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JULY, 1996

WHERE LIFTON WENT WRONG:  
THE MORTAL ERRORS IN "BEST EVIDENCE"

by

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Paper presented to the First Conference of the Fourth Decade,  
Fredonia, N.Y., July 19-21, 1996.

Fredonians, Canadians, assassinationologists: lend me your ears. I come to criticize Lifton, not to bury him. Rather, I hope to bury the errors in Lifton's work, so that the good he has done may live after him. Lifton is in great danger of not living up to his expectations, a condition I call "Epsteinism." (I have named this condition after former major league first baseman Mike Epstein.) I will try to prevent this through some constructive criticism. I expect that there will be something left of Lifton's work after the criticism is done. You can't say that about everyone. Take Gerald Posner--please. If I detailed everything that's wrong with Case Closed, we'd be here until Jacob Cohen publishes a book. William Manchester, for his part, takes a lot of criticism, though I think he writes better than most seven year-olds. For me, you might as well end with the fact that he can't get even the motorcade route right.

Not all criticism of Lifton has been constructive, or even valid. Michael L. Kurtz criticizes Lifton for not saying anything about rigor mortis, algor mortis or livor mortis in his work.<sup>1</sup> These conditions can all be used to determine when death occurred, and livor mortis can be used to determine the position of the body after death. There is no dispute about the time President Kennedy died, or the position of his body after death, so it is hardly a valid criticism to say that Lifton says nothing about these conditions, but that didn't stop Jim Moore from copying this argument from Kurtz.<sup>2</sup>

In fact, criticism is in the very nature of Lifton's problem. We can divide those who have studied President Kennedy's assassination and the official investigations into two categories: critics and theorists. A critic is one who tries to find out what's wrong with the official investigations. The most prominent critic is Harold Weisberg. On the other hand, a theorist is one who tries to develop a theory or hypothesis of how the assassination happened. The most prominent theorist, at least among those who theorize about the physical circumstances of the assassination, is David Lifton. Weisberg and Lifton have often been at odds. Best Evidence contains many slighting references to Weisberg, and Weisberg considers Lifton to be a fraud. Lifton is an excellent theorist, but not a very good

critic. He is not a very good critic of his own theory, but no one is, so that's not the real problem. The real problem is that he is not a very good critic of the official investigations. The errors that I will describe occurred because Lifton uncritically accepted many statements of the official investigators.

First of all, a very minor error: What is "best evidence"? Lifton took his idea of best evidence from Wesley Liebeler, the former Warren Commission assistant counsel. Liebeler ranked evidence according to its reliability: expert testimony was more reliable than lay testimony, and physical evidence was at the very top, it was the best evidence.<sup>3</sup> That's one way of defining it, but in the Federal Rules of Evidence, there is also the Best Evidence Rule. This rule says that whenever the content of a writing, photograph or recording is at issue, it is to be determined by introducing the writing, photograph or recording into evidence.<sup>4</sup> This will be very important as we go along.

The second and more important error has to do with the position of the wound in President Kennedy's back. Lifton came to his breakthrough hypothesis of body alteration after he concluded that Dr. James J. Humes's descriptions of the President's wounds recorded in the Sibert-O'Neill report were accurate. He did not reach this conclusion until he had explained to himself why Humes moved the wound in the President's back upward and changed the conclusion that the bullet which entered at this wound did not exit to a conclusion that this bullet exited from the throat wound. He concluded that Humes changed the location and the conclusion on the weekend after the assassination, when he learned of the existence of the throat wound.<sup>5</sup> With regard to the timing of these changes, Lifton was right about the changed conclusion, but wrong about the changed location. Humes wrote in the second draft of the autopsy report that there was a wound in President Kennedy's posterior thorax, or back, that the bullet which entered at this wound exited at the throat wound, and that this bullet was on a downward trajectory with respect to the President's body.<sup>6</sup> If the bullet did indeed enter at the back wound and exit at the throat wound, and if the former was higher than the latter, the conclusion about the bullet's trajectory is quite reasonable. When Humes revised the draft, however, he did not change the wounds' locations or his conclusion about entry or exit, but he now wrote that the bullet was on a downward trajectory, without respect to the position of the body.<sup>7</sup> He could have determined this if he had known the position of the body at the time of the assassination, but he testified he did not.<sup>8</sup>

