

Harry Livingstone
~~1824 St. Paul St,~~
 1824 St. Paul St,
 Baltimore, MD 21218

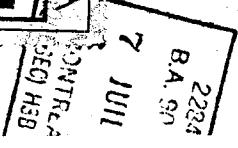
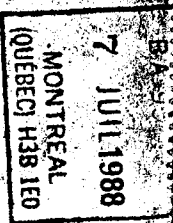
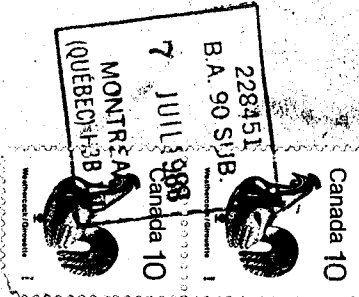
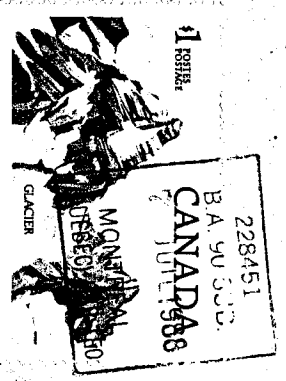
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HIGH TREASON:
THE ASSASSINATION
OF
PRESIDENT JOHN F. KENNEDY
WHAT REALLY HAPPENED

By Robert J. Groden
Harrison Edward Livingstone c 1987

PART II

THE MEDICAL EVIDENCE

There is an inscription chiseled onto the CIA building in Langley, Virginia, a quote from Jesus Christ:

*Ye shall know the truth
and the truth shall make you free.*

"I didn't mind putting people through hard times as long as the truth came through. I gave the Saigon military a lot of names of people I wanted killed. But I found out that the truth wasn't going to make anybody free because it wasn't getting back to Washington."

--Former CIA agent and author Frank Snepp

"We cannot, as a free nation, compete with our adversaries in tactics of terror (and) assassination."

--President John F. Kennedy, Nov., 1961

"U.S. AS A MATTER OF POLICY CANNOT CONDONE ASSASSINATION"

--Cable to U.S. consul from President Kennedy, 1961

"One of the most profound changes that has come to the presidency has resulted from a new factor in American life-- assassination as a political instrument."

*--George E. Reedy, former Special Assistant to President Lyndon Johnson, in *The Twilight of the Presidency*.*

"The more I have learned, the more concerned I have become that the government was involved in the assassination of President Kennedy."

*--Victor Marchetti, former executive at the Central Intelligence Agency, and author of *The CIA and the Cult of Intelligence*.*

"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 the prosecutors maintained that the entrance wound was at or near the external occipital protuberance."

--VII HSCA p. 115 (308)

CHAPTER 3 *N*

THE PRESIDENT'S HEAD WOUNDS AND THE NEW EVIDENCE OF FORGERY

Dr. James J. Humes and Dr. Thornton Boswell--the Bethesda Naval Hospital autopsists--insisted to the panel of doctors interviewing them for the House Assassinations Committee in 1977 that the entrance wound they found on President Kennedy's head was at or near the occipital protuberance--the bump on the back of the head--stating that there was a large hole above it "through which one could see the brain." They knew that there could not be a bullet entrance wound in an otherwise intact scalp and skull where we now see it in the official autopsy photographs, which the doctors were looking at while being questioned.

"Was the head lifted up from the table? Did someone look at it?"

"Yeah...in fact we shined a light in the cranial vault there, and noticed a large amount of brain missing," Dr. Adolphe Giesecke told co-author Harrison Livingstone. Dr. Giesecke looked at a copy of the official autopsy picture of the head for

the first time when Livingstone showed it to him. Livingstone pointed to the back of the head: "Was this blown out here?"

"Yes. It was missing."

Dr. Giesecke was an anesthesiologist at Parkland Hospital in Dallas, where President Kennedy was brought moments after he had been mortally wounded.

Dr. Robert G. Grossman, another of the Parkland doctors, also described the head being picked up by Dr. Kemp Clark. Grossman told the *Boston Globe's* Ben Bradlee, Jr., that he had noted a large, separate wound, located squarely in the occiput.²

The Parkland doctors had in fact conducted a close enough examination to report the same large hole in the back of the head. *All* the doctors and nurses at Parkland Hospital who saw the body described a large exit wound in the back of the President's head. It is unlikely that so many trained medical personnel could be in error regarding the nature of the wounds.

The Warren Report states that "Dr. Clark, who most closely observed the head wound, described a large, gaping wound in the right rear part of the head..."³ The Report of the Assassinations Committee states that "The Warren Commission based its findings primarily upon the testimony of the doctors who had treated the President at Parkland Memorial Hospital in Dallas and the doctors who performed the autopsy on the President at the Naval Medical Center in Bethesda, Md."⁴ Since the most important observations of the Parkland doctors were a

large hole in the back of the head and an entry wound in the throat, it should be clear that the testimony of the Dallas doctors was never taken into account. In addition, the Warren Commission ignored the testimony of the *autopsists* locating the entry wound well down on the President's back, and instead gave the impression with an inaccurate drawing that the other wound of entry was in the back of the neck. This made it easier for the Warren Commission to claim that the same bullet also hit Governor John Connally.

→ Orwellian statements

Yet the major investigation of the case conducted by the House of Representatives in 1976-9 claimed that the Parkland doctors must have been mistaken about the large wound in the back of the head since it did not show up in the photographs. In a blatant Orwellian statement, the Committee wrote: "In disagreement with the observations of the Parkland doctors are the 26 people present at the autopsy. All of those interviewed who attended the autopsy corroborated the general location of the wounds as depicted in the photographs; none had differing accounts."⁶ This is an outright fabrication. Twenty-two of the 26 people at the autopsy were not shown any of the autopsy photographs or X-rays, which were only seen by the four doctors. In fact, *none* of the doctors even remotely agreed with the photographs or X-rays. Dr. Finck, one of the autopsists who disagreed with what the pictures showed, believed strongly that the observations of the autopsy pathologists were more valid

than those of individuals who might subsequently examine the photographs.⁶ The government then says that the autopsy report was mistaken: "It is probably misleading in the sense that it describes 'an actual absence of scalp and bone.' The scalp was probably virtually all present; but torn and displaced; probably only the separately recovered bone fragments were absent."⁷ This is the only way the Committee tries to discount the major discrepancy the autopsists found with the photographs. Even if the head was in some way reconstructed to make this picture, nothing can discredit the unanimity with which the autopsists insisted that the photographs did not show the entrance wound remotely near where they had seen it. The doctors have many times repeated that there was a corresponding small entrance hole in the skull near the hairline, and this does not show in the present X-rays, either.

