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Left Lateral View - Times Two

By Daryll Weatherly

The subjects of this article are two skull x-rays allegedly taken during the autopsy of President John F. Kennedy on the evening of November 22, 1963, and allegedly showing the fatal head wound inflicted in Dallas that day. The use of the word "allegedly" is not a dramatic flourish. I will attempt to show, within the limits of a layman's grasp of the subject, that it is possible to describe what these artifacts actually are.

The Warren Commission did not publish any x-rays of the President in its report or supporting volumes, relying instead on a general description of the head wound contained in the autopsy report,¹ and on testimony by the three surgeons who had conducted the autopsy: Commanders James J. Humes and J. Thornton Boswell of the Navy and Lt. Col. Pierre A. Finck of the Army.² These descriptions it did publish.

In April, 1965, the Secret Service, which had retained control of all the autopsy pictures, including x-rays, transferred them to the National Archives. In November 1966, and January 1967, the autopsy surgeons examined and catalogued the materials. They were assisted by Dr. John Ebersole, who had directed the taking of x-rays, and interpreted them, during the autopsy. (The x-ray machine was operated, and the plates developed, by his assistant Jerrol Custer.)

In the years following this final act in the President's autopsy, several government-appointed panels reviewed what purported to be the autopsy x-rays and photographs. The first was the so-called Clark Panel of four physicians appointed by then Attorney General Ramsey Clark in 1968,³ and the most recent was the Medical Evidence Panel of the House Select Committee on Assassinations (HSCA), whose report was published in 1979 as an appendix to the Committee's Report.⁴ In addition, several private individuals, beginning with Dr. John Lattimer in 1972, have examined and written about the autopsy materials.⁵

In each case, the groups or individuals who looked at the pictures reported something substantially different from what is described in the autopsy report. In particular, the locations of the rear entry wound in the skull, and the exit wound (presumably) caused by that same bullet, were different in these later reports.

The autopsy report describes the large wound in the head as follows:

"There is a large irregular defect of the scalp and skull on the right side 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."⁶

Of the rear entry wound it says:

"Situated in the right 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 which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull."⁷

The later reports, from the Clark Panel onward, are more or less unanimous in placing the entry wound much higher, about 10 cm. above the occipital protuberance, and in stating that the large exit defect does not extend rearward as far as the occipital bone. They are often vague, and not in agreement when they are specific, about the forward extent of the exit wound. In

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particular, the reports of different consultants to the HSCA Medical Evidence Panel contain no less than three different descriptions of where the forward margin of the exit wound can be found. It is time to turn to the x-rays themselves, and see how many stories they tell.

The AP X-ray

AP is short for "anteroposterior", or front-to-back. The typical positioning would be with the patient (the deceased, in this case) lying on his back, with the photographic plate under the head and the x-ray tube above. The image produced will have features of the front and back of the skull superimposed on each other. The parts of the skull closest to the plate will seem more distinct.

There is a natural tendency, when looking at such a film, to "see" a skull viewed from the front. When looking at the Archives x-ray one might conclude that it depicts massive damage to the front of the head, with the right forehead and half of the right globe blown out.

Keeping in mind, though, that the strongest images are cast by pieces of bone closest to the plate, in this case the rear of the skull, it is possible to interpret this x-ray as showing a large hole in the back of the head.

I think it is possible, in this x-ray, to follow the outline of the right globe, even the part of it which is superimposed over the defect area. (For comparison, see the outline of the left globe which is more distinct.) At the top, there is a break in the continuity of this outline, and adjacent to this fracture, there is the image of a round metallic fragment.

The official accounts, going back as far as the Clark Panel, place this metallic fragment on the back of the head, adjacent to the entry wound (which they place 10 cm. above the occipital protuberance).⁸ Fractures in the skull are also described leading away from this point. The report of Dr. David O. Davis to the HSCA Medical Evidence Panel states:

"There are a large number of fractures of the calvarium, and the linear fractures seem to, more or less, emanate from the embedded metallic fragment, and radiate in a stellate fashion in various directions."⁹

Is this actually depicted? It seems to me that the cracks extend only to the edge of the defect and no further. In that case, the round metallic fragment, if it is located in the back of the head, is in the defect itself and not embedded in the skull at all.

If it is in the back of the head. In his testimony to the Warren Commission, Dr. Humes described a metallic fragment in the head just above the right eye.¹⁰ This fragment is also depicted in the Commission's diagram of the head. The round fragment, if it is regarded as being in the front of the head, would occupy just about the position described by Dr. Humes.

