

A CASE OF COVER-UP:

A MEDICAL
EXAMINATION OF
PRESIDENT JOHN F.
KENNEDY'S
ASSASSINATION

WITH A CRITIQUE OF
THE AUTOPSY PROCEDURES

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SUBMITTED BY
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nearly all of the brain in the right cranium was missing; it was literally pulverized by the impact of the bullet.⁵⁴

During Lifton's investigation for his book, he interviewed Paul O'Connor, who, in 1963, was a student studying to become a medical technologist. O'Connor was present when Kennedy's body was brought to Bethesda and witnessed the removal of the body from the coffin. He told Lifton that Kennedy "didn't have any brains left", and that the cranium was empty, "except for bits of brain matter".⁵⁵ O'Connor is probably referring to the section of the brain that would have been visible, which was the right hemisphere. His recollection fits with that of Lattimer and Weisberg's. Dr. Baden disagrees with these descriptions. He feels the brain, though extensively torn and lacerated, was basically intact. He states, "the right cerebrum was there. Some brain tissue was missing, but not that much."⁵⁶ He explains the enlarged weight by pointing out that brains disrupted by gunshot wounds tend to swell up as a result. Could Kennedy's brain have swelled up in such a manner as to increase its weight nearly 50%? Why are Dr. Baden's views different from Dr. Lattimer's and Mr. Grodin's, they had all examined the same photos, or did they? Whose brain, then, did the doctors examine, or did they fake the report? And where is Kennedy's brain today?

Towards the end of the gross description, Humes writes, "in the interest of preserving the specimen coronal sections were not made".⁵⁷ This is inexcusable! The only reason the brain was preserved in the

⁵⁴Information stated in an interview with the author.

⁵⁵Lifton, p. 601-602.

⁵⁶Information stated in a telephone conversation with the author.

⁵⁷CE391.

*This alone
discredits
O'Connor.*

*Does this
refer to more
than the left
hemisphere? Did
they not make
sections of specimens
from the right?*

not my "recollection"

first place was to gain additional information. For what purpose could Humes have had to preserve the brain a second time, unless it was to avoid the possible results the examination would have furnished, or was he ordered not to section it? As mentioned earlier, the brain has vanished.

AUTOPSY PROTOCOL

Autopsy procedures are not a matter of immense fluctuations. For the most part they are directed by standard guidelines. "The autopsy of the late President Kennedy was carried out in a naval hospital by Army and Navy medical officers, physicians commissioned in the services as medical corps officers. An official manual was and is available which 'provides the prosector with ready and concise criteria on postmortem procedures and examinations' (Armed Forces Institute of Pathology, 1960). The point of this triservice manual is to provide a 'directive towards uniformity in the selected techniques and objectives of an autopsy'."⁵⁸

It would be expected that competent military pathologists would be familiar with the protocol stipulated in their manual, if not, at least their superiors might. It seems that certain factors caused diversions from the standard protocol. Dr. Charles Wilber, Deputy Coroner of Lattimer County, Colorado, correlated a list of the discrepancies between operatives required by the Armed Forces manual and those actually performed on President Kennedy:

⁵⁸Wilber, p. 25.

