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July 17, 1993

Harold Weisberg
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Dear Mr. Weisberg:

I am a diagnostic radiologist who has been interested in the JFK assassination for about two years and have made an interesting finding concerning the post mortem skull x-rays and I wanted to share it with you. First let me say that I have read most of your books concerning the assassination of JFK and think they are a monument to the perseverance and dedication of a private citizen. I am amazed at the thoroughness and incredible attention to detail that you have shown in the evaluation of the evidence in the case. As a physician I have found the medical aspects of the case the most interesting although in the end the identification of the assassins and those who directed them is probably the most important.

As a radiologist I started to look at the skull x-rays in earnest a little over a year ago. I could never reconcile the anatomy with a single gunshot to the head from the Grassy Knoll and make any sense of the x-rays. I then found out about the double head snap seen in the Zapruder film after frame 313. At one point I thought that the x-rays must be faked or at the least tampered with. I could not make sense of it but when the JAMA articles came out I was incensed that the medical aspects of the case should have been given such a whitewash and gloss completely over so many of the controversies that have surrounded the medical evidence. It was after this that I resolved that I would find some way to prove them wrong and started to look at the x-rays, at least those of the skull, intensively.

What I am going to show you in retrospect seems so simple but it took me so long to see the obvious. It is much easier to show to people who have no preconceived notions than those who have been studying the case for some time. Another factor is that the only way it can be shown that JFK was shot twice in the head, with the exception of the very obvious snap of the head backwards, is through the x-rays and there are only about 23,000 full time radiologists in the US at this time. It took me an inordinate amount of time to figure them out.

I have enclosed a copy of my manuscript which I am having peer reviewed for publication in a medical journal. I believe that you should be able to follow it but I will try to explain the principles in this letter as well. The basic concept is that when a bullet enters the skull it creates fractures and these propagate faster than the bullet travels. If a second bullet were to strike the skull a second set of fractures would radiate from this impact site. It can be determined which set of fractures came first because the second set of fractures will stop abruptly at the gap in the bone created by the first set of fractures. This is exactly the fracture pattern which is present on the post mortem skull x-rays of JFK.

I was looking at the Dox drawing that was made for the HSCA of their depiction of a single bullet entering at the right occipitoparietal junction and as a radiologist who had been looking at the x-rays I noticed they had left out a very obvious fracture that is present in the low right occipital bone. I wondered why they would have left this out and then I realized that this was at the same level that Humes, Boswell and Finck have been saying an entrance wound was present for the last 30 years and even in the recent JAMA articles. When you look at this fracture you see that the fractures that radiate from the "entrance" wound that the Clark Panel, Rockefeller Commission and the HSCA have been showing us, all these fractures stop at the fracture that goes through the level of the EOP. This means Humes, Boswell and Finck are correct about the low entrance wound but that leaves unexplained the series of fractures radiating from a focus several cm higher on the same side of the skull. This can not be the exit for the bullet that entered near the EOP and must be due to a second bullet. When you correlate this with the Zapruder film, it becomes obvious that this represents the impact point for the shot from the Grassy Knoll which drove the head back and to the left after the initial forward movement.

The entrance hole for the bullet that entered near the EOP is very subtle and has no metallic fragments immediately adjacent because it was most probably a fullmetal jacket that behaved exactly like it should have rather than fragmenting like the shot from the Grassy Knoll. The metallic fragments from the Grassy Knoll shot have been most confusing and have lead people away from looking in the area where the autopsy doctors said the bullet entered. There are other signs that this second shot came from the front. You will notice that the left parietal bone is displaced posteriorly. I believe the shot struck the back of the skull far posteriorly which accounts for the fact that no lead fragments are seen in the left cerebral hemisphere.

There are several other points that I believe will convince you further that my interpretation is correct. You will note that on Boswell's autopsy drawing of the skull he has a 6X4X3 cm bone fragment drawn in the back of the skull. You can see this fragment on the AP skull x-ray located just beneath the round metallic fragment. I do not always put my faith in what the autopsy doctors say but at times they will let some kernels of truth escape. In the testimony before the FPP of the HSCA (Vol.VII p.246) Boswell talks about this fragment and now you will realize its significance. He talks about dissecting down to the wound of entrance and that there was a fragment of bone that had internal beveling on its inferior surface and completed the hole of entrance. This 6X4X3 cm fragment is the piece of bone he is talking about. The 3 cm portion at the base of the triangle sits on the transverse fracture that we know was made by the entering bullet based on the principle of intersecting fracture lines. Later in his testimony he said he thought it was one of the late arriving fragments that completed the hole of entrance but this makes no sense either chronologically or anatomically. I am sure they dissected down to the wound of entrance before midnight and no one has ever described internal beveling on the late arriving fragments. There was external beveling on the large 10.5X6.4 cm fragment which by the way was most likely from the back of the skull and represented a portion of the exit wound for the shot from the Grassy Knoll. Clint Hill saw this fragment immediately in the backseat and Behn said that the 10.5X6.4 fragment was recovered from the limo and was the fragment with external beveling. I can't believe that the fragments we see on frame 313 somehow fell back into the car so the rear portion of the skull seems to be the most likely site of origin for this fragment.

