

*Confidential per W.M. from wall  
11/6/78*

DATE: October 22, 1978  
TO: Andrew Purdy, House Select Committee on Assassinations, U.S. House of Representatives, Washington, D.C.  
FROM: Wallace Milam, #30 Troy Road Apartments, Dyersburg, Tenn. 38024  
SUBJECT: CONTRADICTIONS IN THE MEDICAL EVIDENCE AND THE AUTHENTICITY OF AUTOPSY MATERIALS EXAMINED BY THE HSCA

Preliminary statement:

- A. The HSCA has failed to reconcile important differences in the descriptions of the President's wounds given by the Dallas doctors, the autopsy pathologists, and later examining medical panels, including the HSCA medical panel.
- B. The HSCA is confronted with the disturbing phenomenon of certain medical experts (Drs. Spitz and Weston, for example) giving different interpretations to the examination of the same autopsy materials at two different points in time.
- C. The HSCA must explain how the autopsy physicians could make glaring errors in the locations of wounds, in the light of their access to the body, to X-rays, and to photographs depicting the wounds.
- D. The HSCA has not seriously considered the possibility of alteration of the body of the President, although there exists a considerable body of circumstantial evidence that this happened.
- E. The HSCA conducted an inadequate and incomplete public examination of Dr. James Humes, and did not call upon Dr. Humes to attempt to clear up vague and unclear autopsy worksheets, and did not confront him with obvious discrepancies in his written reports and the later findings of the HSCA medical panel. To those familiar with the medical evidence in this case, the questioning of Dr. Humes was a travesty.

Factors for consideration:

- A. The non-fatal "back-throat" wound
  - (1) The HSCA medical panel now finds that the "entrance" wound in the back is 2 inches lower than the autopsy report, the Rydberg sketches, and other examiners of the materials have located it. This would place the wound between the 2nd and 3rd thoracic vertebrae, and would mean that a bullet causing this wound transited the neck in an "anatomically upward" path to emerge through the throat, and would require that the President be leaning forward at the moment of impact.
    - (a) Why have earlier panels (1966 autopsy review, Clark Panel, Dr. Weston, Dr. Latimer) unanimously located the entry point higher and have stated that the bullet followed an anatomically downward path?
    - (b) Dr. Weston stated on CBS-TV ("American Assassins" Part I, Dec., 1975) that the entrance wound was at the 6th or 7th

cervical vertebra, and that the wound could not be lower or the bullet would have punctured the lung. Now, as a member of the HSCA panel, he concurs in a point of entry 2 inches lower. Dr. Spitz endorsed an anatomically downward path as a member of the Rockefeller Panel, but now finds an anatomically upward path as a member of the HSCA panel.

- (c) The Clark Panel saw a trail of metallic fragments in the X-rays of the upper chest; the HSCA panel does not find these.
  - (d) In presenting evidence for a bullet transiting the neck from back to front, Dr. Baden spoke glibly of bullet holes in the shirt front and the necktie knot, in spite of the fact that neither of these front defects had metallic traces while those holes in the back of the coat and shirt did contain traces from a bullet. Dr. Baden must also have known that the slit said to constitute a bullet hole in the shirt collar is higher on one side than on the other, indicating that it was made when the collar was unbuttoned. Further, Dr. Carrico, the only doctor to see the throat wound when shirt and tie were intact, told the Warren Commission that the wound was above the necktie knot.
- (2) Dr. Perry has stated that he did not leave the throat in the condition which the photographs displayed by the HSCA panel show it to be in. The pictures showing the throat wound are not consistent with any type of tracheostomy.
- (a) It is difficult to accept the assertion that a pathologist could not recognize the semi-circular defect in the throat wound as a bullet mark, especially in light of the fact that the autopsy physicians were supposedly searching for some explanation of a pathway for the bullet hole in the back.
  - (b) Dr. Ebersole has said that the throat wound had been sewn up when he saw it at the autopsy. Did others see this (no one has asked)? If so, who sewed it up?
- B. The public statements of Blakey and Humes
- (1) Dr. Blakey, in his introduction to the medical evidence, made several significant errors in presenting the "facts."
    - (a) Blakey stated that Mrs. Kennedy chose Bethesda as the place for the autopsy; in fact, Dr. Burkley suggested to Mrs. Kennedy that the autopsy needed to be done at a military medical facility. She then indicated that she preferred a naval facility.
    - (b) Blakey stated that Humes was a forensic pathologist in November, 1963; he was not.
    - (c) Blakey stated that Dr. Humes decided not to dissect the neck area. Dr. Finck's sworn testimony is that a military