**COMPARING THE OBSERVATIONS REQUIRED BY
ARMED FORCES AUTOPSY MANUAL WITH
OBSERVATIONS MADE AT J.F. KENNEDY AUTOPSY⁵⁹**

<i>Observation</i>	<i>Autopsy Manual</i>	<i>Gross JFK Autopsy</i>
Clinical abstract	detailed	incomplete
Every organ to be examined	yes	no reference
Description of exterior	detailed	no reference
Organs of neck: thyroid,	detailed	no reference
parathyroid, larynx, pharynx	mandatory	no reference
Lungs	yes	cut surface limited to one lobe
Heart	yes	yes
Aorta and vessels	yes	incomplete
Spleen	yes	no reference
Liver	detailed	no reference
Gall bladder and ducts	yes	no reference
Pancreas	detailed	no reference
Adrenals	size, cut surface	no reference
Gastrointestinal tract	detailed	superficial
Genitourinary tract	complete details of all parts	no reference
Seminal vesicles, prostate, testes	yes	no reference
Muscles, bone, joints	yes	single sentence
Head	yes	partial
Brain	detailed	external surface
only		
Cord	yes	no reference
Temporal bone	yes	no reference
Ear	yes	no reference
Skull sinus	yes	no reference
Eyes	yes	no reference
Bone marrow	yes	no reference
	<i>Microscopic</i>	<i>Microscopic</i>
Heart	detailed	very general
Lungs	detailed	very general
Liver	detailed, plus gall bladder	general, no gb.
Pancreas	yes	no reference
Spleen	yes	very general
Adrenals	complete	no reference
Kidneys	detailed	general
Pelvic organs	all	none
Lymphatic system	detailed	no reference
Thyroid	complete	no reference
Bone marrow	detailed	no reference
Trabecular bone	yes	no reference

⁵⁹*Ibid.*, p. 113-114.

Brain: meninges, parenchyma vessels, perivascular infiltrations, ependyma	complete	random pieces with vague comments
	<i>Other</i>	<i>Other</i>
Photographs*	"Photographs should be made in all medico-legal autopsies..."	not certain; claimed to have been made but apparently poor quality.
Clothing	details of disturbances of all clothing	no

*Autopsy manual (p. 56) directs that "the photographs made by the pathologist should be attached to the final autopsy report."

<i>Observation</i>	<i>Other</i>	<i>Other</i>
Blood group	yes	no reference
Blood for alcohol	yes	no reference
Fingerprints	yes	no reference

WAS THE PRESIDENT AN ADDISONIAN

Several of these observations require additional detailing. For one, it has been claimed that President Kennedy suffered from Addison's disease (adrenal insufficiency) which affects about one out of every one hundred thousand persons. Several of the Parkland staff mentioned that they had heard rumors to the effect and therefore had administered three hundred milligrams of Solucertof (a type of hydrocortisone) to support his adrenal glands. Dr. Peters, in fact, states in his testimony that Dr. Burkley, Kennedy's private physician, requested that the President be administered steroids because he was an addisonian. The autopsy report made no reference to his adrenal glands, a fact most critics interpret to mean that the adrenal glands were diseased. If the adrenals had appeared normal, it would follow that this would have been made public knowledge immediately so as to quell the rumors of his being an addisonian. This was not done, so one

*To the best of
my knowledge
this is not
true*

*Ignorant of Dr. John Nichols' published work on
precisely this.*

must conclude he was. In 1978, Dr. Humes appeared before the HSCA's medical consultants and an interesting exchange of words took place. It would seem to confirm that the government (or the Kennedy family) does not wish to publicly acknowledge the late President's past medical history.

Dr. Petty: First of all, let me start with the question that was on the lips of everyone here and that is, did you or didn't you look at the adrenals?

Dr. Humes: I would ask, you--did that bear, or does that bear, on your investigation of the event that took place that night?

Dr. Petty: No; all we were wondering was--we noticed that that was noticeably absent from the autopsy report.

Dr. Humes: Since I don't think it bore directly on the death of the President, I'd prefer not to discuss it with you doctor.

Dr. Petty: All right. Fine. If you prefer no to, that's fine with me. We were just curious because normally we examine adrenals in the general course that the autopsy, as we undertake it. OK, so-

Dr. Humes: I'd only comment for you that I have strong personal reasons and certain other obligations that suggest to me it might not be preferable.⁶⁰

The prospect of President Kennedy being an Addisonian has no relevance over his death. It did not matter, he would have died regardless. But it is extremely relevant to the lack of professionalism surrounding the autopsy. It is an important piece of evidence indicating there is a possible existence of some sort of government cover-up.

THE INTACT PLEURAL CAVITY

Another interesting fact is that the autopsy report claimed the pleural cavity was not violated. When the President first arrived at Parkland hospital the doctors observed frothing and bubbling of blood

⁶⁰7 HSCA 243-244.