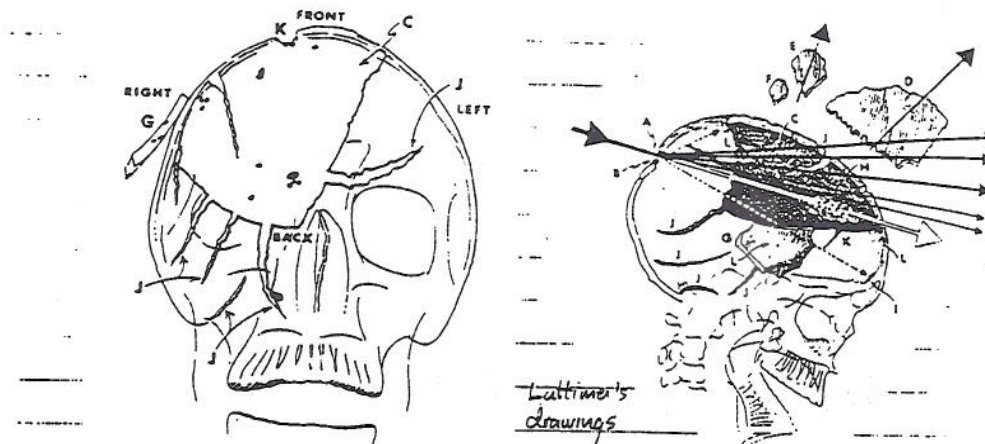
This x-ray, in fact, correlates very well with what is stated in the autopsy report, but it is just ambiguous enough so that it supports a different interpretation. So, someone who was involved in the autopsy, say Dr. Humes, could look at the x-ray and agree that it shows things pretty much as he remembered them. Then this endorsement of the x-ray's authenticity could be attached to interpretations of what it shows that are not his.

The following two sketches by Dr. John Lattimer appear in his book Kennedy and Lincoln and are based on his examination of alleged autopsy materials in 1972.¹¹ (They may be the same drawings that he published in his Resident and Staff Physician article.)

At first glance, his drawing of the AP x-ray seems to show the right forehead and top half of the right globe blown out. My first reaction on seeing these pictures together was to wonder how he could depict the wound this way in the AP diagram, and then in the lateral diagram show

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the globe intact and much of the forehead still present. What is going on here?



The answer is that the first glance is deceptive. If you try to correlate this interpretation of Lattimer's picture with the letters and notations in the diagram, nothing is in the right place -- not the cracks marked J, not the notch marked K, not even the placement of the words "front" and "back". So, in fact, the correct interpretation is that he is depicting the back of the head in the foreground and the front in the background. This is how the skull would look viewed from behind, through a mirror.

If one accepts this as what Lattimer is trying to convey, then the entry wound cannot be in the position depicted in the lateral diagram. There, the entry and associated bullet fragment are marked A and B, but nothing is so labeled in the AP diagram, and while the round fragment is drawn it is located in the defect area, and so cannot be embedded in the back of the head.

Note how Lattimer has drawn in the outline of the left globe, but only that part of the right globe which is not superimposed over the defect area. Note also that he has drawn a small darkened spot near the end of the fracture extending straight down from the defect. This spot is located slightly to the right of where the occipital bulge would be. Does it, perhaps, represent the actual entry wound? The x-ray itself was cropped at right about that level when the House Committee published it.

I think Dr. Lattimer was fully aware of the ambiguous nature of this x-ray, so he drew an ambiguous sketch. However, either interpretation of his picture causes it to clash with the lateral sketch and/or the printed descriptions of where the wounds were.

Let me state, briefly, what I think this x-ray is and why. In his interview with the HSCA medical panel (Vol. VII, p. 260), Dr. Boswell stated that the rear entrance wound in the skull was not a complete wound -- that is, there was a missing piece of bone adjacent, and only after this bone fragment arrived were they able to complete the circumference of the hole.¹² (The autopsy surgeons did not make this completely clear in their Warren Commission testimony, and the Commission's drawing is inaccurate in that it shows a separate entry wound, rather than a small notch at the rear of the large defect.) Although this x-ray contains a lot of information consistent with the autopsy doctors' account, it does not show the margin of the defect reaching that far back down in the rear of the head. It would appear that, at least, the image of one of those separately received fragments has been added to the picture, making it a composite.

Looking at the bone structures around the eyes and nose, another thing I notice is that the

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angle of projection seems to be, anatomically speaking, upward from front to back. Note the similarity to the sinus x-ray, taken at an oblique angle, which is depicted in the House Committee report.¹³ Yet Lattimer drew a skull viewed from directly behind -- or in front, take your pick. Later, I will mention other hints that what he saw in 1972 was not identical with what was published in 1979.