figure in the room ordered that the neck not be dissected. (CBS-TV indicated in December, 1975, that Dr. Burkley was this person.)

- (d) Blakey mentioned Drs. Burkley and Galloway as having given permission for the autopsy. In fact, an FBI document indicates that Dr. Burkley tried to cause only a "limited autopsy" (his wording) to recover a bullet in the President's back (which he supposedly had no means of knowing the existence of at that time--if the body was not turned over at Parkland and if Dr. Burkley did not examine the body between Parkland and Bethesda). Dr. Burkley then had to be convinced by Secret Service and FBI personnel present that an autopsy would be necessary to recover bullets to be used as trial evidence.
- (2) Dr. Humes appeared before the HSCA in public examination but escaped being asked any relevant questions:
- (a) The autopsy face sheet (CE 397), front side, has a dot locating a back wound, and contains a written location for that same wound alongside the figure ("acromion.... mastoid"), which places the wound considerably higher. We have been told by Dr. Boswell and every medical panel which reviewed the autopsy materials before that the dot was an incorrect approximation and that the written notation was accurate. Now the HSCA panel, comprised of some members of earlier examining panels, states that the written notation is incorrect, being too high. How can this be? Why is there a "precise" written location which is incorrect? Why was Dr. Humes not asked about this? Was this written notation made during the autopsy?
- (b) The autopsy face sheet (CE 397), back side, shows a sketch of a skull containing written and sketched information not contained in the autopsy report: a 3 cm. defect in the bone over the left eye, fracture of the globe of right eye, vomer bone crushed, etc. Numbers on the skull indicate a much larger area missing than is reported in the autopsy. In light of statements by Sibert and O'Neill (discussed later) that there had been surgery to the top of the head, does this matter not require pursuit? Numbers appear on the back of the head in the sketch, an area which is supposedly intact and without injury. Mr. Purdy has said of this sketch: "We have problems with that." The Committee has access to the man who made the sketch; the Committee had Dr. Humes before it; why not try to resolve some of those problems with this sketch?
- (c) Counsel Blakey stated that Dr. Humes did not trace the path of a bullet through the President's back and neck during the autopsy, but did so after learning of the existence of a throat wound hidden by the tracheostomy after talking with Dr. Perry on the day following the autopsy. In this connection, it should be noted:

- (i) Humes committed perjury before the Warren Commission when he told Commissioners McCloy and Cooper that he had been able to trace "with certainty" a bullet passing through the neck region. (Since Dr. Humes had no further access to the X-rays and photographs or the body, he would have had no further opportunity to make this certain determination.)
- (ii) The HSCA should have asked Humes when he first wrote anywhere that a bullet transited the neck and emerged through the throat. (Is it plausible that Humes was willing to close the autopsy during the night of November 22-23 without any written accounting of the back wound?) Humes has stated that his first draft was the same as the final draft, which was copied verbatim from the first. When was the first draft written? (If it is the same as the final draft, it must have been written after the discovery by telephone of the existence of a throat wound.) Did Humes then consult with Boswell and Finck? Did they feel any apprehension about in-ferring a bullet path without a body? Did they think it odd that they were ordered not to dissect the neck? These are questions which could have been explored during Dr. Humes' public appearance; they were not.
- (d) Major problems exist concerning Dr. Humes' location of the head wound:
  - (i) The HSCA and Clark Panels locate the entrance wound in the back of the head 4 inches higher than did Humes' autopsy report. This is an intolerable error, and the HSCA apparently will attempt to say that Humes made an error when he mistook dried blood and brain matter on the back of the head for a lower entrance wound there. Are we now to accept this absurd picture: Humes, with X-rays hanging before him showing a hole 4 inches higher up plus a 6.5 mm dark metallic fragment lodged there, with an intact cerebellum in the skull on the table before him, locates the entrance wound just above the external occipital protuberance, a position which would require that it must strike the cerebellum in its forward movement, then is thrown off by bits of dried blood and makes a 4-inch error? And then, in 1966, in a 5-hour examination of the same materials, he and his two colleagues re-affirm the location of the wound and then list in the inventory of materials (p. 8, #42) the existence of transparencies, negatives, and color prints of a "missile wound in the right occipital region." And where are these photographic materials today?