*questionable
conclusion because
it has nothing to
do with JFK's
death*

and air in the wound of the trachea. This caused them to believe there was a possible pneumothorax or hemothorax and Dr. Perry asked for bilateral chest tubes to be inserted into the President to relieve some of the pressure. Drs. Baxter and Peters inserted the tubes in the right side and Dr. Jones inserted the left side tube. Specter questioned Jones about the procedure, since he was fully aware of the autopsy statement. Jones replied, "I felt the tube was fully inserted".⁶¹ Dr. Peters remarked he was under the presumption the tube on the right side was also fully inserted.⁶² Dr. Lattimer, when questioned about this mystery, felt Dr. Kemp Clark, the neurosurgeon who pronounced Kennedy dead, had stopped the doctors from fully inserting the tubes because he realized the President had expired already.⁶³ Commander Humes had a similar opinion as he told Specter he examined the incisions very carefully and found they only went through the skin and had not penetrated the pleural cavity. He presumed that "as they were performing that procedure it was obvious that the President had died", and they didn't pursue any further.⁶⁴ Dr. West differs on this opinion as he feels any competent thoracic surgeon would know whether or not they properly inserted the tubes. What probably occurred is that the autopsy doctors were so busy being ordered around they never had a chance to thoroughly examine the pleural cavity.⁶⁵ Whether or not Humes lied about the condition of the pleural cavity or on the fact that they never really examined it, the evidence suggests that the tubes were fully

This is not true. Do doctors insert chest tubes without their responsibilities? There is not a limitation on R.F.W.'s signature authority.

⁶¹ 6 H 54.

⁶² 6 H 70.

⁶³ Information stated in a telephone conversation with the author. *by whom?*

⁶⁴ 2 H 363.

⁶⁵ Information stated in a telephone conversation with the author. *by whom?*

inserted. Several of the doctors observed the insertions and as late as 1979, during the HSCA hearings, Dr. Perry stated he thought the tubes had been placed and did not find out until he read the autopsy report that the cavity had not been violated. He also mentioned that Dr. Clark entered the room after the tubes had been placed which seems to rule out Dr. Lattimer's theory. Furthermore, in Dr. Kemp's own report on the medical treatment of the President, he wrote, "anterior chest tubes were placed in both pleural spaces. These were connected to sealed underwater drainage".⁶⁶ If he had cancelled the placing of the chest tubes, would he not have mentioned this in his report? Dr. Baden once again places the blame for this problem on the shoulders of the autopsy doctors. He feels that this was not a difficult procedure and that "every surgery resident and intern would know if he had successfully violated the pleural cavity".⁶⁷ "Humes probably did not examine the pleural cavity very closely and missed it", explained Dr. Baden.⁶⁸ Yet, Humes testified before the WC and stated he had examined the pleura very carefully. Who is wrong?

*Does or did
not the autopsy
report itself
address this?
Is Dr. "Y" not
any more
relevant?*

As with the adrenal glands, this procedure had no effect on the death of President Kennedy. It does present possible evidence of a cover-up of a second assassin. If the anterior neck wound was an entrance wound as suspected, then obviously the posterior back wound was caused by a separate bullet. If this bullet entered the President's back and lodged in the chest cavity, as some persons suspected, it would explain the signs of a pneumothorax. This bullet would then have been

*Braceless gun-
sent me + what
is "observed" is
that a bullet
enters my the
front would
have stayed
the back*

⁶⁶CE 392, p. 3.

⁶⁷Information stated in a telephone conversation with the author.

⁶⁸Information stated in a telephone conversation with the author.

This is to say that there is nothing relevant that you do not know and that there is no link some other testimony which is false

This is not true of the X-rays & the pictures that have been pointed out by the 5th. took them.

This is also incorrect because the W.C. had them before they were shown to the WC either.

This is a false conclusion and it is false. There is no link between the W.C. and the pictures.

removed at some point during the autopsy and the fact covered up.⁶⁹

Hence, the pleural cavity had to be considered intact, because the path of the Commission's bullet did not puncture the lungs. This is a mystery that will probably never be solved, since we are only relying on testimony, but the chances seem remote that three competent doctors would each fail to perform the requested task that was given to them.