The Lateral X-ray

This is described in the Clark Panel report and the Lattimer book as a left lateral x-ray, that is, taken with the x-ray tube on the right side of the head and the photographic plate on the left. Such a projection should show the left side of the head more distinctly.

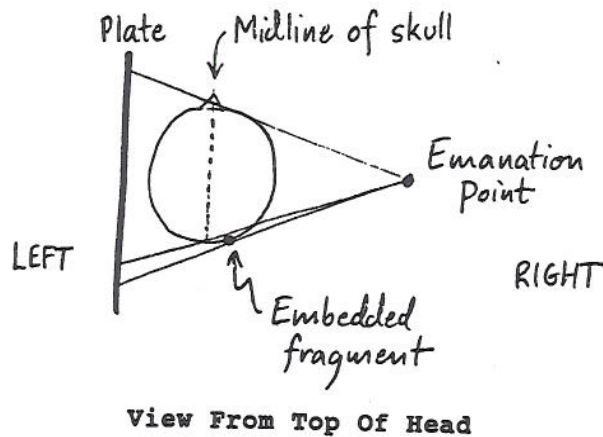
In fact, there are two lateral x-rays in the Clark Panel's listing, and both are called left lateral. The autopsy report places both the entry wound and the exit defect in the right half of the skull. Why would there be only views of the left side, obscuring the defect with a more prominent image of intact bone?

One thing that one learns from plowing through the government documents on this evidence is that official bodies do not ask such questions. Nor does somebody like Dr. Lattimer. If he mixes up front and back, he's likely to do the same with left and right.

Jerrold Custer, who took x-rays of the President's body soon after it was brought to the Bethesda morgue, informs me that both right and left lateral views of the skull were taken.¹⁴ He has also publicly denounced both the lateral and AP x-rays, saying that they are not the x-rays that he took that night, and, more fundamentally, they do not represent the President's wounds as he saw them.

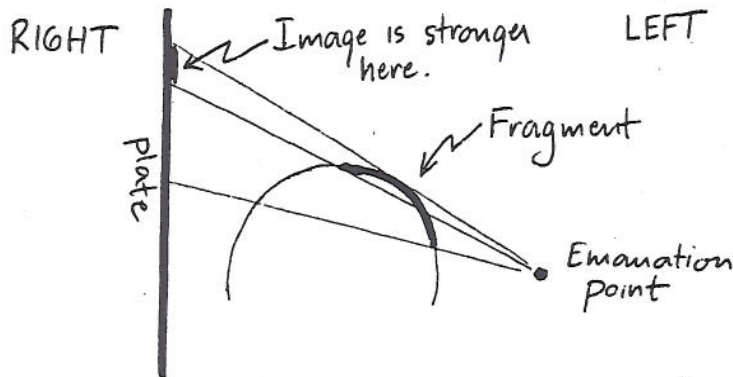
If we accept this -- and he was there -- then confusion between right and left is a minor matter. However, there is the matter of the HSCA Medical Evidence Panel and their authentication studies that supposedly verified that these x-rays are indeed the ones taken at the autopsy. In order to show the weakness in their procedures, it is necessary to study the lateral x-ray for awhile.

To begin with, this picture does have an identifiable "left lateral" feature to it. Note that the "official" location of the entry wound, along with what is represented as the adjacent fragment of a bullet, appear right at the edge of the projected image of the skull. This is what one would expect a left lateral projection to show, if this entry wound and fragment were slightly to the right of the midline.



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Now consider the bone fragment shown at the very top of the head. This is approximately 10 cm. across and is located behind the coronal suture. I take it to be identical with the fragment on the left side of the skull in Dr. Boswell's autopsy diagram. In that case, it represents a large part of the left parietal bone. It cannot be from the right parietal bone, as this was largely destroyed. This is one point on which the autopsy report and later documents agree. At the top, this fragment is projected in a way that makes it appear folded over. This is not the way that a fragment on the left side would appear in a left lateral view. This is how it would appear in a right lateral view, since the x-rays, on the way from the tube to the plate, would have to penetrate it twice.



View From In Front

Another "right lateral" feature is the appearance of the detached fragment on the right side of the head in the temple area.¹⁵ This is the approximately trapezoidal piece seen in the center of the lateral picture. The image of this piece of bone is not obscured by any overlapping image of bone from the left side, as it ought to be in a left lateral view. This is even more evident in the un-enhanced x-ray, where the fragment seems to be sitting by itself.