(ii) It has been stated that there are no serious discrepancies in Humes' findings and those of the HSCA medical panel. This is demonstrably false. What would a complete and searching questioning of Dr. Humes reveal? Could he stand up to such a questioning? Would the HSCA permit a person well-versed in the medical evidence to conduct such questioning of Humes?

C. The Location of the Large Head Wound

- (1) The head wound is described by the doctors at Parkland Hospital as one of the posterior skull. With each examination of the X-rays and photographs by medical panels, the location of this wound seems to move forward. The sketches by Ms. Dox used by the HSCA in the Baden presentation could never be said to depict an explosive wound of the posterior skull; by now, the defect (not merely fracturing) involves the frontal bone as well as those adjacent to it in the rear (temporal and parietal).
- (2) Dallas doctors described the head wound as being occipital, parietal, and the back part of the temporal area. Seven doctors specifically mention the occipital bone as being damaged. The "Harper fragment" was found and was first said to be of occipital bone material.
- (3) Five persons at Parkland described cerebellar tissue being disrupted and exploded from the posterior head wound.
- (4) It cannot be argued that the Dallas doctors did not observe carefully or could not see the posterior skull; Dr. Clark said he "examined the head wound" and Dr. McClelland said he "closely examined" the head wound, looking down into the cerebral and cerebellar area at the rear through the defect in the skull bones there.
- (5) At the 1966 review of Humes, Boswell and Finck, they describe the defects as being mainly in the parietal, but "somewhat into the temporal and occipital," with no mention of defects to the frontal. At this stage, Dr. Humes and his colleagues still locate the entrance wound to the head in the occipital bone (by inference: "just above external occipital protuberance").
- (6) Beginning with the Clark Panel review, the frontal bone first comes into mention and the occipital bone disappears in so far as having any holes in it. Since that time, we have been told:
  - (a) that the rear entry wound is 4 inches higher, moving it out of the occipital bone;
  - (b) that the occipital bone is completely intact;
  - (c) that the cerebellum, parts of which 5 Dallas doctors saw outside the President's head and on his stretcher, is completely intact;
  - (d) that the "Harper fragment" is actually a piece of the parietal bone, not the occipital.

- (7) Is it not significant that during the supplementary autopsy two weeks later, the pathologists took tissue slides from the right cerebellar area? If there was no damage to the right cerebellar area, why was it examined?
- (8) Note the timing of the "disappearance" of the brain: a panel of pathologists looks at materials which move the entrance wound in the back of the head upward, out of the occipital area, projecting a missile pathway which completely misses the cerebellum, then it is revealed that the preserved brain (without coronal sectioning) is missing. If that brain had been examined and the cerebellum found to be blasted, it would have been destructive of the current theory of the missile pathway.