X-RAYS AND AUTOPSY PHOTOGRAPHS OF PRESIDENT KENNEDY

The Secret Service immediately seized the X-rays and photographs before they were examined by the autopsy surgeons. One roll of 120 film was even purposely exposed to the light by a Secret Service agent to prevent its processing. Supposedly, the pictures showed wide angle scenes of who was present at the autopsy, something the government did not want known. None of the X-rays or photos were ever shown to the WC either.⁷⁰ Denying the WC members access to the photos was done deliberately. If the material had been presented to the

Commission, it would have become part of its working papers, hence, they would have to have been published along with the rest of the report. Lattimer reasons "it was done to avoid the shocking effect they would have on the public if they were exploited and particularly on members of the family if they were forced to see these photographs of the bloody remains of their relative's head displayed in lurid bookstore

Is this the reason? Source? So there are any books at all in this report? This is a report? There is a report in the 5th. of the report to which you have referred. But you need it or have you given it to someone else on it, like Lattimer?

⁶⁹Possible evidence for this is the fact that Captain David Osborne said he saw a bullet at the autopsy. In fact, a receipt exists for a missile said to have been recovered at the autopsy, but such bullet has never been found and no one has offered an explanation as to this mystery. No Source. Receipt published in Post Mortem

⁷⁰In an interview with U.S. News and World Report on October 10, 1966, Arlen Specter told his interviewer that he was shown a picture of the back of a body which was represented to be the back of the President, although it was not technically authenticated. This was never mentioned in the Warren Report.

This does not address "the democratic system" and
there are well-established medical rights to
38 privacy

Why not
more so if
matters of
national
security
were in
question?

windows."⁷¹ Lattimer finds this "quest for privacy" perfectly acceptable. Any person who believes in the United States democratic system should find this appalling. President Kennedy, as beloved as he was, was not our monarch, he was a civilian leader, elected by the people, and constrained by the same legal limitations as the people.

This was a murder case and should have been treated as such; except where matters of national security were involved. The request for privacy due to the concern of the family is a point well taken, yet there was no such concern for the family of Lee Harvey Oswald? His autopsy photos were easily published and his body was even exhumed in 1980

They were
not officially
disclosed
in 1980
more
have her
approve

[Contrary to what the history books might tell us, he was never convicted of the crime since he himself was assassinated before given a chance to clear himself]. The Kennedy family, it can be argued, illegally took possession of the X-rays and photographs and nothing was ever done about it. Under pressure from the critics to have the material examined, they finally turned the items over to the National Archives in October, 1966, as a "gift" to the American people. However, stipulations were attached. The gift was to remain sealed for five years at which time they might be available for inspection by authorized, qualified non-government investigators, as determined by the Kennedy's of course; a tragic injustice perpetrated against the American people.

He would
at least
be able
to
legal

What does
this refer to
what was
given to
him
in Post
return

What then did the WC use as their basis of scientific evidence? They used poor substitutes; schematic drawings compiled by an artist who never saw the body nor the X-rays or photographs. They were based on verbal descriptions. Specter questioned Humes as to the importance

⁷¹Lattimer, p. 158.

of seeing the X-rays and photos firsthand, as if someone would actually think items such as these would not be important to a murder case.

Mr. Specter: Would it be helpful to the artist...to have available to him the photographs or X-rays of the President.

Dr. Humes: If it were necessary to have them absolutely true to scale. I think it would be virtually impossible for him to do this without the photographs.

Mr. Specter: Is the taking of photographs and X-rays routine or is this something out of the ordinary?