The Committee "assumed that if the Parkland doctors are correct, particularly with respect to the gaping hole in the back of the President's head, then it would mean: (1) the autopsy photographs and X-rays had been doctored to conceal this hole; (2) the body itself had been altered, either before its arrival at Bethesda or during the autopsy so that the hole was not obvious in the photographs and X-rays; or (3) the photographs and X-rays were not of President Kennedy. Further, if the Parkland doctors are correct, then the autopsy personnel are incorrect and either lying or mistaken. It did not seem

plausible to the committee that 26 persons (at the autopsy) would be lying...If the autopsy doctors are correct, then the Parkland doctors are incorrect and either lying or mistaken. It does not seem probable that they are lying, because it would be difficult to maintain a conspiracy of lying among the approximately 14 persons involved for 15 years. On the other hand, it does seem possible, that the Parkland personnel could be mistaken...."

→ Ignoring the evidence

Both they and the Warren Commission overlooked the fact that the autopsists described such a large hole in the back of the head in their report; they ignored the insistence by the autopsists that the photographs did not show the entry wound anywhere near where it was, and they ignored the possibility that the photographs might be forged. In other words, the findings of some 23 doctors and nurses in Dallas and Washington were simply ignored or lied about. Furthermore, the doctors (like many other witnesses, including co-author Robert Groden) were subject to threats, coaching, and other forms of manipulation to force them to cooperate. For many years the autopsists were threatened with "court martial."

The observations of the Dallas doctors were consistently disregarded on the pretense that they were mistaken. Moreover, the findings of the Bethesda Naval Hospital autopsists themselves were disregarded by the official panels on the pretext that they too were mistaken. It was never understood

that the autopsists agreed with the Parkland doctors on some crucial observations. Perhaps this is why they were also ignored. When it suited them, the official bodies repeatedly lied and distorted the facts.

Each of the four doctors at the autopsy was asked individually to locate the entrance wound after reviewing the photographs, X-rays, and the autopsy report. The same book goes on to say "They identified the approximate location of the entrance wound on a human skull and within the photographs as being in a position perceived by the panel to be below that described in the autopsy report"¹⁰ For instance, in Brazil and other Iberian countries military courts kept careful records of testimony about torture, because they never thought it would get out, so our official bodies can make conflicting statements within a few pages of the same book because it is "for the use of the Assassinations Committee" only. They state what the final line will be, in total disregard for the facts as they just stated them. This has been the pattern in this case from the time of the assassination.

The autopsy report placed a small wound of entry corresponding to the diameter of a bullet "slightly above" the external occipital protuberance or bump on the back of the head, four inches below the position of a bullet entry wound seen in the official photographs. The autopsists insisted to the Committee's panel that it was in fact *below* that, which put an

entry wound an additional inch below the four inches beneath the wound in the photograph. More than four inches below is a great difference. "I have a little trouble with that; 10 centimeters is a significant--four inches," Dr. James Humes said." In fact, the autopsists have added another inch, making it about five inches below where we see the wound now, by saying that the entry was below the protuberance.

In other words, the responses of two autopsists (Dr. Humes and Dr. Boswell) indicated that not only were the photographs and X-rays false, but their own report itself was either inaccurate or had been altered. (Dr. Charles Wilber, in his important book on the subject, repeatedly suggests that the autopsy report was altered and that the autopsists were afraid. He details extensive bullying of the witnesses, and an investigation by the Warren Commission that was also dishonest in other respects.) It is noteworthy that the Committee refused to print a single word of its interviews with the other autopsist, Dr. Pierre Finck, and the radiologist at the autopsy, Dr. John H. Ebersole. Both of these doctors have also at one time or another exploded some of the official suppositions in the case.

The autopsy report described a large hole in the back of the head: "There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In

this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter ... situated in the posterior scalp approximately 2.5 cm. laterally to the right and slightly above the external occipital protuberance is a lacerated wound measuring 15 x 6 mm. In the underlying bone is a corresponding wound through the skull."¹²

Dr. Humes further clarified this when he testified before the Warren Commission by answering Allen Dulles' question as to where the bullet that struck President Kennedy might have exited. "Scientifically, sir, it is impossible for it to...have exited from other than behind," Dr. Humes said.¹³ Allen Dulles, the former head of the CIA whom President Kennedy had fired, was a member of the Warren Commission investigating Kennedy's death. This was not at all the answer Dulles was looking for. The question he asked was: "Am I correct in assuming from what you have said that this wound is entirely inconsistent with a wound that might have been administered if the shot were fired from in front or the side of the President: it had to be fired from behind the President?" Humes' answer to this confusing, greatly circumlocutious question was to say that the bullet exited from behind. This is a seeming impossibility if we ignore a second, frontal shot to the head.

The Assassinations Committee based its findings--which contradict all the doctors in the case--upon the alleged autopsy

photographs and X-rays. What do they show? There is an apparent entry wound in the cowlick, and a flap of scalp and skull in the right temple area which has been reflected back. This flap had apparently been more or less closed, perhaps by Jacqueline Kennedy, except that Dr. Grossman noticed it in Dallas.¹⁴ The Committee noted "There is a large skin flap in the right frontal region anteriorly and laterally, with two fragments of an anterior compound fracture of the calvarium of the skull deflected outward and toward the right ear."¹⁵ The Committee and others assume that this flap represents the only exit wound in the head. After this wound was opened up to observe and remove the brain, the edges revealed evidence that a bullet fragment had exited there.¹⁶ The back of the head is otherwise clearly intact in the alleged autopsy photographs.

A totally fabricated theory

The Warren Commission did not deal with the hard evidence in the case, instead putting forward a theory that bore no relationship to the facts. Humes, under written threat of court-martial,¹⁷ tried to stick to some of the facts, while often speaking with double meanings. "In this case, he is backing up the Dallas doctors and nurses insofar as he adheres to what he wrote in the autopsy report.

An exit wound in the skull is much larger than an entry wound, and it is scored out around the edges in a widening conical effect in the direction of the missile's forward

movement. Material is pushed out along the edges of the wound, with the direction of the shot.¹⁸ The second wound described is an elliptical entry wound into the skull measuring 15 x 6 mm. Dr. Humes originally wrote that the entry wound was a "puncture" wound rather than a "lacerated" wound, and *puncture* was changed to *lacerated* several times in the record.¹⁹

Yet in 1968 when a panel of doctors, led by the Medical Examiner of Maryland, Dr. Russell Fisher, reviewed the autopsy photographs and X-rays of President Kennedy for Attorney General Ramsey Clark, they found this entry hole to be much rounder, rather than greatly elliptical, and 8 mm. in diameter.²⁰ Not only was the rear head entry wound changed in size and shape, but it was placed 4 to 5 inches higher than it was said to be by the autopsists. In addition, this new entry position is in the center of where the much larger exit wound had been, but no longer was. Both wounds had moved.