It isn't enough to say that there is confusion over whether this is a right or a left lateral x-ray. It seems to combine elements of both.

In fact, I think I can see a place where one part of the head appears twice, viewed from both the left and right. In his report to the committee, Dr. D. O. Davis describes a fracture line extending from the embedded metallic fragment to the rearmost corner of the bone fragment in the right temple.¹⁶ Dr. Davis regards this as the rear margin of the defect, and so above it one should see bone only on the left side. One can see a fracture that closely parallels the one described by Dr. Davis, but on the left side. Furthermore, the fracture starting near the rear of the skull and curving upward to meet the defect margin appears to be superimposed over a similar fracture on the left side.

Have bone images from a left lateral view been reversed and transplanted into what was once a right lateral x-ray? That could be the reason why one no longer sees the exit defect in the back of the skull, where numerous witnesses saw it.

This picture seems to consist of three distinct parts. Much of the rear of the skull, as far forward as the temple area and where Dr. Davis describes the edge of the defect, looks like a transplanted image from a left lateral projection, and so actually shows the left rear area. It would make sense to replace a large area of the right side, to avoid creating a composite showing

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identifiable features from both sides. Such a creation would not withstand comparison to a genuine pre-mortem x-ray.

From the displaced fragment upward, and from the defect margin forward to about where the coronal suture should be, I think the images come from the original right lateral film.

Forward of the coronal suture, there is apparently a huge defect with the right forehead and bones once underlying the right side of the face all missing, so that the only images are cast by structures inside the skull.

I have a definite idea, which I will come back to, about how this part of the x-ray was altered. For the moment, it suffices to point out that with the whole right front of the skull missing, the x-ray has no identifiable features left that are unique to the right side of the head. The film could be compared with a genuine antemortem x-ray of the left side of the head, and be "authenticated" as showing the President's skull.

Authentication by HSCA

The following scenario shows how these composite x-rays could have made it through the House Committee authentication process. Of course, from a layman's viewpoint, the Committee's exhibits prove nothing anyway. For instance, pictures of the skull and of the teeth are presented separately, so there is no way of really knowing whether they come from the same x-rays. Since the various specialists employed by the Committee did not retain copies of the materials they inspected, there is no way of knowing that they saw exactly what was published, or even that they saw the same things.

Granted, then, that HSCA's authentication was rubbish, I think the panels of experts must have thought they were looking at genuine materials. Maybe some of these people were venal enough to validate pictures they suspected were bogus, but that would be all the more reason for keeping the full truth from them.

So whatever scheme was afoot, it had to be good enough to fool the honest members of the Committee's medical panels, and at least confuse any others. The AP x-ray would present no problems. While it is, I think, a composite, it nevertheless shows the right anatomical features, in the right places. The crux of the matter is the lateral x-ray, which, I am proposing, combines elements of both a right and a left lateral projection. Identifiable features such as suture lines would be mirror images of each other in the two lateral films, one a left lateral and the other a right lateral with left lateral "replacement parts".

Part of the solution should be obvious. If the composite x-ray needed to be compared to a left lateral pre-mortem film to authenticate its suture lines or vascular grooves, it was called a left lateral autopsy x-ray, in which case there were officially two left lateral views. If the composite needed to be compared to a right lateral pre-mortem film to authenticate say, the dental work, then it was called a right lateral view.

The HSCA consultants were compartmented, did not share information, and, as noted above, did not retain their materials. The key to the phony "authentication" was that whoever was running the show could decide, for each consultant, how to represent the composite x-ray, or whether to show it to them at all.

It is a good idea to stop at this point and list precisely the materials that were published, or at least examined, by HSCA's teams. Three skull x-rays allegedly from the autopsy were considered. #1 is the AP film. #2 and #3 are lateral films. The skull areas of the AP and one of the lateral films were published,¹⁷ and separately, the jaw areas of each of the lateral films were reproduced in the Committee's volume.¹⁸

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The antemortem lateral skull x-rays consist of a right lateral film taken by Dr. Stephen White on August 14th, 1960, and a left lateral film taken by Drs. Groover, Christie, and Merritt on August 17th, 1960. The jaw area from each of these was reproduced, and separately, the skull from one of them. Both the "White" and "Groover" collections also had AP films.

The x-ray films are catalogued in the report of Dr. Lowell Levine (HSCA Vol. VII, p. 55, 58, 59), and it is notable that, while he specifies the orientation of each piece of antemortem film, including dental films, he does not do the same for the autopsy lateral films.

