself, I know that it is possible for even someone who has never fired a weapon before, to do quite well, when being under the expert instruction of the range personnel plus class room instruction as well. Such records can not be used as a guide in determining what his abilities were some four years later, after his discharge. You may know as I do, that regular practice is needed to maintain your shooting skill. In addition, I feel sure that there must have been emotional strain which came into play during the Assassination which is another factor that can not necessarily be duplicated on a target range.

He saw a bullet hole in the rear of the car (CE-20003, 242217). Last but certainly not least, was...

Dr. Lattimer
page 2
November 15, 1975

Enclosed with my letter is a copy of my latest letter from Winchester-Western in which they state that it has now been determined that the only 6.5 Carcano ammo manufactured by them was in 1954 and that their earlier statement about the WW II ammo was incorrect. If as I would now assume, we are dealing with one bullet design, there should be no difference between the various bullets, concerning their penetration characteristics as relates to deformation in the target medium.

As to the " cupro-nickel " business, it was first brought to light by the H. P. White laboratory in correspondence with me, copies of which are also enclosed. Personally, I have no idea how they came up with that particular type of bullet but being that they were experts in the field of ballistics, I assumed that they knew what they were talking about. They were also responsible for the " steel-jacketed " bullets being mentioned. I can only go by what the " experts " tell me, right? If you should find that you still have some of the ammo previously written about, I would like to pay you for some of it, so that I may conduct tests on wood as suggested by you, and be sure of working with the exact velocities rather than handloading based upon reference manuals. Also, I would very much like to know at what range the tests were conducted in which the 47" pine board penetration was recorded.

I very much appreciate the two photo prints relating to your tests on the head(s) and find them to be of much interest. I had seen this rearward blast in spark shadowgrams which appeared in the text recommended by Dr. Olivier but was surprised by the rearward movement of the head which was unexpected. Now, I am looking for a way to film a " melon " shot so that I can study the blast and movement myself. I believe your film is 16mm no? Could you tell me at how many frames per second the film was running through your camera and how far from the head, the muzzle of the rifle was?

As I compared your photos with Zapruder head shot sequence as shown in the black and white reproductions of CE:885 (18E1-80) I immediately noticed that the magnitude of the blast in your film is almost four times greater than shown in Z-313 plus, there is no evidence of any rearward blast such as is to be seen in your film or in the shadowgrams. How would you explain this difference?

The pavement hits on Elm Street are mentioned in the statements and testimony of three witnesses as far as I can tell. One was Mrs. Donald Baker who observed something strike the pavement and was considered to be in line with the steps which lead from the sidewalk up to the north pergola. Mrs. Baker was sure that this hit occurred prior to the time she heard the second report (CE:1381,22E635). Another witness to such a hit was Austin Miller who was standing on railroad overpass. He saw a shot strike the pavement ahead of the car (CE:20003, 24E217). Last but certainly not least, was....

Dr. Lattimer
page 3
November 15, 1975

Royce Skelton who was standing alongside Miller, on the railroad overpass. Skelton saw "two" shots strike the pavement, one to the left rear of the car and another in front of the car, in the left or middle lane. Skelton's wording strongly indicates that whatever he saw hit the pavement, was more that the dust of a stray fragment. He reported that particles from the pavement were scattered out in a direction away from the Texas School Book Depository building. I have walked over Dealey Plaza and studied Elm street and didn't find any layers of dust, being common place, which could have been disturbed by a fragment. To help express graphically my point, I have enclosed a quickly drafted diagram of Dealey Plaza. I believe that any bullet fragment clearing the front windshield would have had a trajectory carrying it away from the pavement and not towards it. In order to come down in line with the steps, its velocity would have had to have been very low indeed and therefore, to me atleast, it seems doubtfull that such a fragment would have conserved enough force to create the debris reported by the witnesses. By the way, Skelton's testimony is CE:2003, 24E227. You understand that this is simply my view of the matter and I imagine it will remain questionable as the authorities would most probably frown upon my shooting on a public roadway.

Again, many thanks for your letter and the photos and if in corresponding with others concerning the bullet jacket business or any thing else which you feel would be of interest to me, I would be most appreciative for your kind consideration.

Sincerely,

Emory L Brown, Jr.

College of Physicians & Surgeons of Columbia University | *New York, N.Y. 10032*

DEPARTMENT OF UROLOGY

JOHN K. LATTIMER. M.D., Sc.D.
PROFESSOR AND CHAIRMAN

620 WEST 168TH STREET

(212) 579-5466

19 November 75

Mr. Emory L. Brown, Jr.
Box 82 Squankum Road
Howell, New Jersey 07731

Dear Mr. Brown,

Thank you for your letter of 15 November.

I have used both a 16mm and a super 8 camera at the usual 18 or so frames per second, (to simulate the Zapruder film), but a 16mm is better and could be run as fast as the camera will go. Actually, the slower you go, the fewer frames will be used to tell your story, if you anticipate making prints to show to groups.

Melons do not work if you use fully-jacketed ammunition. It is better to stuff your skulls with calf brains mixed with white paint, so the jet will show.

In order to be sure we hit the skulls at the exact spot, we moved up close (30 feet), since they were too hard to prepare, for us to risk a "miss" of the exact impact point. If you don't duplicate it exactly, you don't get the effect.

The magnitude of our general "blast" of brain tissue was due to the lack of a scalp on our heads, I believe.

One of the things hitting the pavement behind the car may have been fragments of a branch from the oak tree, after Shot No. 1.

Oswald was a cold-blooded customer, with many evidences of cool performance under stress. He did not bother with emotion.

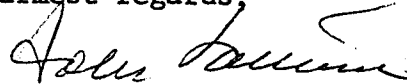
I found "dry-firing" to be the most important single factor

in acquiring dexterity with our Carcanos and used "bore-sighting" exclusively to line up the telescopes. It is so easy to place a strip of tin along side the scope to "shim" it into line that I am surprised at all the fuss.

Josiah Thompson lied in his teeth when he said he had seen our movies. Also, he has the wrong telescope and has never fired his rifle.

I will keep you posted if anything comes up.

Warmest regards,



John K. Lattimer, M.D., Sc.D.
Professor and Chairman

JKL/dg