The basic conflict then, is clear: Where was the large hole in the head, and where was the rear entry wound in the head?

All of the many medical and other witnesses in Dallas who saw the body placed the large hole in the very back of the head, or a little to the right, but basically in the occipital area of the head. The autopsists described this wound as being in the same place but larger. In Dallas, Dr. Robert McClelland (who was present when Kennedy was brought to Parkland Hospital) wrote that the "cause of death was due to a massive head and brain

injury from a gunshot wound of the left temple."²¹ Such a shot could blow out the back of the head, just as described by all of the witnesses. The Warren Commission disregarded this evidence. Other evidence which will be outlined later in this book indicates that the President was shot twice in the head, once from behind and once from the front, which would explain very well the conflict over the head wounds.

The Assassinations Committee in the U.S. House of Representatives, following a 1978 break-in of their safe and the removal of the autopsy photographs,²² published what they called a drawing of the back of the head made from the photo.²³ This was actually a precise tracing, accurate to the hair, as established by artist Ida Dox in her testimony before the House Assassinations Committee. Indistinguishable from the actual autopsy photograph, it shows an apparent entry wound in the cowlick of the head, but the large defect which should be there is not.

The picture of the back of the head may be found in 7 HSCA p. 104, and also in 1 HSCA p. 234, as well as in several books published since. It is reproduced in this book.

Clearly faked photos

Co-author Harrison Livingstone wanted to show the picture of the back of the President's head to the medical witnesses in Dallas who had seen the body. The authors have seen the actual

autopsy photos, and thus possessed a certain knowledge that almost no-one else had. In 1979, Livingstone traveled to Dallas on a trip paid for by Steve Parks of *The Baltimore Sun* and was the first person to show some of the Dallas doctors copies of the autopsy pictures.

Since then, Livingstone, *The Baltimore Sun*, and Ben Bradlee Jr. of *The Boston Globe* have compiled the testimony of a number of additional witnesses, and the startling conclusion of their work is clear: The autopsy pictures are fake, and hold the key to the true nature of the plot which took the life of the President. (The research conducted by *The Globe* and *The Sun* was subsequently turned over to Livingstone and placed in the JFK Library in Boston.)

Two facts may be offered which, independent of the wealth of testimony given below, add weight to this startling conclusion. First, the fact that the autopsists could have insisted to a panel of expert doctors that the alleged autopsy pictures of the back of the head did not show the entry wound in the place where they had described it, but in the area where they said the large hole extended, should be sufficient to demonstrate the fraudulent nature of the pictures.²⁴ Secondly, the fact that neither the House Assassinations Committee nor the government had ever shown these pictures to the Dallas medical witnesses demonstrates the existence of a cover-up. If the evidence still being kept secret in the case proved the

government's theory, then they would have shown that evidence to everyone involved.

Each medical witness in Dallas had told the Warren Commission that there was a large hole in the rear of the head, and all of them believed it was an exit wound. Upon seeing the official government autopsy photograph of the back of the head for the first time, each witness independently denounced it.

Just prior to Ben Bradlee's *Boston Globe* trip to Dallas, the evidence he was about to gather was subject to a powerful negative influence, which changed the results he might otherwise have collected. A book was published by David Lifton--*Best Evidence*--which revolved around the question we are dealing with in this book: Why the alleged autopsy photograph does not show the wounds as they were described by all of the witnesses.

In addition to the theory which it propounded, the book gave the erroneous impression that there was a flap of scalp on the President's head which covered up the large hole in the back. This book promptly became a best seller for five months. The flap of scalp story convinced some of the doctors co-author Livingstone and the *Baltimore Sun* had interviewed to change their feelings about the picture, as will be explained below.

→ A preposterous hypothesis

Lifton maintains in his book the theory that President Kennedy's body was stolen from its coffin in the rear of the plane in the first few minutes directly after it was brought on board in Dallas. "The critical period was 2:18 to 2:32 PM (CST).

It appeared, from the public record, that the coffin was then unattended." He says that removal of the body by an unspecified person or persons, "in a body bag seemed the only remaining possibility. Disguised as luggage, it might have been put in the baggage hold, or in the forward galley area."

He says that the body was hidden until the plane landed, then it was somehow brought forward and removed from the right front door of the plane within 90 seconds of the plane's landing, put onto a helicopter, flown to Walter Reed Hospital where a hasty inspection of the body was conducted, the brain removed, the real wounds covered up, other wounds created, the head reconstructed, and the photographs of the wounds taken. He says the body became a medical forgery to cover up the direction from which the shots came.

x There was never any evidence for the existence of such a flap on the back of the head. Clearly, given the explicit description in the autopsy report of the missing scalp and of the stellate fractures and tears in the scalp, the autopsists would have noted any flap of scalp. The apparent flap on the side of the head in the photograph was where the scalp and bone were reflected back, in order to inspect the interior of the cranium. But that temporary flap obviously could not cover the large hole in the back of the head, which doesn't show in the autopsy photograph. Forensic scientists say that a reconstruction of this nature would be impossible since the

scalp is shredded and destroyed, blown away entirely by the exiting bullet. The autopsy report stated that the scalp was absent over the large defect, an observation that was also made by many of the doctors and nurses in Dallas. Morticians state that it would have taken hours to reconstruct the head and scalp with artificial matter to make such a picture, which was taken before such a cosmetic effort could have occurred.

Lifton presents no credible evidence whatsoever to support his hypothesis, and the flaw in his thinking is that the coffin was unattended. The coffin was never unattended. President Kennedy's entire party, including several of his closest long-time friends and his wife, were crowded into the rear of the plane, since the new President and his party were also on board, filling the plane tightly.

Dave Powers, a long-time friend and close aide of President Kennedy, told co-author Harrison Livingstone on June 23, 1987 that "the coffin was never unattended. Lifton's story is the biggest pack of malarkey I ever heard in my life. I never had my hands or eyes off of it during that period he says it was unattended, and when Jackie got up to go to her stateroom where Lyndon Johnson was, Kenny O'Donnell went with her, but we stayed right there with the coffin and never let go of it. In fact several of us were with it through the whole trip, all the way to Bethesda Naval Hospital. It couldn't have happened the way that fellow said. Not even thirty seconds. I never left it.

There was a general watch. We organized it."

Dave Powers rode in the Secret Service back-up car just behind the President and saw the whole shooting, to his horror. He stayed with the body from the hospital to the plane, and helped carry it in, with Larry O'Brian, Kenneth O'Donnell, Godfrey McHugh and others.