Levine was the Committee's dental consultant. From his description of autopsy #3, it is apparent that this was a left lateral projection, showing the teeth on the left side of the head more prominently. The projection was at somewhat of an upward angle, and close examination of the depicted portion of #3 shows upper teeth on the left side super-imposed over lower teeth on the right side.¹⁹

It is much harder to make out what is what in the jaw portion of autopsy #2, but with effort, one can verify that the teeth on the right side are more prominent (Levine exhibits, pp. 62-68 of HSCA, Vol. VII). Levine's printed description is of little help, since he describes things in a lot more detail than the exhibit shows, and takes the liberty of pointing out some features on the left side.²⁰ To actually verify that the right side in #2 is more prominent, one must simply eyeball the exhibit in conjunction with the two dental films of the right side (exhibit 3c, the two lower pictures).²¹

This is an important point, since, while this section of the report does not mention a right lateral film, it shows us part of one, and that is a concession.

Now consider the report of the forensic anthropologists, Drs. Ellis R. Kerley and Clyde C. Snow. Here, the lateral films of the skull are referred to simply as "side views" and there is no mention of right or left orientation. One paragraph is devoted to the comparison of "autopsy" and antemortem lateral films:

The profile views of the skull in the White and Groover films were next compared to the autopsy x-rays. Again, a number of almost identical anatomical features were observed in the ante-mortem and post-mortem films. For example, the outlines of the sella tucica (the saddleshaped depression in the base of the skull), the complex patterns of the cranial sutures (the joints uniting the bones of the skull), and location and arrangement of the vascular grooves (the shallow depressions on the inner surface of the skull which mark the course of blood vessels), were the same. There was also nearly exact duplication of the honeycomb-like air cells of the mastoid bone.²²

I think Drs. Kerley and Snow saw autopsies #2 and #3 represented as left lateral views, compared them to the left lateral Groover film, and made limited use of the right lateral White film, using it only to compare centrally located features such as the sella turcica.

Since they don't say what they looked at or when, this is only an educated guess. Their report has no attached exhibits, so they were apparently not allowed to photograph anything. Why not?

Turning to the report of Dr. David O. Davis, we find that he reports seeing only autopsies #1 and #2 and their enhanced versions and that his job was to interpret the films and provide a description of the wounds.²³ Similarly, Dr. Lawrence Angel studied x-rays #1 and #2 and his specific responsibility was to explain where the separate bone fragments could fit in the exit wound.²⁴ Their descriptions lead me to wonder whether they really saw the same films, but for the moment it is enough to point out that neither one mentions seeing autopsy #3 (note, however, Dr. Davis' parenthetical comment at the bottom of p. 223).

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In the August 4th, 1978 report of Dr. G. M. McDonnel, we finally find specific mention of a right lateral autopsy x-ray.²⁵ Dr. McDonnel examined this along with the autopsy AP and LL projections, the Groover lateral projection, and unspecified films from the White series.

Dr. McDonnel's list of common features found in the x-rays is as follows:

1. The thickness and contour of the frontal bones.
 2. Deviation of the mid portion of the nasal septum from right to left.
 3. The contour of the frontal sinuses.
 4. The contour and shape of the sella turcica.
 5. The contour of the posterior clinoids.
 6. The contour and calcification of the posterior clinoid ligaments.
 7. There is thickening of the medial and superior aspects of the mucoperiosteal margin of the left frontal sinus.
- This is less severe in the radiographs of 8/14/60 and 8/17/60 than in the radiographs of 11/22/63. The general margin of this tissue swelling is similar in all three studies.²⁶

Of these items, numbers 2,3, and 7 come from comparison of AP views of the skull. Numbers 1, 4, 5, and 6 describe structures which would be best seen in a lateral view, but which, being located near the midplane of the skull, should not have distinct "left" and "right" images. There is no mention of suture lines, air cells, or any other feature that would be recognizably different in left and right lateral projections.

I think Dr. McDonnel was given a specific list of comparisons to make, and in case he became overly curious, his only pre-mortem lateral x-ray showed the left side of the head. It is worth pointing out that items 4, 5, and 6 refer to structures inside the skull that are generally visible in a lateral view even if there is no damage. So the fact that he describes these features does not necessarily mean that the right front of the skull was missing from the x-ray that he saw.

To summarize, it is possible for the AP and lateral x-rays to be composites, in the way I described, and yet be "authenticated" by comparison with genuine ante-mortem x-rays of the President. The key elements were compartmentalization of the Committee's experts, strict control over what they saw, and strict limitations on what (if anything) they could reproduce in their exhibits.

