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Dallas, Texas—More than a dozen doctors and nurses who either treated former President John F. Kennedy during his final hours or participated in the autopsy of the slain president have recently stated that the official autopsy photographs of the back of Kennedy's head do not show the same gunshot wounds which they saw and reported to the Warren Commission in 1963-64.

The autopsy photos, which were among many items of evidence in the assassination kept secret by the Warren Commission, were never officially shown to the Dallas medical witnesses during the various investigations into the killing. After looking at them for the first time recently, however, nearly all of the nurses and doctors involved in the shooting said that the pictures do not show the wounds as they actually were.

The testimony of these witnesses, which was assembled recently in a series of tape recorded interviews in Dallas and several other cities, presents the most significant challenge to the official explanations of the assassination to date.

Among other things, the startling testimony indicates that members of the Warren Commission covered up information about the 1963 murder; that there were three or more gunmen on the scene; that the president was shot from in front, as well as from behind, in a well-planned ambush which was the result of a broad conspiracy.

"That's not the way I remember it," said Dr. Richard Dulany, a medical resident who was on duty in the emergency room when Kennedy was brought in, after looking at a copy of an official autopsy photograph. According to Dr. Dulany, there is a "definite conflict" between the wounds as portrayed in the photo and the wounds which he observed in the emergency room.

There were at least 22 witnesses in Dallas who have described a "large hole in the back of the head." Dr. Dulany insists that the photo does not show the large, gaping wound which had blown out the back of the president's head.

Dr. Paul Peters, professor and chairman of the Urology Department at the University of Texas Southwestern Medical School at Parkland, also questions the accuracy of the disputed photograph. Dr. Peters told the Warren Commission: "We saw the wound of entry in the throat and noted the large occipital wound." After seeing the pictures, he said, "I don't think it's consistent with what I saw. There was a large hole in the back of the head through which one could see the brain. But that hole does not appear in the photograph."

(The president's widow also described a severe wound at the back of the head to the Commission: "But from the back, you could see, you know, you were trying to hold his hair and his skull on . . .")

Doris Nelson, a Dallas nurse who was the supervisor of the emergency room when Kennedy was brought there, and who helped to treat the dying president, said that government autopsy photos of the skull are "not true. There was no hair," she said, while disputing the most controversial photograph, which merely shows a small entry wound in the cowlick area, which is four inches from

where the autopsy report, itself, describes it. "There wasn't even any hair back there, ^9on the back of the head^0. It was blown away. All that area was blown out."

The positions of the head wounds are crucial in determining the direction from which the various shots which struck Kennedy were fired. A large, gaping wound at the back of the skull, for example, would indicate that a bullet had exited there after entering the front of the head. In addition, it would directly contradict the findings of the Warren Commission, which concluded that the president had been shot only twice, from behind.

The descriptions of a gaping wound at the back of the skull also point up a major conflict between the findings of the Warren Commission and the testimony which it took from the president's widow, Secret Servicemen, Dallas medical witnesses and the autopsists—all of whom at that time described a large exit wound at the back of the head.

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Until recently, autopsy photographs of the president's shattered skull had been withheld from both the witnesses and the public by a Warren Commission edict which prohibited the release of many items of evidence until 2039.

But that changed during the recent House Select Committee on Assassinations hearings on the case, when, after a burglary of the Committee's safe, the autopsy photos were removed. After news of the burglary broke, about a year later, the Committee was forced to publish copies of the key pictures—those showing the back, neck and head of the murdered president.

Claiming that the photographs were too "gory," however, the Committee actually published exact tracings of them. It was these tracings, which are described as being accurate down to the last detail, which the Dallas medical witnesses recently evaluated for this report. (One witness, however, Dr. Malcolm Perry of the Cornell Medical Center, was shown prints of the actual photographs by Sun reporters in 1979, and also strongly denounced them as being inaccurate.)

If the medical witnesses who have disputed the accuracy of the photographs are correct, the authenticity of the pictures becomes highly suspect and the possibility emerges that the pictures, along with other evidence, may have been faked. If so, a key to uncovering the identity of those behind the conspiracy may lie in determining who possessed the ability and access which would have been needed to fabricate the evidence.

The list of medical witnesses who have challenged the autopsy photos includes Dr. Robert McClelland, professor of surgery at the University of Texas Medical School in Dallas. Seventeen years ago, he told the Warren Commission that he stood at the head of the operating table in the emergency room in Such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot . . . in such a way that you could actually look down into the skull cavity."

Recently, after viewing a sketch of the gaping head wound which had been drawn by an independent investigator, Dr. McClelland said that it accurately portrays what he "vividly remembers" seeing on the operating table after the president was rushed into emergency. He firmly rejected the autopsy photos.

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Margaret Hood (Margaret Henchcliffe at the time) had been an emergency room nurse for 12 years prior to the assassination. The nurse, who helped wheel the wounded president into the room and later prepared his body for the coffin, recently drew a sketch of the wound on a skull model provided by reporters. That sketch also showed a large wound at the back of the head. "You couldn't see much of the wound," said Ms. Hood. "It didn't affect his face or ears at all . . . it was more to the back." Ms. Hood also strongly disavowed the photographs.

Dr. Ronald C. Jones, a professor of surgery who was Parkland Hospital's chief resident in surgery at the time of the murder, originally described for the Warren Commission . . . what appeared to be an exit wound in the posterior portion of the skull." He also rejected the autopsy photos, and drew an outline with his finger of a large hole at the back of an imaginary head. In addition, he described the drawing which Dr. McClelland had approved as "close."