There has for many years been a "public record" consisting of personal interviews with the President's party by the media, in William Manchester's *Death of a President* (a book upon which Lifton relies heavily) and other records.

→ Testimony of Parkland doctors and nurses

At Parkland Hospital in Dallas, there were approximately 19 doctors and nurses present at the President's final agony, plus other witnesses such as the President's wife, Secret Service men, the Dallas Chief of Police, and Congressman Henry Gonzalez, who years later was briefly Chairman of the Assassinations Committee.

The following is a documentation of the new testimony co-author Livingstone has collected from the doctors and nurses, which is the *best evidence* in the case.

Only Dr. Kemp Clark and Nurse Diana Bowron have not been re-interviewed. Nurse Bowron cannot be found, and Dr. Clark refuses to be interviewed. He testified strongly to the Warren Commission that the large defect was in the back of the head. Clark wrote that there was "a large wound in the right occiput

extending into the parietal region."²⁵ In another report, he said that the large hole was "in the occipital region of the skull" and "There was a large wound in the right occipital-parietal region ... There was a considerable loss of scalp and bone tissue."²⁶ He told the Warren Commission that he "examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed."²⁷ Clark is currently Professor and Chairman of the Southwestern Medical School's Division of Neurological Surgery in Dallas. He was the senior physician in Trauma Room 1 and the doctor who pronounced the President dead.

Nurse Bowron first saw the President in the limousine, and helped wheel him into the emergency room. Describing the President's condition, Nurse Bowron testified to the Warren commission that "He 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."²⁸

Dr. Robert McClelland is Professor of Surgery at the University of Texas' Southwestern Medical School (Parkland). At the time of the assassination he was an Assistant Professor. He told the Warren Commission that he stood at the head of the 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 so that the parietal bone was protruded up through the scalp and seemed to be fractured along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue, had been blasted out."²⁹ Dr. McClelland went on to say that the bullet went "out the rear of the skull."³⁰

Some time later, Dr. McClelland approved a drawing showing the large gaping hole in the back of the head, which was then used in the book *Six Seconds in Dallas* by Professor Josiah Thompson. McClelland has since repeated to *The Baltimore Sun*,³¹ *The Boston Globe*³² and others that the drawing (is accurate and what he "vividly" remembers. Co-author Livingstone was the first to query Dr. McClelland concerning the autopsy photo; he rejected it. He later reiterated his repudiation of the photo to *The Sun* and *The Globe*. It should be noted that in a drawing of the head wounds made during the autopsy by Dr. Thornton Boswell, there appear to be bones fractured and missing at the very rear of the head, precisely in the trapezoidal shape of the "Harper fragment" identified as occipital in 1963.³³ According to the

FBI report, this piece of bone was found "25 feet south" of where the President was at the moment of the fatal shot.

Dr. Richard Dulany, a Resident on call in the Emergency Room, gave a deposition to the Warren Commission.³⁴ The copy of the autopsy photograph was shown to him by *The Globe* and he stated that it was not accurate. When shown the official picture, he said that there was a "definite conflict" and "that's not the way I remember it."³⁵

Nurse Patricia (Hutton) Gustafson had told the Warren Commission that there was a "...massive opening in the back of the head."³⁶ She had gone out to the limousine and helped wheel President Kennedy to the Emergency Room. She was asked to put a pressure bandage on the head wound. "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." She said the large wound was at "the back of the head." "Definitely in the back?" she was asked. "Yes." She strongly rejects the official picture. This testimony was taken by Ben Bradlee, Jr. of *The Boston Globe*.³⁷

Dr. Ronald Coy Jones, now a Professor of Surgery, was the Chief Resident in Surgery at Parkland in 1963. He told the Warren Commission of "what appeared to be an exit wound in the posterior portion of the skull." He told Arlen Specter, "There was a large defect in the back side of the head as the President lay on the cart with what appeared to be some brain hanging out

of this wound with multiple pieces of skull noted next with the brain and with a tremendous amount of clot and blood."³⁸ Note that he states that the large hole in the back of the head was an exit wound.

Dr. Jones viewed the official picture shown to him by *The Globe* team and stated that the wound was not the same as what he saw in 1963. He outlined with his finger a large hole in the very back of the head. He said that the McClelland drawing was "close."³⁹

Nurse Doris Nelson was the Supervisor of the Emergency Room at the time of the tragedy, and is now the Nursing Supervisor at Parkland Hospital. She assisted in treating the President, and helped prepare his body to be placed in the coffin. Nurse Nelson drew a picture of the head wound, mostly in the parietal area, but well towards the rear of the head. Her drawing conflicts strongly with the official autopsy photograph. When she saw that picture she said immediately "It's not true... (There wasn't even hair back there. It was blown away. All that area (on the back of the head) was blown out."⁴⁰

Dr. Paul Peters, Professor and Chairman of the Urology Department at Southwestern Medical School, was an Assistant Professor when he assisted at the death of the President. Dr. Peters told reporters that the large defect was in both the occipital and parietal area of the head. When shown the official picture, he stated: "I don't think it's consistent with what I

saw."⁴¹ He said of the McClelland drawing, "It's not too far off. It's a large wound, and that's what we saw at the time."

The hole in the back of the head

Co-author Livingstone first showed the official picture to Dr. Peters in 1979, along with the sketch approved by Dr. McClelland. He returned them, marking with an X the sketch of the large exit wound in the back of the head as being accurate, and rejected the official picture. He wrote that "There was a large hole in the back of the head through which one could see the brain." He reconfirmed this in long phone conversations, and in talks with fellow researcher Gary Mack, Ben Bradlee of the *Globe* and others. Dr. Peters told the Warren Commission, "We saw the wound of entry in the throat and noted the large occipital wound, and it is a known fact that high velocity missiles often have a small wound of entrance and a large wound of exit."⁴²

Dr. Gene Akin was an Anesthesiologist at Parkland at the time. He told the Warren Commission that "the back of the right occipital-parietal portion of (Kennedy's) head was shattered, with brain substance extruding."⁴³ "I assume that the right occipital parietal region (right rear) was the exit."⁴⁴ Akin reaffirmed this to *The Globe* team and basically did not accept the official picture. On seeing the sketch, he said, "Well in my judgment at the time, what I saw was more parietal. But on the basis of this sketch, if this is what Bob McClelland saw, then

it's more occipital."⁴⁶ Akin further said that Dr. Kemp Clark saw the entry wound in the temple.