Who exercised this control? On page 348 of the Medical Evidence Panel's report, the very last page, is a memo from Dr. Michael Baden listing the x-rays. Autopsies #2 and #3 are listed as right and left lateral respectively, and there can be no mistake since it is specifically mentioned that #2 has pencil lines on it, as does the published lateral picture.

This is the only place in the entire volume where it is spelled out that the published lateral x-ray is a right lateral view. The identification is credited to Dr. John Ebersole, who supposedly marked and identified the x-rays.

How convenient for Dr. Baden, the chairman of the Medical Evidence Panel. If the right/left confusion is ever exposed as the basis for medical fraud, he can point to this memo, and say that at least he set it straight. Or, if the orientation of the published x-ray is still some kind of state secret, he can point to Dr. Ebersole as the one who let it slip.

Dr. Baden seems to have arranged things so he is covered from both sides. Does that mean that he was the one in charge of the whole sham?

Additional Issues

I think the preceding not only shows that HSCA's validation methods contained a truck-

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sized hole, but describes the truck that was driven through it. There are provocative indications that the various Committee consultants were, in fact, presented with several different versions of "autopsy #2". While they fall outside the scope of the scenario presented here, they give some clues as to how the x-ray images may have evolved over time.

In the report of Dr. Davis, note that he describes the defect in the bone as extending only as far forward as the coronal suture. Furthermore, he describes a fracture through the frontal bone at about the midline, and also a fracture through the roof and floor of the right orbit. There is no mention of any part of the frontal bone or orbit being missing, as the current lateral x-ray seems to depict.²⁷

Dr. Angel's 10/24/77 memorandum, and attached drawings, suggest a defect with a large part of the frontal bone missing, including some from the left side.²⁸ I wonder how he could describe something so different from what Dr. Davis saw, if they both looked at the same thing.

In the 9/16/77 interview with Drs. Humes and Boswell, Dr. Charles Petty of the medical panel was fairly insistent that the entry wound in the back of the head was four inches higher than where the autopsy report placed it. Dr. Joseph Davis (not to be confused with David O. Davis) does not seem to have been so sure. In a long interjection (pp. 254-255) he outlined a hypothesis to try to explain fragments of metal, seen in the lateral x-ray, as the result of a shot entering the skull near the external occipital protuberance.²⁹

Dr. Davis told the others that he could actually see, with a magnifying glass, a trail of spots on the x-ray leading upward from the vicinity of the occipital protuberance.³⁰ No such thing shows in the current autopsy #2. Immediately afterward, Dr. George Loquvam broke in a demanded that the discussion be taken off the record.

The 8/4/78 report of Dr. G. M. McDonnel is worth close study, in conjunction with the lateral sketch drawn by Dr. Lattimer (see page 17). Note that in the Lattimer sketch, the entry wound is not shown quite as high on the back of the head as the current official description would have it. Consequently, the bullet trajectory is depicted as being anatomically upward through the head. Lattimer's drawing shows something intermediate between the autopsy report and the current account. The same applies to his depiction of damage to the right forehead. He shows about half of it gone.

Turning to Dr. McDonnel's report, we find that he refers to the entry wound as being in the right occipital bone. This description is repeated several times, in relation to the defect, the embedded metallic fragment, and the associated fractures. This is consistent with the Lattimer sketch, but not with the published x-ray showing the entrance above the lambdoid suture. McDonnel also describes damage to the frontal bone similar to what Lattimer drew.³¹

McDonnel's explicit description (p. 218, #4 in 'findings') is "a metallic fragment on the outer table of the right occipital bone 9.6 cm. above the mid portion of the external occipital protuberance." That might at first seem self-contradictory, since the lambdoid suture should be only 6-7 cm. above the occipital bulge. However, McDonnel's figure appears to come from a direct measurement on the x-ray film itself, and thus does not represent the anatomical distance involved. Because of the distortion of sizes caused by projection onto the photographic plate, an anatomical measurement would be an estimate at best, and a figure such as 9.6 cm. is too precise to be that.