Dr. Humes: No, sir; this is quite routine in cases of this sort of violent death in our training. In the field of forensic pathology we have found that the photographs and X-rays are of most value, the X-rays particularly in finding missiles which have a way of going in different directions sometimes, and particularly as documentary evidence these are considered invaluable in the field of forensic pathology.⁷²

Even though Humes stated how essential the material is to these types of investigations, he and the others were denied access to them. In fact, Dr. Humes did not view the X-rays and photos until they were transferred to the Archives in 1966 and he was called in to check verification. Several of the more important Parkland staff members did not examine the X-rays and photographs until 1988! One might consider such action of the Commission to be a part of subterfuge on behalf of the government. Is there no other logical alternative? Though it was essentially a crime not to allow the WC or the doctors to view the photographs, other problems were found to exist. The Assassinations Committee concluded: "(1) the autopsy photographs are generally of poor photographic quality; (2) some, particularly close-up views, were taken in such a manner that it is nearly impossible to orient

they made no diagnosis & they did use some of the X-rays

False in all respects

⁷²2 H 350.

scale?

anatomically the direction of view; (3) in many, scalar references are entirely lacking, or when present, were positioned in such a manner to make it difficult or impossible to obtain accurate measurements of critical features (such as the wound in the upper back) from anatomical landmarks; (4) none of the photographs contain information identifying the victim, such as his name, the autopsy case number, and the date and place of examination; and (5) in fact, in a criminal trial, the defense would probably raise many objections to an attempt to introduce such poorly made and documented photographs as evidence."⁷³

CLOTHING DEFECTS

The clothing of a gunshot victim may occasionally play an important role in determining the paths of bullets. According to Dr. Wilber, "the value of the clothing overlying a gunshot wound is shown to be at times crucial in deciding whether a hole is an entrance or an exit wound. This fact is a matter of common knowledge among competent homicide investigators".⁷⁴ Therefore, it is important for the pathologists to examine the clothing of the victim, but in this case it was not allowed.

The FBI had possession of the clothing and had already taken them to Washington, instead of Bethesda. The autopsists were not allowed to examine the clothing until minutes before they testified before the Commission, nearly four months after the assassination had occurred!

The FBI reported that an "examination of the President's clothing revealed the presence of a small hole in the back of the coat and shirt. The hole in the back of the coat is positioned approximately 5 3/8

⁷³Robert Grodin. High Treason. New York: The Conservatory Press, 1989, pgs. 89-90.

⁷⁴Wilber., p. 16.

more than
this is wrong
with the
part was
importance of
photomotion

This is true
only if the hole
is not in the
back of the shirt
but in the back
of the coat which
is not in the
back of the shirt
some autopsists
was that true
I was not sure

Did they
ask and
get refused?

The FBI
did not
transport
the clothing
from Dallas.

inches below the top of the coat and 1 3/4 inches to the right of the middle seam."⁷⁵ The FBI located the posterior shirt defect "in the same relative area, being 5 3/4 inches below the top of the collar and 1 1/3 inches to the right of the middle."⁷⁶ Why were the FBI's measurement's approximates? What sort of accuracy can be seen in the words, "same relative area"? The FBI was in possession of the clothes, yet seems to indicate these measurements are not exact locations. Could this be because the official location of the wound did not match with the clothing defects?

These defects were described by the HSCA to be 5 cm. (about 2") to the right of the middle of the coat and 13.5 cm. (5.3") below the top margin of the collar and 14 cm. (5.5") below the margin of the shirt collar and 2.5 cm (approximately 1") to the right of the midline of the shirt, respectively.⁷⁷ Both were identified as bullet entrance wounds and neither corresponds with the precise location of the actual wound. The clothing defects do, however, correspond with the WC testimonies of SSA Bennet and SSA Hill. Bennet saw that "the shot hit the President about 4 inches down from his right shoulder".⁷⁸ Bennet was riding in one of the follow-up cars behind the Presidential car in the motorcade. SSA Hill was called in expressly to view the body during the autopsy. Hill testified to the Commission he "saw an opening in the back, about 6 inches below the neckline to the right-hand side of the spinal column".⁷⁹

⁷⁵ HSCA 81. This was to W.C. Why note cite W.C.?

⁷⁶ Ibid., p. 83. "

⁷⁷ Ibid. "

⁷⁸ Sylvia Meagher. Accessories After the Fact. New York: Bobbs-Merill, p. 140.