As far as there being a small wound of entrance located well below the large defect at the vertex as well described in the autopsy report and in the drawings supervised for the WC by Humes (CE 386 and 388) there are other witnesses. Roy Kellerman in his testimony before the WC stated that there was about 2 inches between the large defect at the vertex and the small hole of entrance below. This happens to be about 5 cm which is the height of the 6X4X3 cm fragment which spans these two defects as seen in the x-rays and the Boswell drawing. Also there is the recollection of Dr. Robert Grossman who says that he saw a small wound in the scalp below the large defect at the vertex when he was present at Parkland Hospital. One must also consider the testimony of the autopsy doctors in its entirety before the FPP of the HSCA where they were adamant that the point of entrance was located near the EOP. They did so by marking a skull, examining the autopsy photographs and by the x-rays as well. They knew exactly where the wound of entrance is but the Clark Panel, Rockefeller Commission and the HSCA had to call then incompetents to NOT arrive at the conclusion that he was struck twice in the head.

Speaking of the x-rays I want to show you something extremely interesting. I am sure you have read about the intersecting pencil lines that are on the lateral x-ray. This has never been brought out before to my knowledge but they happen to intersect on the transverse fracture of the low occipital bone which was made by the bullet that entered near the EOP. The angle that these lines makes is coincidentally very close to the proposed trajectory of the bullet as shown in CE 388. Of course Dr. Baden said that Dr. Ebersole had told him that they were for anthropomorphic measurements for a bust of JFK which was never made. I have spoken to several people but all have been at a loss to tell me what "anthropomorphic" measurement this is.

The role of the review panels is quite suspect in my views. Much of this has been due to poor radiographic interpretation and in several aspects outright deception which extends beyond any simple mistakes. I do not fault the radiologists for not seeing the pattern of intersecting fractures but there are several other things on the radiographs which should have made them question their conclusions. I have included a xerox of Spitz and Fisher's book "Medicolegal investigation of Death" wherein they illustrate exactly the principle of intersecting fracture lines. Although this is the second edition I have been told it was in the first edition which was in print before their involvement in the review panels. The audacity that they had to suggest that the autopsy doctors missed the entrance wound by 4 inches is incredible. I do not have all the confidence in the world in the autopsy they performed or the conclusions that they reached but they did document and have stood by the point of entrance for the past 30 years. The wonderful thing is that the x-rays prove them right and they have been authenticated by every review body that has looked at them. If you read the statement of Richard Lipsey you will see that not only did they realize that he had been shot twice in the head but that they also knew that the throat wound was present the night of the autopsy. Of course telling you this is like telling someone the sky is blue.

If you reread the autopsy report you will see how the autopsy doctors were trying to reconcile the lead fragment distribution which bore no resemblance in distribution to the path from the EOP to the frontal area. They say "a portion of the projectile traversed the cranial cavity in a posterior-anterior direction(see lateral skull roentgenogram) depositing minute metallic particles along its path". You will remember in the holographic draft that this was originally a small portion. Now how can you attribute the deposition of ALL the metallic fragments to a PORTION of the bullet unless that portion took a path distinct from that traveled by the major portion of the missile? The fact is that the metallic fragments were mainly deposited by the bullet from the Grassy Knoll.


I could go into a lot more things but I think if you read my manuscript you will get the basic idea. I am currently trying to get the article peer reviewed and published in a medical journal. I think this is important to add credibility to it and make it more difficult for the powers that be to dismiss it out of hand.

