

CHAPTER

J. THORNTON BOSWELL

On October 2, 1990, my chief investigator, Richard Waybright III, a Baltimore City police officer, went to see one of the physicians who helped conduct the autopsy on President Kennedy's body. He came away with startling information.

Until Rick Waybright went to see him, Dr. Thornton Boswell had until that time talked to almost no other independent investigator except myself. And I had been able to obtain precious little information from him. I figured a policeman might have better luck than a mere author or governmental investigating committee.

Boswell was very gracious to my investigator, and answered all of Mr. Waybright's questions to the best of his ability. He promised to locate his notes and at a further meeting, hopefully explain what some of the markings on his bloodstained drawings made at the autopsy meant. In particular, we wanted to know what the sketch of an apparent wound in the left eye area marked "three centimeters" meant, and what the dot over the left eye was in the full body drawing. (Report of Richard waybright of the author, 16 November, 1990)

We wanted to know what the markings for inshoot and outshoot meant on his drawings, and what exactly was the "missing" area written over the top of the head. Some assumed this referred to surgery. He said that related to the actual dimensions of the missing bone, but that it was not necessarily at the top of the head.

A key point which Officer Waybright brought out during his interview with Dr. Boswell was the fact that the floor of the orbit of the right eye was cracked, which Dr. Boswell had noted from the X-rays. He pointed out to Waybright that the present X-rays not only do not show that the orbit is cracked, but that there is no orbit at all.

Richard Waybright wrote after seeing this that "in the drawing that he completed at the autopsy (which has blood stains on it) he indicated that the orbit was cracked through the floor, and in our copies the floor of the orbit is missing."

Waybright went on to say Dr. Boswell "appeared to be troubled by the X-rays and continued to look at them. He stated that they did not look right, but that he would have to see the originals before he could make a valid judgement."

We note that Dr. Boswell presumably saw the alleged originals in 1977 when they were shown to him by the House select Committee's panel of doctors, and at that time he and Dr. Humes both took issue with them, finding the rear head entry

wound greatly moved from where it had been when they saw it.

We admit that the copies we showed Dr. Boswell, out of a book, were not the best, but certain data in the X-rays are reproduced beyond question in the copies, and cannot be mistaken for what they show. That is, the whole right front of the face is missing, as well as the jaw.

Dr. Boswell had drawn a small crescent shape down at the bottom of the overall cover sheet, with a slanted line drawn through it from 10 o'clock to 4 o'clock. Others had assumed that it referred to the top of the skull from the hairline back across the top of the head down to the neck in the back, but Dr. Boswell explained that it was a drawing of a crescent shaped piece of skull that was brought into the autopsy room later.,

Dr. Boswell had a close working relationship with his assistant, medical corpsman James Curtis Jenkins, a laboratory technologist, who was related by marriage to Paul Kelly O'Connor, another corpsman present throughout the autopsy.

Dr. Boswell solidly backed the previous public statements by O'Connor, Jerrol F. Custer, the X-ray tech, and other of the men that the X-rays alleged by the government to be that of President Kennedy are not of Kennedy. Dr. Boswell was not aware that these men from the autopsy had denounced both the photographs and X-rays, but he made most of the same observations they had indicating forgery and substitution of the materials.

He reiterated what he had said to the panel of doctors interviewing both him and Dr. Humes for the House of Representatives' Select Committee on Assassinations, that the entry wound in the back of the skull was nowhere near where it appears in the phoney X-rays. (7 HSCA 243-265)

Officer Waybright repeatedly went over this ground with Dr. Boswell, who "with rigid tenacity" (7 HSCA p. 115) maintained that the entry wound was at or near the occipital protuberance."

Waybright wrote me that "Dr. Boswell indicated that the entrance wound (on the head) was located at the rear of the head where a small piece of brain tissue is visible in the autopsy photographs. He stated that the 'bullet hole' that Ida Dox has highlighted in her drawings of the President's head is not the entrance wound but possibly may be blood or a mixture of blood and water."

This means that the present X-rays, which according to the Clark panel and independent interpretations show an entry wound near the cowlick area--are substitutions. We know that the dentist who was asked by the Select Committee on Assassinations to authenticate the X-rays, Dr. Lowell Levine, was not allowed to see the whole X-ray of the head because it would reveal the wound area to him, (7 HSCA p. 61) and was therefore asked to authenticate a skull X-ray that could not in fact be proven to be that of President Kennedy in death.