Meeting with Arlen Specter on March 11, 1964, Humes still described a wound in President Kennedy's back. He still described the trajectory as downward, but to demonstrate this, Humes's commander put one finger on Specter's back, and another on his chest.<sup>9</sup> Humes had a problem, but it was solved when he testified before the Warren Commission. He described the wound now as being in the back of President Kennedy's neck, higher than

the throat wound, and submitted into evidence a drawing which showed the wound in the back of President Kennedy's neck.<sup>10</sup> (Figure 1) Why did he make this change? It may just be important that, at that meeting with Specter, Humes learned that the photographs and X-rays of the President might not be introduced into evidence.<sup>11</sup>

The next group of errors has to do with the wound at the rear of President Kennedy's head. A faked bullet entry wound here is as essential to Lifton's theory as an authentic wound is to the Warren Commission's conclusions. First of all, let's look at the wound in the skull. If you've read Best Evidence, you should know how Cyril Wecht couldn't find this wound in the X-rays until Lifton browbeat him into doing so.<sup>12</sup> Apparently, Lifton thought that the Clark Panel and John Lattimer could do no wrong. That might not be the case. A bullet entry wound in the cranium should be a beveled hole.<sup>13</sup> The Forensic Pathology Panel of the House Select Committee on Assassinations reported that, in the back of President Kennedy's skull, there was a semicircular beveled defect.<sup>14</sup> It would be rather unusual for a bullet wound to be semicircular. Also, four radiologists studied the X-rays for the Committee. Dr. William Seaman told the Committee's staff that he did not denote beveling at the wound in the back of the skull.<sup>15</sup> Another radiologist, Dr. G.M. McDonnel, submitted a detailed report to the Committee. Among the wounds it described was, at the back of the skull, a depressed fracture.<sup>16</sup> This is a fracture in which the bone on one side of the fracture is depressed inward. I am not a radiologist, but I can see a depressed fracture in the lateral X-ray.<sup>17</sup> (Figure 2) The other two radiologists did not contradict what Drs. Seaman and McDonnel have said. Dr. McDonnel's report does not, in fact, describe any bullet entry wounds in the skull. There are at least two ways that a person could be shot in the head and not have an entry wound in the skull. There could have been two shots, the second entering in the exit wound created by the first and exiting through its entry wound, obliterating it in the process, or the body could have been tampered with.

Now let's look at the locations of the wounds at the rear of the head, the wound in the skull and the wound in the scalp. According to the autopsy report, these wounds were slightly above the external occipital protuberance, but those who studied the photographs and X-rays, such as the Clark Panel and the Forensic Pathology Panel, put the wounds higher, about 10 centimeters above the external occipital protuberance.<sup>18</sup> Lifton has taken this difference as evidence that there was reconstruction of the body at some point, so that the autopsy pathologists saw one thing and the photographs and X-rays recorded another thing.<sup>19</sup> This is part of his theory of several "lenses" of the assassination. I think this is one of the weak points of Lifton's theory, because he does not say how reconstruction could eliminate wounds at one place and create them at another. There is a possibility, that Lifton did not consider, that Humes described the position of the scalp wound accurately and the

others described the position of the skull wound accurately. In fact, the Forensic Pathology Panel stated that they located the scalp wound by the position of the skull wound as determined from the X-rays.<sup>20</sup> They simply assumed that the scalp wound was located over the skull wound. Is it? Joseph Riley, writing in the Third Decade, has stated that it is not.<sup>21</sup>

Finally, let's look at the nature of the scalp wound. Photographs of the rear of the head were taken at the autopsy. Ida Dox based a drawing on one of these photographs, which was introduced into evidence before the Committee.<sup>22</sup> (Figure 3) In this drawing, you can see the wound: it is an area of black, just as we would expect with a hole which was too deep for light to penetrate to the bottom of. Lifton assures us that this drawing is accurate, so it must be the best evidence of what the wound looks like in the photograph--or is it? The best evidence is the photograph itself. For one thing, some of the photographs were in color, and this drawing is in black-and-white, so it does not tell us what color the wound is. Dr. Michael Baden testified that the wound was an area of discoloration.<sup>23</sup> Dr. Pierre Finck, in his interview with the Committee's staff, described it as red.<sup>24</sup> Let's take a look at a blow-up of a photograph which was introduced as evidence.<sup>25</sup> (Figure 4) Here, it is not a solid area of black, but it is broken up into areas of dark and light. What it resembles is not so much a hole in the head as a spot where a bullet struck a glancing blow and abraded the scalp. If this is true, then this pattern of dark and light should appear on the same level as the surrounding scalp in a stereoscopic view of a pair of photographs.