Patricia Gustafson (then Patricia Hutton), another emergency room nurse at the time of the shooting, helped to wheel the president from the limousine into treatment. Ms. Gustafson, testifying before the Warren Commission, outlined a " . . . massive opening on the back of the head." Recently, describing an effort to place a pressure bandage on the head wound, she said: "I tried to do so, but there was really nothing to put a pressure bandage on. It was too massive. So he told me just to leave it be." Asked if she was sure about the location of the wound, she said yes: "It was the back of the head," she said, while rejecting the autopsy photos.

Dr. Fouad Bashour was an associate professor of medicine in cardiology at the time of the shooting. Interviewed by this reporter at his office in 1979, Dr. Bashour insisted that the official photo which he was being shown did not accurately depict the location of the major wound. "Why do they cover it up?" he asked several times. "This is not the way it was."

Dr. Charles Baxter, interviewed the same day, who had earlier told the Warren Commission, "There was a large, gaping wound in the back of the skull," also questioned the autopsy photos.

After being shown the most controversial photo, Dr. Marion Jenkins (he told the Warren Commission, "There was a great laceration on the right side of the head (temporal and occipital) . . . even to the extent that the cerebellum had protruded from the wound"), blurted: "No, not like that. Not like that, because . . . No, you want to know what it really looked like? Well, that picture doesn't look like it from the back."

Dr. Jenkins demonstrated several times, by touching his own and a reporter's head, that the large exit wound had been located on the back of the skull: "You could tell at this point with your fingers that it was scored out<LF, that the edges were blasted out<LF."

Dr. Charles J. Carrico, now a professor of surgery at the University of Washington in Seattle, was a general surgeon in residency at Parkland when the president was shot and the first doctor to reach him. He told the Warren Commission about a large gaping wound, a five-by-seven-centimeter defect in the posterior skull, which he observed in the occipital region. But he has not been

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interviewed since.

In addition to these medical figures, three other physicians who were involved in treating the stricken president, Doctors Gene C. Akin, Jackie Hunt and Adolph Giesecke, Jr., have not fully endorsed the autopsy pictures.

Two crucial medical witnesses, meanwhile, have not yet been interviewed about the case. Dr. Kemp Clark, who was the senior physician on duty in the Parkland "trauma room" when the wounded president was brought in, refuses to comment although he described for the Warren Commission a "... a large wound in the right occiput, extending into the parietal region." Diana H. Bowron, a British nurse who worked in the Parkland emergency room in 1963, could not locate as of this writing. However, Ms. Bowron did tell the Warren Commission: "The president was moribund. He was lying across Mrs. Kennedy's knee, and there seemed to be blood everywhere. When I went around to the other side of the car, I saw the condition of his head; ... the back of his head ... it was very bad; I just saw one large hole."

Other inconsistencies between the official inquiries into the shooting and the recent comments by medical witnesses include:

□ The official Dallas death certificate describes the cause of death as a gunshot wound to the left temple.

□ According to the recently-interviewed medical witnesses, the president had been shot in the throat, from in front, in addition to the head-shot.

□ The autopsists, themselves, insisted that the autopsy photographs did not portray an entry wound at the back of the head, where they noted it. As an appendix to the House Assassinations Committee report stated: "The panel continued to be concerned about the persistent disparity between its findings and those of the autopsy pathologists and the rigid tenacity with which they maintained that the entrance wound was at or near the external occipital protuberance rather than at the cowlick, where an apparent entry wound now appears."

□ The chief autopsist, Dr. James Humes, answered a question about bullet wounds from Commissioner Allen Dulles (who had earlier been fired by Kennedy as director of the CIA) by saying that he believed it was impossible for the bullet "... to have exited from other than behind." (Dr. Clark also told the Commissioners that the "... missile had gone in and out of the back of the head.")

On the basis of these comments by the medical witnesses and of the official autopsy report which was printed in 1964, it seems probable that the president was hit twice in the head, once from behind and once from in front. The report said that there was an entry wound 2.5 centimeters from the occipital protuberance and a large defect in the back of the head extending into the occiput.

Recent acoustical tests conducted by the Assassinations Committee have also developed facts which were not revealed by the Warren Commission. They have established that there was a gunman on the Grassy Knoll at Dealey Plaza, but that he missed. He would have been firing from the front and to the right, but primarily from the right side. A bullet mark from the sidewalk pointed directly at a manhole on the triple overpass to the left front of the approaching

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Some investigators have determined that a tape made during the shooting actually has seven shots on it.

The president would appear to have been hit four times, from the weight of the evidence; John Connally hit with a fifth bullet, bystander James Tague hit with a sixth bullet, and the sidewalk hit with the seventh bullet.

Films, photographs and other evidence show clearly that the president was shot from in front as well as from behind, and that John Connally was hit with a separate bullet, as he has always claimed.

Photographs show clearly that the wound in the president's throat occurred long before the Warren Commission said that it could have, and that it had to come from in front, as the doctors in Dallas had said. This wound was unrelated to the back wound, and not related to the bullet which struck Connally.

According to most legal scholars, the testimony of witnesses who are physically present at the scene of contested events and who can then testify about what they saw there takes precedence over all other forms of evidence.

If so, then the weight of the evidence in the still-unsolved, 18-year-old Kennedy slaying (the House Committee officially declared in 1979 that the president had been killed as the result of a conspiracy, and that it believed there had been more than one gunman and more than three shots fired) clearly rests on the testimony of those who first looked at and treated the dying president.

The first, spontaneous reactions of these medical witnesses to the autopsy photographs, which the government has heretofore refused to show to them, are too strong and too definite to be ignored. It seems highly unlikely that all of them could have been mistaken about what they saw.