When doctors Humes and Boswell were shown the X-rays by the above panel of doctors on Sept 16, 1977, Dr. Angel, one of the interviewing doctors, said "It's really hard to be sure, square this with the X-ray which shows so much bone lost in this right frontal area." (7 HSCA p. 249) This statement provides the necessary documentation that the doctors were shown basically the same X-rays which were published by the House Committee in the same volume on the medical evidence on pages 109-113.

Dr. Petty chimed in, "Well, I think there may be more bone apparently lost than is actually lost in the X-rays." Already half the face is missing in the X-rays. Dr. Petty then immediately changes the subject. "We don't know when these X-rays were taken. Dr. Humes, do you by chance know at what phase of the autopsy the X-rays were taken? Were these taken before the brain was removed or after?"

Dr. Humes replies, "Yes. All of the X-rays were taken before any manipulations were performed."

First of all, the key observation here is that they find a great hole in the right front of the face, which is what the X-rays show. As we know, the photographs show no damage to the face, which would have fallen completely in, had any of that frontal bone been missing.

Not only that, but Dr. Petty suggests that "I think there may be more bone apparently lost than is actually lost in the X-rays."

And to top it off, Dr. Angel then observes a few lines after that: "So, in that case this exit wound is really in the frontal--its in front of that notch there--its in the frontal, see what I mean, it would have to be about here." According to the X-rays, the exit wound has moved from the back of the head to the front of the face.

Yet, these doctors, some of whom had great familiarity with the case and the disputes over the medical evidence which have raged for years, never really got down to asking the right questions of Humes and Boswell. They never pursued after this point the issue of all that frontal bone being missing, which is not described in the autopsy report at all.

And what a shame that all of the medical witnesses, both from Bethesda and Dallas, have not been brought together in one room with this phoney photographic and X-ray evidence.

As Jerrol Custer pointed out to Sylvia Chase of KRON, the photographs of the face are incompatible with the X-rays. This went right by the few others over the years who might have seen the evidence. It certainly went by the staff of the House Committee.

We don't believe that was an accident. One can put it down to bad staff work or incompetence, but we don't think so. Any idiot could see that the photos and X-rays were grossly

incompatible, and with so many doctor's observations calling into question numerous things wrong with the films, we would have to say that the mistakes were not accidental, even though the most gracious thing one could say for Andrew Purdy, Mark Flannigan and Robert Blakey was that it was safer to cover their ass by not dealing with the gross incompatibilities in the films, rather than to say that they were covering up for the conspirators themselves, even with a gun at their heads.

Dr. Boswell had something to say about this to Richard Waybright, my investigator: "Dr. Boswell was adamant that there were no wounds in the face or left temple area."

It must be again repeated that the photographs of the back of the head do not show the large exit wound as it was, and all of the medical descriptions of the scalp at the very back of the head was that it was mostly missing and the rest badly shredded. Numerous eye witnesses have emphatically stated that the scalp was not intact enough to pull over the large hole in the bone in the very back of the head to make the present photograph.

There were quite a few incompatibilities the staff and the Committee clearly overlooked, whatever their intent in so doing.

Rick Waybright's report to me said, "Dr. Boswell could not explain the markings on the skull diagram that indicate '3.4 cm', nor could he explain the markings on the body chart (face area) which are located in the area of both eyes. This inability to recall these markings is plausible because it has been 27 years. What this also tells me is that there were no entry wounds in the face or left temple area.

"Dr. Boswell stated that when you use his diagrams to locate the wounds you should only use the measurements next to the diagram and not the marks, because they will indicate the true position of the wounds. He stated that the drawings are just to indicate the general area and are not to be considered exact by any means. The marks were to orient the area of the wound and the measurements were to pinpoint it exactly."

Waybright also pointed out that Boswell indicated that they were not permitted to track the wounds, but that they probed the back wound briefly and it lead towards the throat. He admitted that they were unaware of the throat bullet wound until the next day when Humes spoke to Dr. Malcolm Perry in Dallas on the telephone.

The repeated indications throughout this case that the autopsy doctors were prevented from properly tracking the wounds may be an indication of conspiracy.

On September 1, 1991, I interviewed Dr. Boswell again. My first interview with him had been many years before. This is

what he had to say, though we did not have much time and talking to one of the autopsy doctors is always difficult at best, which I don't blame them for.