The photograph is not the only evidence that the wound was caused by a glancing bullet. In the Sibert and O'Neill report, there is no mention of the discovery of a wound in the back of the head.<sup>26</sup> At the very least, this does not contradict the proposition that the wound at the back of the head was an abrasion, not a penetrating wound. On the autopsy face sheet, Dr. J. Thornton Boswell drew an arrow pointing to the upper left at the location of the wound, and wrote "ragged, slanting" by it.<sup>27</sup> (Figure 5) In the draft of the autopsy report, Dr. Humes described the wound as a puncture wound tangential to the surface of the scalp. Later, this was revised to say "lacerated."<sup>28</sup> In their 1967 review of the X-rays and photographs, Drs. Humes, Boswell and Finck combined these two descriptions: they said that the wound was a laceration and a tunnel, with the actual penetration of the scalp obscured by the top of the tunnel.<sup>29</sup> So, what they were saying now was that the entry wound was tangential to the surface of the scalp, so that you could not see it, just as you could not see the mouth of a railroad tunnel if you were in an airplane flying overhead. All of these descriptions suggest the motion of a bullet tangential to the surface of the scalp.

These findings about the wound at the rear of the head have a double significance, both negative and positive. On the negative side, suppose we could prove that this wound was not caused by a bullet that entered. The large and fatal wound on President Kennedy's head must have been caused by a bullet that entered his head. If this wound is not a bullet entry wound, then the evidence that the fatal shot came from the rear disappears. On the positive side, suppose we can prove that this wound was caused by a bullet that glanced off the scalp. That's one bullet, but there must have been another that caused the large wound: two bullets. That is one more bullet than the Warren Commission or the House Select Committee on Assassinations can account for.

We thus have four areas for further study:

--Was the rear wound caused by a bullet that glanced off? If so, when and from where could it have been fired?

--Is tampering the reason there is no apparent entry wound in the skull?

--Why did Humes state that a bullet which entered in the back and exited from the throat was on a downward trajectory?

--Why does Dox's drawing fail to accurately depict the wound at the rear of the scalp?

Humes and Dox are the two ends of the official investigation. One suggests that the very beginning of the investigation was a cover-up; the other suggests that the same was true at the end.

<sup>1</sup>Michael L. Kurtz, Crime of the Century: The Kennedy Assassination from a Historian's Perspective (Knoxville: University of Tennessee Press, 1982), p. 209.

<sup>2</sup>Jim Moore, Conspiracy of One: The Definitive Book on the Kennedy Assassination (Fort Worth: Summit Group, 1990), pp. 190-91.

<sup>3</sup>David S. Lifton, Best Evidence: Disguise and Deception in the Assassination of John F. Kennedy (New York: Carroll & Graf, 1988), p. 132.

<sup>4</sup>United States Code, 1982 Edition, Title 28, Rules of Evidence for United States Courts and Magistrates, Rule 1002.

<sup>5</sup>Lifton, Best Evidence, pp. 149-72.

<sup>6</sup>President's Commission on the Assassination of President Kennedy, Investigation of the Assassination of President John F. Kennedy: Hearings before the President's Commission on the

Assassination Of President Kennedy (Washington: Government Printing Office, 1964), vol. 17, pp 33, 42-44. Subsequently referred to as 17 WCH 33, 42-44.

<sup>7</sup> 17 WCH 43.

<sup>8</sup> 2 WCH 373.

<sup>9</sup> Harold Weisberg, Post Mortem: JFK Assassination Cover-up Smashed! (Weisberg: Frederick, Md., 1975), p. 539.

<sup>10</sup> 2 WCH 350-51, 368; 16 WCH 977.

<sup>11</sup> 2 WCH 349.

<sup>12</sup> Lifton, Best Evidence, p. 514.

<sup>13</sup> Jan E. Leestma, Forensic Neuropathology, with the editorial collaboration of Joel B. Kirkpatrick (New York: Raven Press, 1988), p. 284.

<sup>14</sup> Congress, House, Select Committee on Assassinations, Investigation of the Assassination of President John F. Kennedy: Hearings before the Select Committee on Assassinations, 95th Cong., 2nd sess., March 1979, vol. 7, p. 107. Subsequently referred to as 7 HSCA 107.