I bring this up because the 1969 Clark Panel report is rather vague on the source of their statement that the entry wound is about 10 cm. above the occipital bulge. In the photographic section, the only comment is that the wound is "high above the hairline", and the reader is referred to the x-ray section. There, the 10 cm. measurement is given, and with no discussion of

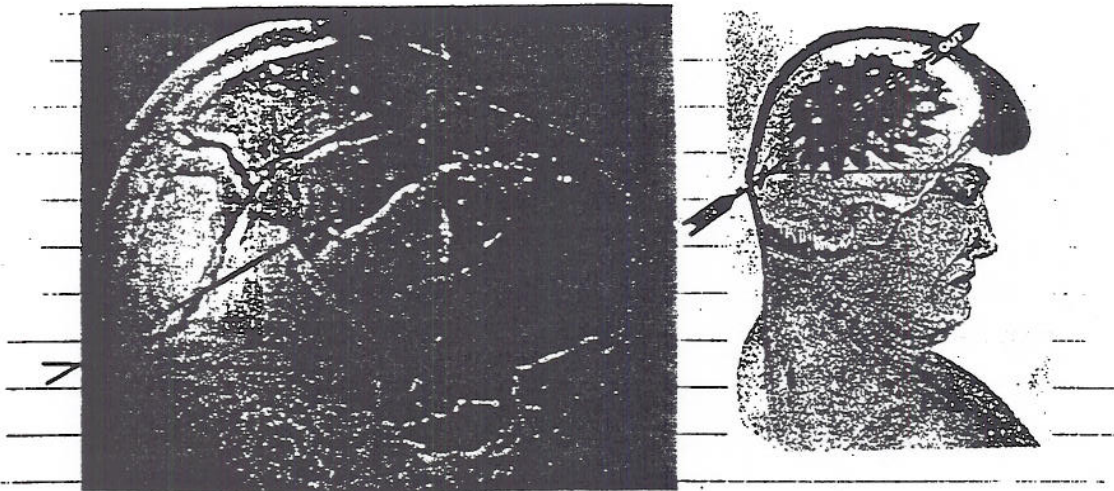
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how far the plate and x-ray tube were from the head, one can only suppose this measurement was made on the film itself.

The following is a description of how these composite x-rays (and others whose existence is inferred) could have been produced. Starting with standard x-ray transparencies, having opaque background and lucent areas representing bone, one places pieces of these over a photographic plate, and exposes the plate by shining light through them. Since the darkened parts of the plate correspond to bone images, it would be possible to make overlays. From this negative, one makes two x-ray films. One is standard and replaces the original. The other has transparent background and opaque bone images, and this one is placed over another photographic plate to produce an appropriate negative.

The missing bone in the right front of the head in autopsy #2 took some extra work. Before that piece of transparency was added to the composite, somebody painted over it with an opaque substance, obliterating the bone in the foreground, but following the outlines of the sella turcica and other internal structures so that they would still cast an image on the photographic plate. If you look carefully at the outlines of the "saddle" and at the bone fragments in the adjacent sinus, you can see little spots that were missed. The job was not done perfectly, so there are remnants of the original images of overlaying bone.

Admittedly, that part of the x-ray could simply depict somebody else's skull. If so, I presume he did not volunteer for the job. The published lateral x-ray has a pair of intersecting pencil lines drawn on it. Note the close correspondence between these lines and the two trajectories, of a bullet and bullet fragment, that appear in the Warren Commission drawing. The drawing is inaccurate in other respects, but the indicated paths of the bullet and the dislodged fragment are consistent with the autopsy doctors' testimony.



Pencil lines compared with trajectories of bullet and fragment

Dr. John Ebersole has stated that he drew these lines at the White House, several weeks after the autopsy, to "obtain anthropomorphic measurements" for a bust of the late President.³² One wonders what this bust was meant to depict. It has also been suggested that Ebersole was

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invited over on a pretext in order to test his reaction to a fake x-ray.

I think the pencil lines depict exactly what they seem to, and were drawn during the autopsy on the original film. Whoever made the composites probably had instructions to reproduce, on the finished product, any external markings found on the original. So the pencil lines were preserved and we must have a story, or several stories accommodating different points of view, to account for them.

This brings me to a final thought. The first step in the forgery process must have been to make copies of the original x-ray films. If the forgers simply photographed the films, instead of going back to the original plates, then the pencil lines would be photographically reproduced. Seeing this, would they go back and start again, or just draw over the lines with a pencil -- something they were told to do anyway?

Maybe, on the current film, those pencil marks hide a sort of smoking gun -- photographic images of the same lines. Or maybe not. In any case, I doubt the Archives would ever let somebody desecrate their exhibit by touching it with an eraser.

Much of the literature on this case seems to be devoted to building up the image of the plotters as untouchable, super-powerful men. I wonder if this is just a lot of myth making, a symptom of the tendency to glamorize shocking events. The deed may have been monstrous, but I don't think the perpetrators deserve our awe. Not if they lose sleep over a couple of damn pencil lines.