I asked Dr. Boswell about the brain being loose in head: "Some of the witnesses implied that Jackie Kennedy actually had some or all of the brain in her hand when she came into Parkland."

"No, that's ridiculous!"

"In her hands?"

"Yes."

"No."

"She told Nellie Connally that "I have his brains in my hand."

"Well, that was just a matter of speech. Of course there was a gunshot wound in the brain that sort of splattered. His brain was in his skull. May I ask who you are?"

I tell him.

"What are you doing?"

"I am writing an oral history." I tell him about Jenkins, told him that (his assistant and others) "they describe the brain stem as being neatly severed. There were two or three small cuts in the scalp and along the sagittal suture and along a fracture line."

"None of that is true. None of that is true."

"When the body arrived?"

"When the body arrived, the brain was in the skull, in the head."

"And the brain stem was intact? It was attached to the brain stem?"

"Right."

"It occurred to me that Jenkins just didn't see Dr. Humes severe the brain stem. That's why it looked neatly severed to him."

"Right."

"Was it true then they just needed to make the smallest enlargement of the large defect in order to get it out? It was not necessary to do a craniotomy?"

"Well, ah, well, there was a pretty good amount of the skull that was--first of all there was a piece of the skull on the pavement down in Dallas, but, ah--"

"Was that known as the Harper fragment? A medical student picked it up."

"It may very well be. I've never heard it called that."

"He had taken it to Methodist hospital...:"

"It was not very large, if you look at the diagrams and X-rays and so forth. That was not really very large."

"Was that the trapezoidal shape?"

"Yeah. On a separate diagram, and so forth. But the scalp was lacerated, and a pretty good size piece of the frontal and

right occipital portion of the skull had separated and were stuck to the undersurface of the scalp. So when that was reflected, then it was true, there was a big bony defect in the right side of the skull. And with the fragments--I think the brain was largely removed through that defect. But, the scalp was somewhat intact overlying that, so that, that just superficially, externally, you couldn't tell that there was a big hole in the skull."

"The men--I was at Joseph Gawlers funeral home the other day and Joe Hagen, the president, and his cosmetologist and so on described to me reassembling his head at the end and they stated that when they had finished there was still an area in the back of the head, just in the occipital-parietal area probably three inches across that there was not enough scalp to cover that. But they couldn't see it because it was on the pillow--"

"Right."

"And that is the way you remember it?"

"Right."

"That there was no scalp there?"

"Right."

"And that was basically the area where the large defect was, although it was somewhat larger--it was five inches, maybe."

"Well, that defect was a lot larger--do you mean in the skull?"

"Yes. That area of missing scalp was in the center of a larger defect?"

"Well, no, it was more posterior than the defect in the scalp. Most of the scalp could be reattached. It was a laceration. It wasn't an avulsion of scalp, really. I don't even remember a defect once the morticians repaired the skull and everything."

"Did you stay right to the end?"

"Sure did."

"But there was still a little bone missing, that had not come back from Dallas?"

"There wasn't too much missing. And the scalp was closed over the bone. The bone fragments were replaced. Most of them were replaced in the skull. A couple of them may have very well been retained as autopsy material. But the scalp was almost completely restored. Because at that point we didn't know whether anybody would view the body or anything, and the mortician did a magnificent job of restoring the head and skull."

"That is what I was told. There was apparently a laceration that extended about a half an inch into the forehead just above the right eye."

"That wasn't apparent after they got through restoring the body."

"Did that laceration sort of go straight back--in other words--front to back across the side of the head there, above the right eye going back?"

"You mean, to the posterior of the skull?"

"Yeah, it was only three inches long or so, wasn't it?"

"That laceration extended from ah, around the eyebrow all the way back to the posterior of the skull."

"Oh, and then it covered--it was over the top of the large defect of originally missing bone?"

"Oh, yeah, sure. His head just--the bullet exploded inside his skull, and just sort of blew the top of his head off, but it separated the scalp with the laceration. And didn't tear it away or anything. That was destroyed."

"So the laceration extending from the right eye--the scalp was basically intact? It was just torn through there?"

"Right."

"And was any of that--I know that there was a fracture in the right orbit, through the floor of the orbit, is that right?"

"Right."

"And maybe one fracture in the frontal bone above that, somewhere?"

"Right."

"Basically, was the frontal bone forward of the coronal suture, was that intact?"