<sup>15</sup> 1 HSCA 212.

<sup>16</sup> 1 HSCA 205.

<sup>17</sup> 1 HSCA 239.

<sup>18</sup> 16 WCH 981; Weisberg, Post Mortem, p. 590; 7 HSCA 107.

<sup>19</sup> Lifton, Best Evidence, p. 668.

<sup>20</sup> 7 HSCA 106.

<sup>21</sup> Joseph N. Riley, "The Head Wounds of John Kennedy: 1. One Bullet Cannot Account for the Injuries," The Third Decade, March 1993, pp. 1-15.

<sup>22</sup> 1 HSCA 234.

<sup>23</sup> 1 HSCA 234.

<sup>24</sup> Record No. 180-10097-10338, Records of the House Select Committee on Assassinations, Record Group no. 233, National Archives.

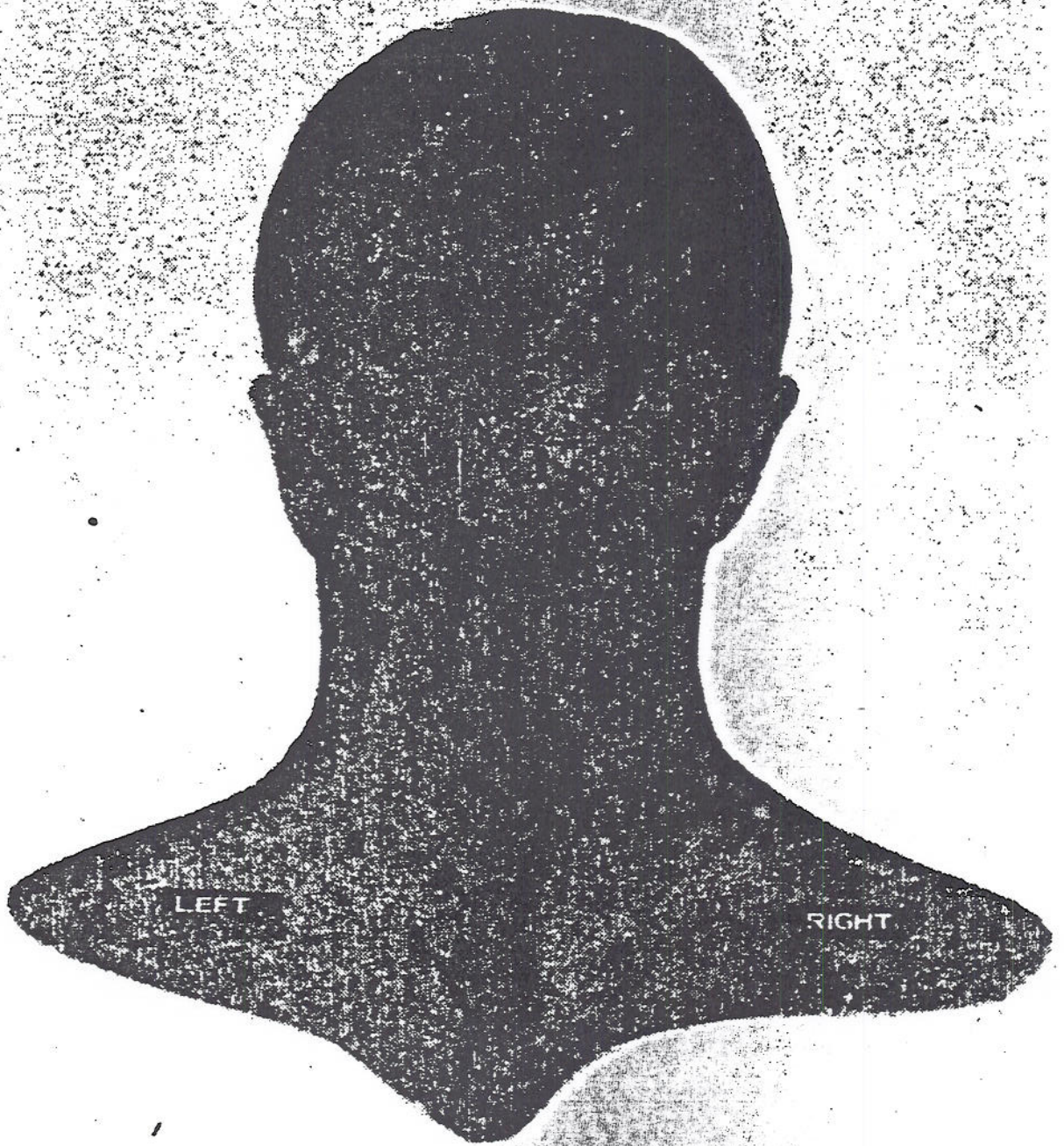
<sup>25</sup> 1 HSCA 236.