⁷⁹ 2 H 143

Refers to that part of back of coat - measurements and it has nothing to do with locating the wound on the body

The clothing was loose & comfort "precisely" located the wound. But the wound was left as wound with the location of the wound as located by Dr. Bennet & Dr. Hill. Part of the clothing was clock face

by whom? FBI's was conditional

by whom

again, ignorance
of Clark panel report,
which is in
fact not

These descriptions definitely place the wound as a back wound and not a neck wound as it is sometimes described. In fact, the autopsy face sheet, drawn by Dr. Boswell, seems to place the wound exactly in the spot which agrees with the clothing defects. Dr. Boswell maintains the sheet is just a rough approximation of the positions of the wounds.

where?

Ironically, the back wound is the only one that is "out of place" on the diagram. In the margins of the sketch sheet, measurements that are consistent with the autopsists findings are written in, but, it seems to have been done with a different pen and in a much darker print, as to indicate it was written in later. Perhaps they realized the significance of what they had done? Years later, Dr. Boswell retorted if he had realized how many problems this drawing would cause, he would have taken more time in completing it. After all, it was only the President of the United States who was being autopsied!

1966

Defenders of the Warren Commission feel these discrepancies are easily explained by simply stating President Kennedy, by waving, caused his shirt and coat to hike up on his shoulders. This would result in the clothing defects actually being lower than the wound.

Photographs determined to have been taken at nearly the exact moment of the shooting do not show the President's clothes bunching up. Dr. Lattimer, in his book, includes a photograph taken by a Dallas Times Herald photographer which does seem to show the President's coat humped up, but this photo was taken several minutes before the assassination. However, it is nowhere near the four to six inches needed to explain the differences. This photograph also does not explain the shirt. One would suspect President Kennedy had the luxury of a tailor to make sure his clothes fit properly. It does not make sense that a

How?
True but
in clear
of de boy
used post
most in the
would not
leave had to
suppose the
short was
made for
him by
"Charles" in
N.Y.C.

tightly fitting shirt (plus the fact that Kennedy had a brace on which would make the fit tighter) would be able to effectively rise up half a foot! Sylvia Meagher, one of the earlier critics of the WC, wrote "the WC defendants explanation is singularly unconvincing, and guaranteed to stir the wrath of Mr. Kennedy's tailor. The President's coat fit him with elegance, as photographs show. Governor Connally is also a large, well developed, well-muscled man, but his wounds and the holes in his clothing correspond almost exactly".⁸⁰

*not true
brace isn't
meant
to fit.*

Upon inspection of the front of the shirt the HSCA panel found "a slit-like defect in the upper left front portion, 1.4 cm. below the topmost buttonhole. This defect measures 1.4 cm. in length, with its long axis parallel to the long axis of the body. There is a corresponding slit-like defect 1.5 cm. below the center of the button on the right. This defect measures 1.5 cm. in length and is also parallel to the long axis of the body".⁸¹ President Kennedy's tie revealed a defect along the left lateral margin of the knot measuring 0.7 by 0.4 cm. These were all concluded to have been caused by the flight of a missile exiting via Kennedy's throat. Harold Weisberg, in his never-ending search for the truth, uncovered dramatic evidence suggesting this is false. Back in 1971, after taking the government to court, Weisberg was able to examine photographic evidence of the President's clothing. He discovered, for one thing, the knot of the tie had been undone. No one admits to having done this, which is not surprising in itself, but the impact of this evidence tampering is severe. It obscures the exact position of the nick in the tie in relation to where it was situated on the President at the

*He misses
the front on
the shirt -
with slit &
damage to the
tie again
ignoring a
Post Nation*

⁸⁰Meagher, p. 142.