"Frontal bone in front of the--"

"Coronal suture. From the two parietal bones forward to the eyebrows."

"Well, without notes or records or anything, I would hesitate to say anything too specific about that for something to be published. I mean you are talking--I'm sitting here with friends watching a football game and trying to think about what you are trying to talk about, and you caught me unawares here, and I've just about talked about all I'm going to talk."

"Yes. Maybe I could call you back."

"I'm not interested in talking about this at all."

"I would really not care to discuss this. Our records in the Warren Committee report is as good as my memory is. I haven't seen the X-rays or other documents for many years."

"There is just one more question. The main defect--The circular bone that you drew on your diagram, that was separate from the trapezoidal piece. I think that came in later, flown in from Dallas. But, your impression of that main area of the missing bone originally--it seemed to be described as from the occipital bone forward--somewhat on the right side of the head. I just wonder how much it was on the top of the head, in the back there, and how far forward it went?"

"I can't tell you that. I vaguely remember the two pieces of bone. Was the small piece three or four centimeters across, and when we reconstructed that, that was part of the wound of

entry. There was one circular area on one side that we determined to be a wound of entry. Or a portion of the bone was a wound of entry."

"On one side of the head?"

"On what?"

"On one side?"

"On one side of the piece of bone, yes. It was semi circular piece of bone, and on one side of that piece of bone there was another hole right in the edge, and there was beveling on one side which showed us which was on the inner surface. So the wound of entry was on the outside, with fragments of bone on the inside."

"I was talking to Francis X. O'Neill, who was at the autopsy, and we were talking about the statement in his report that 'there was surgery to the head area.' I'm sure that you know that that was a big question in the media when that guy Lifton came out with his book, about the discussion at the table. Some of the men have talked about it, what it might have meant."

"See, we didn't--that whole question is related to 1) had he had a tracheostomy and 2) they had started to put tubes in his chest to evacuate blood from his chest. The only thing that we, the autopsy surgeons were talking about was the tracheostomy. That was related to wound in the body. He hadn't had any surgery to his head. He had had the wound on his neck which was the wound of exit from the back wound that came out through his larynx, and that had been extended in efforts to do a tracheostomy, which they never did."

"I know that those FBI men misspelled some names and --"

"Well, they also misinterpreted a lot of things that they heard. They didn't know what they were listening to or talking about."

"They wrote that there was 'surgery to the head area, mainly to the top of the head.' That is the quote from their report. "

"That was never discussed. There was never any question about that."

"They just made it up, or something? They thought they heard that? It says 'mainly to the top of the head,' and nobody could sort through what that meant."

"That was never a question."

"And the entry hole--I know that you and Dr. Humes insisted that it was near the hair line, where that little tissue is. This is what everybody has described. So it is questionable how it got up into the cowlick area, where you can't really see it in the black and white pictures. It seems to have moved four inches, when Dr. Fisher and Dr. Morgan looked at those X-rays in 1968."

"They weren't there, so there is no way they could tell anything."

"Yes. I think that you stand by your original report that the entry wound was at or near the occipital protuberance?"

"Well, I've got exact measurements where that was in my report."

I would like to close with this comment which Officer Richard Waybright wrote me: "Prior to interviewing Dr. Boswell, my impression was that the autopsy had been conducted by a team of Doctors who were either inexperienced in medical legal autopsies or they were incompetent.

"However, after talking to Dr. Boswell, I left with the strong feeling that, at least in Dr. Boswell's case, he was qualified and capable. I feel that he was honest in his interview with me and that he has been wrongly criticised for his performance at the autopsy. While I do concede that the autopsy was far from perfect, I think that given the situation that they were in, that they should not be faulted. I think the autopsy room was in utter chaos with all the witnesses jammed inside.

"I think that a lot of the blame for the irregularities at the autopsy should be laid upon the military commanders who were present and giving the orders."

Rick said that the autopsy X-rays he showed Boswell deeply troubled the doctor. "I believe that he declined to make a judgement because they were not the right X-rays. However, he had not seen the X-rays in 27 years (if ever) and they may have confused him." He may have declined to further comment because we did not have the originals to show him, as Rick says.

Waybright closed his report to me by saying "It is my opinion that these are not the X-rays that Dr. Boswell saw on the night of November 22, 1963.

"His statement that they did not look right and his obvious bewilderment at viewing them tend to indicate that either they are not what he saw, or they are obvious fakes, and he did not want to commit himself at this time."