<sup>26</sup> Weisberg, Post Mortem, pp. 532-36.

2717 WCH 46.

2817 WCH 36.

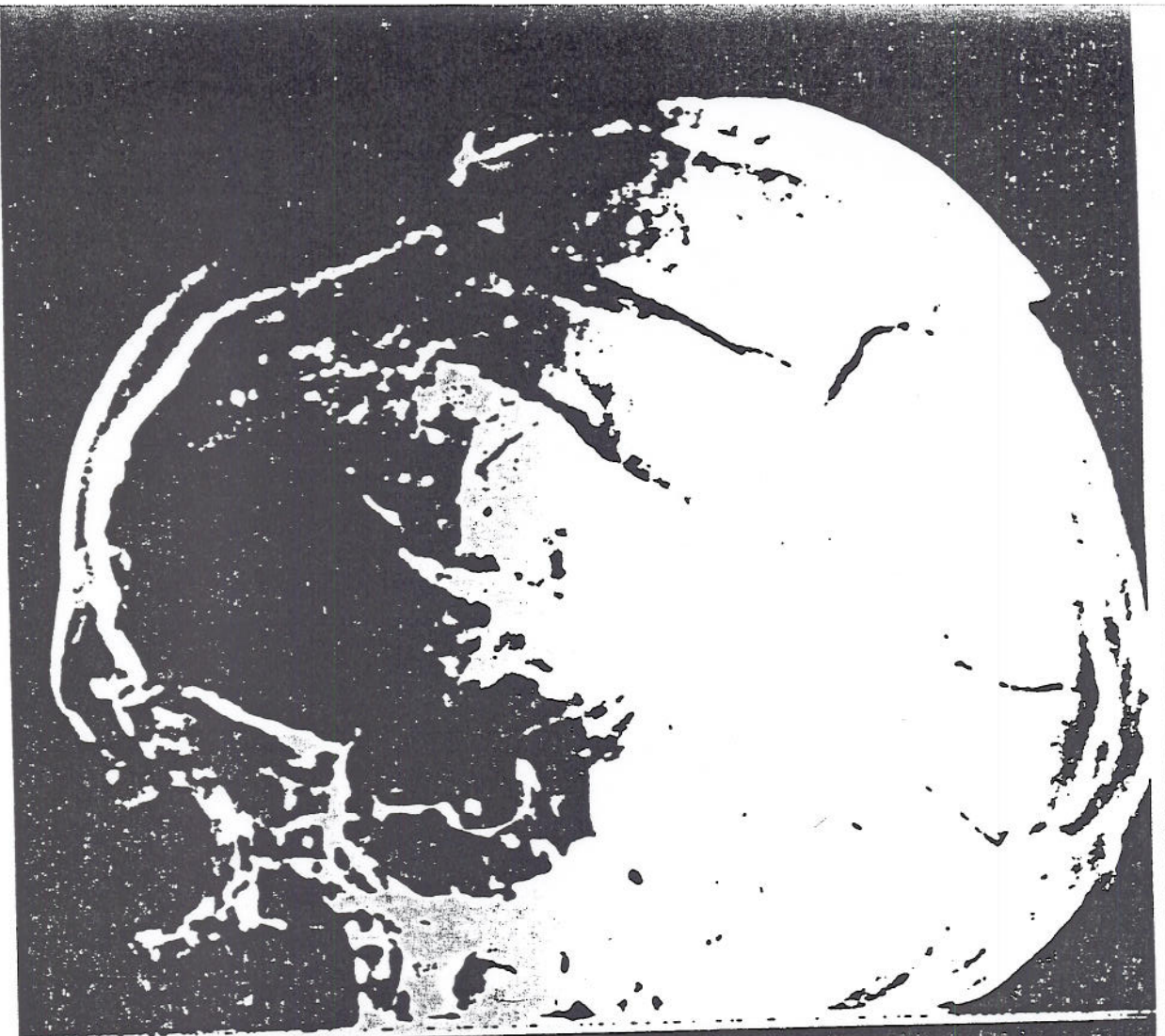
29Weisberg, Post Mortem, p. 577.