⁸¹7 HSCA 89.

time he was shot. After suing the FBI for its report on the X-ray examination of the clothing, Weisberg received a copy of the Dallas FBI No. 100-10461, Commission file Number 205, which has the last sentence of page 154 reading "X-ray and other examination of the clothing revealed no additional evidence of value." This means one of two things: "There was no metal, in the knot of the tie or anywhere else; or the FBI found metal and is hiding the fact."⁸² The latter theory is not plausible since it would fit into the WC's theory, unless of course the test showed metal not compatible with copper-jacketed bullets such as supposedly used by Oswald, but this is a different subject altogether. Therefore, we must assume that no metal was found at all. As to the front of the shirt, Weisberg obtained the original photos of the FBI, photos that were not printed by the Warren Commission. The photos showed, "it is even more clear that the slits could not have been made by a bullet. The fraying of the fabric is regular, on the edge of the cut. These loose threads flopped over the other edge while the picture was being made. It is not a regular fraying as one would expect from the rupturing by a 2,000 foot-per-second violence. In this picture the "slit" is clearly a cut, not a hole. When the cloth lies flat, there is no width to the damage, no material missing, nothing punched out by the bullet. The edges lie against each other".⁸³ The "other examination" was most probably referring to the spectrographic examination on the clothing to test for copper deposits. The bullets alleged to have hit the President would be expected to have left such deposits, since they were copper-jacketed bullets. The FBI found minute traces of copper surrounding

⁸²Harold Weisberg. Post Mortem. Published by author., p. 341.

⁸³Ibid., p. 347.

He has it from the
I did not see in
that and if he
know
the matter
had we
Post Mortem
had have known
no metal was
detected on shirt
front & tie.
now if this is
the test showed
no post mortem
of Post Mortem
is not included to the
tie.

*Photos and
Frazier did
testify to this
to the W.C.*

the holes in the back of the coat and shirt. When FBI ballistics expert Robert Frazier, the agent who performed the test, was asked at the Shaw trial whether he found traces of copper on the front of the shirt and tie, he replied NO! This spectrographic analysis was never given to the Warren Commission for obvious reasons. It proved that the President was not hit in the shirt or tie. He was hit above the collar. These findings were verified by Dr. Carrico and even told to the Commission but were ignored. Dr. Carrico was the only doctor to see the throat wound before President Kennedy's clothes were cut. He had this conversation with Allen Dulles:

*This is also honest,
you picked it
up from that
throat &
here pretend
it is your wound*

Dr. Carrico: There was a small wound, 5 to 8 mm. in size, located in the lower third of the neck, below the thyroid cartilage, the Adams apple.

Mr. Dulles: Will you show us about where it was?

Dr. Carrico: Just about where your tie would be.

Mr. Dulles: Where did it enter?

Dr. Carrico: It entered?

Mr. Dulles: Yes.

Dr. Carrico: At the time we did not know--

Mr. Dulles: I see.

Dr. Carrico: The entrance. All we knew this was a small wound here.

Mr. Dulles: I see. And you put your hand *right above where your tie is?* [Italics mine]

Dr. Carrico: Yes, sir; just where the tie--⁸⁴

The evidence seems to indicate that these defects to the front of the shirt and tie, therefore were caused by the Parkland doctors and nurses when they frantically tried to remove his clothes in order to view the wounds. The posterior defects of the clothing were, in fact, accurate to the location of the actual wounds and not the result of the President's

clothes bunching up. Why the charades then? It was necessary to raise the back wound to become a neck wound so the downward angle would align with the trajectory of the sixth floor window. This then fit into accord with the Commission's theory of the single bullet travelling through his body from back to front. It was all quite simple and made perfect sense, unless you investigated the true facts.

*con
fused*

THE BURNING OF THE AUTOPSY NOTES

An interesting fact was revealed during Dr. Humes testimony before the Warren Commission. The discussion was on CE397, the handwritten autopsy notes of Dr. Humes which were made during the performance of the autopsy and in part after the examination was finished. Humes was asked by Specter whether all of the notes written were included with this exhibit, to which Humes replied, "I made a draft of this report...that draft I personally burned in the fireplace of my recreation room". Why did Humes feel he should burn his notes? Did he not understand the historical significance of the autopsy notes of a fallen President? The WC never bothered to ask him why he had destroyed his notes. Obviously they did not feel it was important enough to include in their report, or they did not want it in their report. The HSCA did inquire in 1978, and was told by Humes that, "the original notes which were stained with the blood of our late President, I felt, were inappropriate to retain to turn in to anyone in that condition. I felt that people with some peculiar ideas about the value of that type of material, they might fall into their hands".⁸⁵ Quite understandable, unless you consider that the autopsy descriptive sheets were also

⁸⁵1 HSCA 330.