Dr. Fouad Bashour, an Associate Professor of Medicine in Cardiology at the time, was the subject of an article in the *Texas State Journal of Medicine* in January, 1964, along with some of the other doctors present in the Emergency Room. Livingstone interviewed Dr. Bashour in 1979 in his office in the presence of his secretary, Lee, and others. He was most insistent that the official picture was not representative of the wounds, and he continually laid his hand both on the back of Livingstone's head and his own to show where the large hole was. "Why do they cover it up?" he repeated numerous times. "This is not the way it was!" he kept repeating, shaking his head no.⁴⁶

On the same day in 1979, Livingstone interviewed Dr. Charles Baxter in a lengthy taped conversation. He had told the Warren Commission that there was a "large gaping wound in the back of the skull."⁴⁷ He told Livingstone that without question, the back of the head was blown away: "It was a large gaping wound in the occipital area."⁴⁸ He did think it might have been a tangential wound of some kind. But he could not have been more clear when he rejected the official picture. When *The Globe* interviewed him later, he again did not fully support the picture.⁴⁹

Baxter also insisted that the wound in the throat was "no more than a pinpoint. It was made by a small caliber weapon. And

it was an entry wound."⁶⁰ Now a Professor of Surgery at Parkland, he was an Assistant Professor at the time of the assassination.

Margaret Hood, whose name was Henschcliffe at the time, had been an Emergency Room nurse for twelve years when the President was brought in. She helped wheel him in and helped prepare the body for the coffin. Interviewed by reporters in 1981, she drew a picture of the large wound on a model of a skull. She sketched a gaping hole in the occipital region which extended only slightly into the parietal area, thereby rejecting out of hand the official picture.⁶¹ She also insisted the President had an "entry" wound in his throat.

Livingstone taped an interview with Dr. Marion Jenkins in 1979 in the presence of 13 witnesses. Dr. Jenkins stared at the official picture for a long time and then said: "No, not like that. Not like that. No. You want to know what it really looked like?"⁶² It was Dr. Jenkins who picked up the head of the President to show Dr. Dulany that the back of it was completely gone.

Dr. Jenkins had told the Warren Commission, "There was a great laceration of the right side of the head ... (temporal and occipital) even to the extent that the cerebellum had protruded from the wound." "I would interpret it (as) being a wound of exit."⁶³ In 1979, when shown the official photograph, he told Livingstone: "Well, that picture doesn't look like it from the

back." Jenkins continually demonstrated on his head and Livingstone's where the large exit wound was, in the rear and slightly to the side, covering the cowlick area where it would certainly show in the autopsy photograph. "You could tell at this point with your fingers that it was scored out, that the edges were blasted out." He emphasized the word "out" twice. He continually beat on the back of the author's head with the palm of his hand to demonstrate where the large hole was.

There were many people standing in Dr. Jenkins' office watching, and there was no question about what he was saying when these pictures were first shown to him, or any of the other doctors. They had never been permitted to see them before.

Jenkins was the Chief Anesthesiologist at Parkland at the time, and is now Chairman of the Southwestern Medical School's Department of Anesthesiology. Why did the Committee not show Dr. Jenkins (or any of the other Parkland doctors) the autopsy photographs? Had they pre-ordained that the doctors were mistaken about the wounds? If so, why interview them at all?

Dr. Adolph Giesecke, Jr., currently Professor and Vice-Chairman of the Southwestern Medical School's Department of Anesthesiology, was an Assistant Professor there in 1963. Livingstone first showed him these pictures in 1979, and taped his responses. When Livingstone read the statements of each witness before the Warren Commission describing a large blowout in the back of the head, Giesecke said very emphatically

"Right!" Livingstone showed him the picture Dr. McClelland approved, showing the hole in the back of the head: "Would you say that this picture on page 140 of Thompson's book (paperback ed.) is an accurate representation?" "From what I saw, I think that's a reasonable representation," Dr. Giesecke replied.⁵⁴

In 1979, Dr. Malcolm Perry--one of the most important witnesses among the Parkland doctors--who refused to be interviewed by Ben Bradlee, Jr., was shown copies of the alleged autopsy photos by Jeff Price of the *Baltimore Sun*. It was an emotional encounter and Dr. Perry was moved almost to tears. He said the pictures of the back of the head were not accurate.

In an article in *The Baltimore Sun* headlined **"The Bullets Also Destroyed Our Confidence"**⁵⁵ Steve Parks wrote: "Why were the doctors at Parkland Hospital who tried to save the president's life and who declared him dead never consulted about the autopsy (conducted by military authorities), and why have the autopsy photos never been shown to these doctors? Earlier this year, during an investigation by *The Sun*, one doctor who had been given access to copies of the photos said the president's head wounds in the pictures were not consistent with what he recalled seeing that day 16 years ago." This was Dr. Malcolm Perry.

Dr. Perry, now a Professor of Surgery and a General Surgeon at the time, performed the tracheotomy on the President when he was brought into the emergency room. He appeared twice before

the Warren Commission and described "a large wound of the right posterior parietal area in the head exposing lacerated brain,"⁵⁶ and "a large avulsive wound of the right occipital parietal area in which both scalp and portions of skull were absent, and there was severe laceration of underlying brain tissue...."⁵⁷ The Associated Press dispatch on November 22 stated that Dr. Perry "said the entrance wound was in the front of the head." This is a long way from the cowlick. All the AP wires that day stated that the President had a large hole in the "back" of his head.

The Globe report

On June 21, 1981, the *Globe* published an article based on taped testimony basically corroborating the authors' findings. It appears that the *Globe* editors attempted to water down this powerful evidence, discrediting the secret autopsy pictures by quantifying their results on a scale of 1 to 10. They had to literally change--or loosely interpret--the testimony of some witnesses. Although the *Globe* found overwhelming evidence that the pictures are false, the evidence they claim supports the autopsy photographs appears very weak when we realize that *all* the doctors they cite as supporting the picture had previously denounced it.

Ben Bradlee, Jr. wrote co-author Livingstone, "Dear Harry: Here is the story as it appeared yesterday. It is not as I wanted it, as the enclosed copies of my original drafts will attest. There was so much haggling over the piece, however, I

was glad just to be done with it and get it in the paper. Note your acknowledgement at bottom left. Thanks for the book. Best regards, Ben."

Of all the many witnesses, the *Globe* counted four who they felt supported the picture.⁵⁸ Three of the four had made strong statements denouncing the picture at one time.

The *Globe* wrongly interpreted the data on doctors Giesecke, Jenkins, Perry, and Carrico, for they all had been led to believe--after their interviews with the author and the *Sun*--that there was a flap of scalp on the back of the head which was pulled down to show an alleged entry wound. We have already seen that the autopsists hotly denied that there had been an entry wound in that region, and they said, like many other Dallas witnesses, that there was no scalp there to be pulled down,⁵⁹ Lifton's theory notwithstanding.