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References

1. Warren Commission Hearings (WCH), Vol. 16, p. 978-983.
2. WCH, Vol. 2, p. 347-384.
3. The Panel's members were Drs. William H. Carnes, Russell S. Fisher, Russell H. Morgan, and Alan R. Moritz. The report is available from the Justice Department.
4. The HSCA Panel was chaired by Dr. Michael Baden, and included Drs. John I. Coe, Joseph H. Davis, George S. Loquvam, Charles S. Petty, Earl Rose, Werner V. Spitz, Cyril H. Wecht, and James T. Weston.
5. John K. Lattimer, Kennedy and Lincoln. Medical and Ballistic Comparisons of their Assassinations. Harcourt Brace Jovanovich, NY and London, 1980.
6. Same as #1 above.
7. *ibid.*
8. Clark Panel Report, section entitled "Skull".
9. HSCA, Vol. VII, Addendum D, p. 222.
10. WCH, Vol. 2, p. 353.
11. Lattimer, p. 215-217
12. HSCA, Vol. VII, Addendum I, p. 246.
13. HSCA, Vol VII, p. 66.
14. Conversation 10/28/93 with Jerrol Custer.
15. Same as #9 above, p. 223.
16. *ibid.*
17. Respectively these are figures 17/19, 18/20 on pages 110-113, HSCA, Vol. VII.
18. HSCA, Vol. VII, figures 10,11 on p. 67, 68.
19. HSCA, Vol. VII, p. 60-61, discussion of "autopsy #3".

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20. HSCA, Vol. VII, p. 60-61, discussion of "autopsy #2".
21. HSCA, Vol. VII, p. 64, figure 5.
22. HSCA, Vol. VII, p. 45.
23. Same as #9 above.
24. HSCA, Vol. VII, p. 228-230.
25. HSCA, Vol. VII, p. 217, 219.
26. HSCA, Vol. VII, p. 219.
27. HSCA, Vol. VII, p. 223.
28. HSCA, Vol. VII, p. 228-230.
29. HSCA, Vol. VII, p. 254-255.
30. HSCA, Vol. VII, p. 255.
31. HSCA, Vol. VII, p. 217-221.
32. HSCA, Vol. VII, Baden Memo, p. 348.

OSWALD'S INTERROGATIONS SECRETLY RECORDED

By Ted Gandolfo

I first heard about Lee Harvey Oswald's 14 hours of interrogations being secretly tape-recorded when I read about it in Robert Groden and Harrison Edward Livingstone's book *High Treason* about a year ago. I thereupon wrote to Groden twice about this, but received no answer from him...oddly. I thereupon contacted many of my fellow long-time researchers asking them if they knew about this story and only one of them (name not to be disclosed at this time - by my promise to him) knew about it. He said that these complete 14 hours of Oswald's interrogations by the Dallas Police were in the hands of TWO researchers...one of them he described as a "right-winger", and the other a good guy on our side, we'll call "X". He said that he travelled to see and talk to "X" and that he was told that Oswald had said certain blockbuster things during his questioning, i.e., that he was in the former employ of ONI (Office of Naval Intelligence); that he was also in the employ of the CIA, with the number #110669; and was also a paid, \$200 per month, informant for the FBI!!!

I asked this researcher colleague of mine if he was allowed to listen to any of these tapes and he said he didn't hear any of them. But he did say to me that when these tapes would be played at a major press conference that "X" would be giving in the near future, that "every tree in the forest will fall"!

I mentioned the above information during my appearance as a guest on Roy Tuckman's "Something's Happening" radio program, which was broadcast on June 13, 1993 on the Los Angeles radio station KPFK, a Pacifica affiliate. I also mentioned the fact that I was told that Captain Will Fritz of the Dallas Police Department secretly recorded the entire 14 hours of Oswald's interrogation, then suppressed the tapes.

That's the complete story as I know it. So, we'll see. [Editor's note: I investigated the matter a little further and was told by a reliable source: A) That researcher Gary Mack knew the man who installed the tape recorder for Captain Will Fritz prior to the assassination. B) That researchers Jack White and Jim Marrs had talked to a woman who reportedly had confirmed that Fritz actually had the tapes. C) That Fritz was extremely mad at the FBI for taking over the case, and that is the reason he suppressed the tapes. D) That researcher Robert Groden is in possession of a copy of these tapes and that it has been rumored that Groden will be holding a press conference about these tapes during the 1993 ASK conference in Dallas, Texas. E) As Mr. Gandolfo says, we'll see.]