I think you will find it somewhat interesting where I have sent my article to get reviewed. I have sent it to JAMA and much to my surprise they have decided to peer review it. I believe that the chances of it ever making it into the pages of that journal are next to nil but it does leave Dr. Lundberg an interesting dilemma. He must now decide whether he wants to support Humes, Boswell and Finck for whose benefit the series of articles was originally published or decide that there is NO scientific proof that supports their contention of a wound of entrance 2.5 cm to the right and slightly above the EOP. The fact that I can prove in a scientific way that Humes, Boswell and Finck are correct at least in the position of the entrance wound really does cause some problems for all the parties concerned. Once you realize they are correct in this point you realize all the "blue ribbon" review panels have bungled in their conclusions as well and these are not men who will take such a blow to their professional reputations lightly. Can you imagine what a blow it will be when they realize that they have bungled a review of the medical evidence in the most important medicolegal autopsy of the 20th century? The HSCA has the least excuse of all of them as they had the men who had observed the wound of entrance first hand telling them that their conclusions were wrong. But we should not also forget that the original autopsy doctors must have had a very good idea that he was shot twice in the head the night of the autopsy as revealed in the statement of Richard Lipsey. Dr. Lundberg must also be considering the fact that if he denies publication of my article in the pages of his journal, an article that is only trying to prove scientifically what has previously been purported to be true in the same journal, that I may well get it published elsewhere in a medical journal and then the question will arise as to why he would not print something that was justifying statements that were supposed to be true both in the opinion of the autopsy doctors and the editor Dr. George Lundberg himself.

I can not have this article printed in any form anywhere else before it appears in a medical journal or else they will refuse to publish it. Please do not reproduce or distribute this article in any way or you will seriously jepordize if not eliminate the possibility that I can get it printed in a mediacj journal. The credibility that this would add will help immensely in future debates which I am sure are going to occur. As one of the most respected researchers in this area I did want to give you an opportunity to see that there is proof of the two head shots. Each group, the autopsy doctors and subsequent review panels had to overlook the evidence that each found for their version of a single shot to the head to be correct. I would not doubt that this was a reason why the x-rays were inaccessible to the WC because it would have been obvious that the lead fragments did not follow the trajectory suggested in the autopsy report.

I hope that the article and this letter have helped to explain the evidence for two gunshot wounds to the head that is contained in the post mortem skull x-rays. Again please do not distribute this for who knows maybe when presented with the inevitable Dr. Lundberg may have a change of heart to save what he can of the reputation of the autopsy doctors and maybe of his journal itself. I seriously doubt this but I would hate to have such an opportunity belost by the premature release of this article. Do you still sell copies of your books? If you do please let me know as the ones I have now are somewhat worn and in fact I have mutilated the copy of Post Mortem in preparing slides for lectures I ahve given. These lectures by the way do not preclude publication in a journal. If you have any comments I would appreciate any you might have. I have enclosed a self addressed envelope for you. If you would like to discuss this over the phone please feel free to call me at home anytime collect or leave a message on my answering machine and I would be glad to return your call. I have also enclosed my business card but many times when I am at work I can't guarantee that I will have the time for an extended and uninterupted talk. One other thing I wanted to mention is that this transverse fracture through the low right occipital bone has never been acknowledged by any of the radiologists who have reviewed these radiographs for the government. Its presence is clearly evident on the x-rays and is confirmed by the Boswell drawing of the skull where the 3 cm portion of the triangular bone fragment in the back of the skull is a portion of this horizontal fracture which Boswell diagrammed. I look forward to hearing from you and any thoughts you might have. Please excuse any typos as my group does not have an actual secretary to type for us and the hospital medical transcriptionists are not allowed to do such work.

Sincerely,



Randolph H. Robertson MD

P.S. If you give me a phone call and please call collect call me Randy.

I also forgot to mention that I have sent Burke Marshall a copy of my manuscript and I am being allowed into the Archives to see the original x-rays and photos. I never expected to get in but as they say never look a gift horse in the mouth. My home address is below and any correspondence you might send would be better sent to this address.

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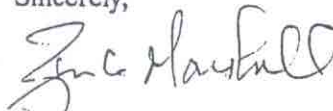
June 29, 1993

Randolph H. Robertson, MD
Southern Hills Medical Center
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Dear Dr. Robertson:

It appears from the material you have supplied to me that you are professionally qualified to evaluate at least some of the autopsy materials relating to the death of President Kennedy, and that you have a serious historical purpose for doing so. I have no opinion as to the soundness of your forensic thesis, but that is, of course, of no importance under the deed of gift. Accordingly, you may use this letter at the Archives as evidence of my belief that you are qualified for access to the materials. The instructions against any reproduction continue to apply.

Sincerely,



Burke Marshall

BM/bm