Dr. Giesecke confirmed to *The Globe* that the back of the head was missing, but he had been told--after Livingstone had spoken to him and before *The Globe's* visit--about the alleged flap of scalp. *The Globe* erroneously interpreted this as meaning that he no longer felt there was a large hole in the back of the head. Trying to explain this, Dr. Giesecke later wrote co-author Livingstone: "in doing so (pulling down the flap), the underlying bony defect is obscured,"⁶⁰ making clear that the large hole was still there.

The *Boston Globe* completely ignored the evidence co-author

Livingstone had obtained from Dr. Jenkins, and claimed that the doctor agreed with the autopsy photographs (without being shown them by the *Globe*). Dr. Jenkins is not quoted or mentioned in the *Globe* article, but the following statement is used by him to discredit what Jenkins had said before: "I thought it was cerebellum, but I didn't examine it." They wrote in their notes that he was therefore mistaken in his statements concerning the hole in the back of the head, and they presumed that he had never looked at the back of the head. It was this, and only this, that the *Globe* used in their rejection of Jenkins' clear position that the large hole was above and posterior to the right ear, which he in fact pointed out to Bradlee, whom he made lie down for the demonstration.

The House Assassinations Committee interviewed Dr. Jenkins in November 1977. He told the investigator that he "was the only one who knew the extent of the head wound." "His location was customary for an anesthesiologist. He was positioned at the head of the table so that he had one of the closest views of the head wound. Regarding the head wound, Dr. Jenkins said that only one segment of bone was blown out--it was a segment of occipital or temporal bone. He noted that a portion of the (lower rear brain) cerebellum was hanging out from a hole in the right--rear of the head."⁶¹ They did not show him the autopsy photographs.

The Sun published the fact that Dr. Malcolm Perry hotly denounced the picture, but *The Globe*, although they did not

interview him, said that he supported the autopsy photograph. They did not print the denial or any reference to this doctor.⁶² In any event, *The Sun's* intensive interview with Dr. Perry was conducted in front of witnesses, and the results corroborated the testimony of every other witness who had been interviewed up to that time.

The Assassinations Committee interviewed Dr. Perry in 1978, but did not show him the autopsy photographs. Perry told the interviewer that he had looked at the head wound and that it "was located in the 'occipital parietal' region of the skull and that the right posterior aspect of the skull was missing."⁶³ It does not make sense that Dr. Perry and the only other two Parkland doctors (Jenkins and Carrico) the Committee interviewed would have somehow changed their observation that the back of the head was missing for the *Boston Globe*.

In addition, the testimony of Dr. Perry to the Warren Commission, and his extensive first-hand experience with the wounds, makes any later retraction attributed to him not credible.

The fourth witness, Dr. Carrico, made such contradictory statements to the *Globe* that it would be inaccurate to count him as supporting the picture. Dr. Carrico told the Warren Commission: "The wound that I saw was a large gaping wound, located in the right occipitoparietal area. I would estimate it to be about 5 to 7 cm. in size, more or less circular, with

avulsions of the calvarium and scalp tissue. As I stated before, I believe there was shredded macerated cerebral and cerebellar tissues both in the wounds and on the fragments of the skull attached to the dura."⁶⁴

When interviewed in January 1978 by the House Assassinations Committee, Dr. Carrico repeated the same thing: "The other wound was a fairly large wound in the parietal, occipital area. One could see blood and brains, both cerebellum and cerebrum fragments in that wound....The head wound was a much larger wound than the neck wound. It was five by seven centimeters, something like that, 2 1/2 by 3 inches, ragged, had blood and hair all around it, located in the part of the parietal occipital region...above and posterior to the ear, almost from the crown of the head,"⁶⁵ that is, just where the small entry wound shows in the alleged autopsy photograph. It would have been impossible for this to be true without showing on the photograph.

Dr. Carrico was not interviewed by the *Globe*, but he wrote them two contradictory letters.⁶⁶ In nearly all other cases, the witnesses have just as clear a picture of the events of November 22, 1963 today in 1988 as they did then.

The first spontaneous, emotional response of a witness is the most credible. In legal terms, such evidence bears the indicia of truth and reliability, before the witness has a chance to be subjected to conflicting influences and pressures,

and/or reflect on his own self-interest. Eyewitnesses can be very wrong, depending on the circumstances, but the medical witnesses at Parkland, the President's wife--who held his head in her lap--and other officials and agents present in Dallas cannot all be wrong.

Dr. Robert Grossman, now a Professor and Chairman of the Department of Neurosurgery at the Baylor College of Medicine in Houston, had just joined the staff at Parkland at the time of the assassination as an Instructor in Neurosurgery. He never testified to the Warren Commission or to the Assassinations Committee. He said that he saw two large holes in the head, as he told *The Globe*, and he described a large hole squarely in the occiput,⁶⁷ far too large for a bullet entry wound, which would have shown in the disputed picture. It does not.

Since the *Globe* did not take into account the previous testimony taken by Livingstone and the *Baltimore Sun*, it would seem that by their own standards, any testimony or position on the issue of the validity or lack of validity of the autopsy photographs should be discounted--especially if they did not actually speak to the witness. The *Globe* and Ben Bradlee, Jr. had no contact whatsoever with Dr. Kemp Clark or Nurse Diana Bowron, yet the *Globe* placed them on their chart ranking as 9s on a scale of 1 to 10, ten meaning total disagreement with the autopsy photographs.

Dr. David Stewart wrote Livingstone on December 11, 1981:

"I enjoyed our phone conversation and I appreciate your sending the material. I'll try to answer your questions as well as I can.

"On the Joe Dolan radio show, I meant to indicate that there was no controversy concerning the wounds between the doctors in attendance. I was with them either separately or in groups on many occasions over a long period of time.

"Concerning exhibit F-48, there is no way the wound described to me by Dr. Perry and others could be the wound shown in this picture. The massive destructive wound could not remotely be pulled together well enough to give a normal contour to the head that is present in this picture." We would have to say that if Dr. Stewart did not actually see the wound, then this is hearsay evidence insofar as what he saw or did not see. What is admissible in evidence here is what he was told by Dr. Perry, the wound described to him.

Dr. Jackie Hunt, like Dr. Bashour, was not interviewed by *The Globe*, but Livingstone showed her the picture in 1979 and she instantly denounced it. She did not see the back of the head because she was standing directly over the President, but she insisted that the back part of the head was blown out and rejected the official picture. "That's the way it was described to me," she said, saying that the back of the head was gone.⁶⁶ Had the large defect been anywhere else, she would have seen it and described it. Dr. Akin said that if you looked directly down

on Kennedy, you could not see the large hole.⁶⁹ Therefore, Dr. Hunt's testimony is significant.