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Figure 1





RIGHT SIDE DOWN HEAD X-RAY - ENHANCED IMAGE - 11 X 11 BLOCK  
MAPPING 255:0.00 0:5.11 WEIGHT = 0.79  
SCALE 424 MICRONS PER PIXEL

Figure 2

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Figure 3



Figure 4

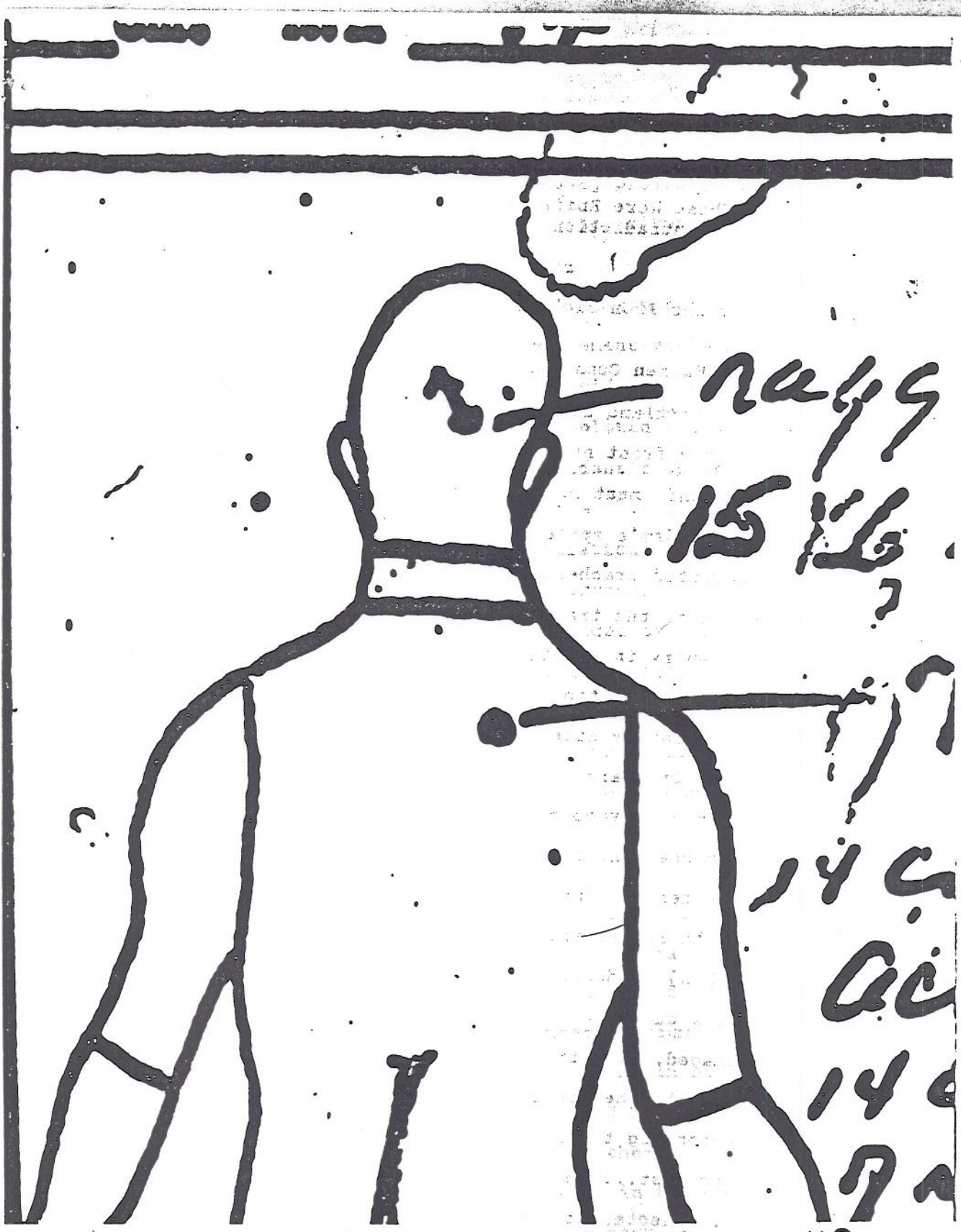


Figure 5