D. The Sibert-O'Neill Report

- (1) The report by FBI agents Sibert and O'Neill contains important indications of alterations of the President's body. These two men should be questioned extensively on these matters:
  - (a) Memos make it clear that as laymen, the two men relied upon Dr. Humes for interpretations and measurements, and, therefore, their assertions cannot be dismissed as unqualified interpretations which they made on their own.
  - (b) The Sibert-O'Neill Report states that when the body was unwrapped at Bethesda, it was discovered that additional materials had been placed around the head of the President. Is this consistent with accounts by Dallas personnel who prepared the body after death? Can the HSCA determine who placed this extra wrapping there?
  - (c) Sibert and O'Neill say that it was obvious that a tracheostomy had been performed as well as "surgery of the head area, namely to the top of the skull." How was it so obvious? Did Dr. Humes say this was a fact? Who did this surgery? Is there a relationship between this statement and the head sketch on the back side of CE 397? Was the tracheostomy obvious because it had stitching? Why not ask Sibert and O'Neill? Why not ask Humes?
- (4) The Report mentions a 10 x 6.5 cm. piece of skull which was delivered to the autopsy room in the latter stages of the autopsy. A Secret Service report states that this was found between seats of the limousine. Where is the chain of possession for this piece of bone? Who found it? Where are the various receipts which would trace it from Dallas to Bethesda? What is the relationship between this fragment and the total of 3 which is now reported?
- (5) The Sibert-O'Neill Report appears to contain alterations and deletions in its present form:
  - (a) On page 3, paragraph 4, letters following the words "Arrangements were made" appear to have been removed.
  - (b) On page 3, paragraph 4, after the words "autopsy by" there appears to be a deletion which might have indicated



that someone other than the U.S. Navy and the Secret Service made autopsy arrangements.

- (c) On page 4, paragraph 1, a gap exists between the words "autopsy" and "inspection" and the word "autopsy" is positioned below the remainder of the words on this line. The paragraph deals with bullet fragments removed from the body.

Concluding statements:

- A. The following facts are in evidence:
- (1) A majority of the witnesses in Dealey Plaza said the shots came from the right front (in spite of the HSCA's strange contentions to the contrary).
  - (2) Photographs show a human figure at the right front of the limousine just before (5 seconds), during, and just after the fatal head shot(s). Photo-analysts have concluded that the figure seen 5 seconds before the shot possibly carries a "long, slender object."
  - (3) The HSCA-sponsored tests of the Dallas motorcycle microphone tape indicates that a 4th shot is a "50-50 possibility," and that, if it exists, it did come from the right front.
  - (4) A witness, Lee Bowers, saw two men behind the fence at right front just before the shots, and observed "commotion" and a "flash of light or something" there at the time of the shots.
  - (5) Two Dallas policemen (Smith, Weitzman) confronted men alleged to be Secret Service agents behind this fence just after the shots.
  - (6) A considerable amount of blood and brain matter moved backward after the head shot, splattering trailing motorcycle policemen; and pieces of the skull fell backward and to the left of the limousine.
  - (7) The movement of the President's head in the Zapruder frames following 313 is evidence of a shot impacting from the front, in spite of the testimony of the HSCA's wounds ballistics expert\*
- B. In light of this and other evidence which indicates a shot from the right front, the Committee must consider each and every bit of medical evidence and testimony which indicates that a shot struck the President from the front, and needs to consider the possibility of alteration of the body.
- C. In looking at all the medical details--X-rays and photographs, memos and sketches--it is important not to lose perspective. The bottom line is this:

All those who saw the President's body from the time he was shot until the body was illegally taken from Dallas

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\*Is the HSCA actually willing to endorse the finding that the President's head and body would have moved backward no matter from which direction it was struck, and that a body cannot be driven rapidly and violently in any direction by the impact of a bullet?

felt he had been struck from the front, then the body passed into the hands of federal authorities, a confusing autopsy was performed, the Warren Commission for reasons still unclear decided not to examine autopsy materials, an undated autopsy report was released, important material evidence disappeared, and X-rays and photographs are later made available to selected groups, showing that all shots came from the rear. In fact, every particle of evidence to emerge since the body was taken by the federal authorities has had the effect of indicating shots from the rear only. And this committee is preparing to say that this is a coincidence.