Dr. Hunt responded to Livingstone's question: "So, the exit wound would be in the occipital-parietal area?" "Yeah, uh-huh. It would be somewhere on the right posterior part of it...." She pointed to the sketch from *Six Seconds In Dallas*: "That's the way it was described to me." "I went around this way and got the equipment connected and started--but I saw the man's face like so, and I never--the exit wound was on the other side--and what was back there, I don't know. That is the way it was described to me," she said, pointing to the sketch showing the large hole in the back of the head. "I did not see that. I did not see this part of his head. That would have been here," she said, and put the palm of her hand on the back of Livingstone's head. She did this before Livingstone showed her the sketch from Thompson.⁷⁰

→ The issues and the evidence

The main issues, then, are whether or not there was a large hole in the back of the head, whether it would show in the autopsy photographs, whether it was covered by a flap of scalp, and where the entry wound or wounds were located. (The rear entry hole in the official photo now appears where the large hole in the back of the head originally was.)

The overwhelming weight of the evidence appears to demonstrate beyond all question that the official picture of the back of the President's head does not show the wounds as they

were, and that the photographs were tampered with in some way so as to conceal the existence of other shots and snipers and change the evidence of the direction from which the shot entered the back of the head. A shot striking the President where the autopsy report placed it, at or near the hairline of the back of the head, would not, and indeed could not, have blown out the portion of the head which was in fact blown away. The fact remains that the autopsists themselves seriously questioned the photos. The common denominator among every witness interviewed was their denunciation of the official autopsy photograph.

This conclusion must be taken together with the fact that there are many more anomalies in the case, with similar questions, each one compelling the conclusion that evidence had been planted, fabricated, faked, destroyed or forged. Perhaps one way of resolving the questions, short of exhumation, is to gather all the Dallas witnesses in one room, together with those who were in the autopsy room in Maryland, and show them the secret pictures. This should be done immediately.

In addition, Dr. Robert Grossman told the *Globe* "It was clear to me...that the right parietal bone had been lifted up by a bullet which had exited." Thus, one of the doctors who saw President Kennedy before he died observed two large holes in the head, though the hole in the right temple area was largely closed. Dr. James J. Humes, the autopsist, in effect described both of these large wounds as wounds of exit. Co-author Robert

Groden found in the films made during the shooting clear, strong evidence of two separate shots to the President's head, the first from behind and the second from in front. Each of these shots blew out a portion of skull. The shot from the rear created a flap of skin and bone over the right temple area, which appeared closed until reflected back at the autopsy; and the second shot destroyed the rear of his head, throwing the President backwards at great speed. The opened flap is visible on the right side of the head in the alleged autopsy photographs.

→ Groden's Report

The House Assassinations Committee published the following report by co-author Robert Groden: "My visual inspection of the autopsy photographs and X-rays reveal evidence of forgery in four of the photographs," showing the back of the head. "Within the circumference of the President's head, there is an irregular line. Within this line the hair appears black and wet. On the outside of the line it is auburn and completely dry. In later generations of these photographs, a large degree of contrast buildup becomes apparent at the line's edge and the line becomes clearly defined. This phenomenon is characteristic of crop lines in matte insert processes used for retouching and recomposition of photographs. It is my opinion that these two photographs are forgeries, composites manufactured to eliminate evidence of an exit wound in the rear of the President's head. The only method

I am aware of that could have been used to create these composites is known as 'soft edge matte insertion.'"⁷²

Groden was not allowed to talk about this when he was interviewed on national television during the first day of the Committee's public hearings. He was carefully coached as to what he could or could not say. "Don't volunteer anything," he was told. "Just answer the questions." They lied and told him that he would have another opportunity to appear and present whatever else was on his mind, which never happened.

The Warren Commission often simply rewrote witnesses' testimony, if they didn't want it to go into the record, or ignored it. Coaching of witnesses in our judicial and legislative process is common. In the chapter on acoustics, we will discuss the other major findings the Committee did not want Groden to talk about.

Livingstone asked Colonel Fletcher Prouty, former liaison between the CIA and the Pentagon, who has written about the conspiracy which overthrew the President in a domestic *coup*, "How could the autopsy photos be faked?"

"Now you are getting to the core of the problem. That is where the solution lies!" he told us.⁷³

➤ Eye-witness accounts

The Secret Service agents who were in the limousine when it arrived at Parkland, in the trauma room, and in the autopsy room at Bethesda, testified, beginning with Clint Hill: "The right

rear portion of his head was missing. It was lying in the rear seat of the car. His brain was exposed. There was blood and bits of brain all over the entire rear portion of the car. Mrs. Kennedy was completely covered with blood. There was so much blood you could not tell if there had been any other wound or not, except for the one large gaping wound in the right rear portion of the head."⁴

The driver of the limousine, William Greer, said: "His head was all shot, this whole part was all a matter of blood like he had been hit."⁵ The examiner asked Greer if the part of the head that was gone was "the top and right rear side of the head?"

"Yes, sir; it looked like that was all blown off."

Another Secret Service agent, Roy Kellerman, was shown a picture of a head, indicating the rear portion: "Yes." "More to the right side of the head?"

"Right. This was removed." "When you say, 'This was removed,' what do you mean by this?" "The skull part was removed." "All right." Representative--later President--Gerald Ford asked him "Above the ear and back?"

"To the left of the ear, sir, and a little high; yes. About right here." "When you say 'removed,' by that do you mean that it was absent when you saw him, or taken off by the doctor?" "It was absent when I saw him." "Fine. Proceed."

"Entry into this man's head was right below that wound,

right here," Kellerman said. "Indicating the bottom of the hairline immediately to the right of the ear about the lower third of the ear?" "Right. But it was in the hairline, sir."

"In his hairline?" "Yes, sir." "Near the end of his hairline?" "Yes, sir." "What was the size of that aperture?" "The little finger." "Indicating the diameter of the little finger." "Right."

"Now, what was the position of that opening with respect to the portion of the skull which you have described as being removed or absent?"

"Well, I am going to have to describe it similar to this. Let's say part of your skull is removed here; this is below." "You have described a distance of approximately an inch and a half, 2 inches, below." "That is correct; about that, sir," Kellerman said."

The "damn record"

In 1978, Dr. Humes was shown the photographs and X-rays, and he told the Assassinations Committee panel of experts that the wounds were not in the right place. Dr. Petty, the Medical Examiner of Dallas County, asked him, "I am now looking at X-ray No. 2. Is this the point of entrance that I'm pointing to?" referring to the cowlick area." "No." "This is not?" "No," both Drs. Humes and Boswell, the autopsists, replied. Who should know better than they?

"Then this is the entrance wound. The one down by the

margin of the hair in the back?" "Yes, sir." "Well, in terms of the inshoot, my impression when I first looked at those films was that the inshoot was higher," Dr. Davis said. "No, no, that's no wound," Dr. Humes said, pointing to the newly discovered apparent bullet hole in the cowlick area.⁷⁹ The autopsists continually repeat this denunciation.

How could the head wounds (and back wounds) move? The front page stories in 1963 asked: How could the President be shot from in front from behind?⁸⁰

Later on, discussion was silenced by Dr. Loquvam: "I don't think this discussion belongs in this record ... We have no business recording this, ... This is for us to decide between ourselves; I don't think this belongs on this record. ..."

Dr. Humes attempted to go on and was again interrupted; "I don't think this belongs on the damn record....You guys are nuts writing this stuff. It doesn't belong in that damn record." What was it? It's not in the damn record.

When Humes came out of the room, he told George Lardner, Jr. of the *Washington Post* "They had their chance, and they blew it. They didn't ask the right questions."⁸¹

On February 5, 1988, co-author Livingstone spoke to both Dr. James J. Humes, and Dr. J. Thornton Boswell, the U.S. naval officers who conducted the autopsy in the death of President Kennedy on the evening of November 22, 1963.

To the author's knowledge, no-one has ever been able to

interview these doctors as to specific details of evidence in the case, due to the threat of courts-martial laid on the doctors by the Navy, or other forms of intimidation. The authors are also investigating the death by gunshot of Lt. Cmdr. William Bruce Pitzer, who was found dead in his office at Bethesda Naval Hospital on October 29, 1966. We believe, (along with his family) that Bruce Pitzer was murdered. The authors believe that Pitzer was murdered as part of the coverup in the death of President Kennedy, and that his death in Bethesda Hospital was meant as a warning to other witnesses in that hospital. His family was told that his death was a suicide, which seems completely unlikely for many reasons outlined by his family.

Nevertheless, the authors were able to obtain a small piece of very important information from the autopsy doctors. After refreshing Dr. Boswell's memory as to the placement in the autopsy report of the entry wound at or near the occipital protuberance at the back of the head, and then describing the fact that when the alleged autopsy photos and X-rays were examined sometime later by the Clark Panel of doctors, they found that the entry wound had moved some four to five inches up on the head to the cowlick area, Dr. Boswell stated quickly and emphatically: "It didn't move!" This is the same position both he and Dr. Humes insisted upon to the panel of doctors who interviewed them for the House Assassinations Committee, when both doctors insisted that the photos and X-rays did not show

the entry wound remotely near where they saw it.

Dr. Boswell repeated this twice more during a continuing presentation of those facts by the author. That makes a total of three reaffirmations that the entry wound was low down on the head near the hairline.

But when the author then attempted to ask if there was in fact a large hole in the head where the entry wound now shows in the alleged photos of the body, the doctor would not answer, and terminated the discussion. Both doctors hung up as soon as they could when this crucial question was broached with them.

Dr. Boswell described the morgue where the autopsy was conducted. When asked about the death of Pitzer in the hospital, both doctors became hostile. "What business is that of yours?" Dr. Humes demanded. Years ago, the author had spoken with Dr. Humes on two occasions, once for about an hour and once for a half an hour. During all that time, Dr. Humes would not discuss a single issue of fact.

Stonewalling
In the most recent discussion, Dr. Humes stated "We have nothing to hide. Go ahead and call Dr. Boswell. He has nothing to hide. He is in the Washington phone book." Moments later, when asked whether or not there was a large hole in the back of the head, Dr. Humes became hostile, and said "What business is it of yours?" Later he said, "I'm sorry, I can't discuss this with you. These things don't concern you."

The clear impression was that this evidence was U.S. Navy

business, and that it was not anyone's right to know. It is everybody's business. The author felt a steel door slamming shut at those key points in the conversations; he had come face to face with what *The New York Times* has called "The Inner Government." Boswell said, "I can't talk about it" or "I don't remember." Dr. Boswell could recall very precisely and give a description of the morgue where the autopsy was conducted, but he could not remember where the large hole in the President's head was and what it looked like.

Boswell also said that Pitzer was not present at the autopsy (he is not on the list of those officially present), despite several reports that he was not only there but filmed the autopsy. Since he worked in the hospital and was a cameraman, it seems logical that he might have walked in during the autopsy.

The overall impression in speaking with these doctors over the years is that they are covering up. It is not just that they were ordered a long time ago not to talk about the case, but if the government had nothing to hide with regard to the autopsy, they would not refuse to discuss a simple point of evidence concerning the condition of the back of the head.

In the past, the authors have tried to give these doctors the benefit of the doubt, but their position seems highly questionable. It is clear that something of major importance is being hidden. Since the authors believe that what the doctors

did offer by way of evidence is important enough, we felt that it wasn't worthwhile to criticize these men. On balance, it is clear that the crimes of murder and obstruction of justice were committed within the jurisdiction of the states of Maryland and Texas, and that these doctors are participating in an illegal cover-up. The Federal government does not now have and never has had jurisdiction in the case, but they usurped these matters. For instance, Cmdr. Pitzer may have actually been murdered elsewhere and brought into Bethesda where he was found dead to make it far more difficult for the Maryland authorities to investigate his murder, even though they have jurisdiction over crimes committed on Federal property and military bases within Maryland. The fact that Pitzer's autopsy report has never been released to his widow and family indicates that another murder has been covered up.

The right questions

What were the right questions which should have been asked of the autopsists? *"Where, exactly, was the large exit defect in the head? Did you find a whole bullet? Did you note a large bullet fragment imbedded on the outside of the skull near the alleged entry hole shown in the present X-rays and photos, or another large bullet fragment behind the forehead inside the skull? Were there two large exit defects? Could a bullet have entered the hole on the right forward side of the head and blown out the back of the head? Was there any scalp in the back of the*

head which could have been pulled down to make this picture? Why did your report state that the entrance hole was slightly above the occipital protuberance when you now state that it was slightly below it? Did you make a mistake, or was your report altered? Did anyone tell you what to write? Why was the word 'puncture' changed to 'lacerated' in several places in the handwritten copy of your report? Was the brain severed from its root? How many entry wounds did you see? Exactly where was the wound in the back and how deep did it go? Was there another wound of entry in the front of the head or in the left eye or temple? What does Dr. Boswell's drawing of an apparent wound there mean? Why do you think the autopsy photographs are inaccurate? Did the large hole in the rear of the head cover the cowlick area, where we now see an apparent entry wound?"

It wasn't in the damn record.