I told him this yet he
pretends it is his work

47

stained with our late President's blood, yet were still handed over to the Commission where everyone could see them and where they would eventually be published. Why were these not redrawn? It was only a matter of simply resketching the diagrams on a fresh sheet of paper. Why only show concern for the preliminary notes and nothing else? Even more confusing is Hume's certificate stating he burned certain preliminary draft notes, while there also exists a signed certificate of Humes sent to his commanding officer, Captain Stover, that Humes had turned all autopsy working papers over to his commander. Why the two notes? If you believe there might be a government cover-up involved, the answer is quite clear.

Humes told the Commission that the final draft of the autopsy was completed around noon of Sunday, November 25. He knew this to be the time because he had just heard that Oswald had been shot and killed. The man accused of assassinating the President had himself been assassinated! How convenient! There would be no trial; no cross-examination by defense attorneys; hence, no need to document whatever discrepancies existed in the final autopsy report. Therefore, they were burned, never to be seen by anyone. A new report was typed, one which fit the crime with more accuracy and favored the FBI's scenario (The FBI had "solved" the case within hours of the assassination. A memo was sent to Headquarters stating that Lee Harvey Oswald was the assassin. (Many people feel the Commission's whole purpose was to use this memo as an outline and not start independent investigation), who would argue it. The assassin was dead.

This is not
all. I checked
receipts for
his notes,
which he
did not
burn & did
turn in.
Post-mortem

From Post
Mortem of
the
Police,
I told him

Humes
wrote it
He didn't type
it

This is a
typical
I told him.

I have
no idea how
he turned
it into this
but it was a
Dallas memo
not sent to
FBI HQ

THE DISCOVERED DEATH CERTIFICATE

The death certificate of a murder victim; one would assume a document of this type would have great significance to an investigation.

2. Not that I forced it - I published it - in Post mortem

The Commission obviously never thought so, nor did anyone else ever bring it up during any of the hearings. It was if it did not exist. That is, until Harold Weisberg forced its publication in 1975. Printed in black and white were the reasons this document remained hidden for twelve years. "President John Fitzgerald Kennedy...was struck in the head by an assassin's bullet and a second wound occurred in the posterior back at about the level of the third thoracic vertebra," so signed George Gregory Burkley on November 23, 1963. Burkley was the President's private physician. The third thoracic vertebra is clearly located in the back and could never be confused with a location near the neck. The level of the Commission's bullet is at the sixth or seventh cervical vertebra, which is located in the neck. The bullet could not have done both, it is anatomically impossible. Which is it? Doctor Burkley was an experienced military doctor and was the only medical person present at both Parkland and Bethesda. It would suffice that he knew where the wounds were. When questioned about Burkley's statement in the death certificate, Dr. Baden seemed caught unaware and paused for a long instant before replying, "I'm not sure where he is measuring from. It is not too easy to count the level of the vertebra".⁸⁶ Burkley was a senior medical officer in the Navy with years of experience, thus he should have known how to describe an anatomical location of a wound, especially on a regular patient of his. Why, then, the anatomical

False

⁸⁶Information stated in a telephone conversation with the author.

The neck wound did not cause death & of Zaid
had 1961 Post mortem. He'd have known
that the W.C. did have the death certificate.
I found it mis. filed in W.C. records or arch-
(yes,

discrepancy? And why wasn't the anterior neck wound mentioned in
the death certificate? Why was the death certificate not given to the
Commission? As Alice in Wonderland remarked, "it gets curiouuser and
curiouuser".

AUTHENTICITY OR ALTERATION

"At the outset of the investigation into the issues concerning the
medical evidence, the committee determined that experts should
examine the autopsy photographs and X-rays for two purposes: First, to
establish or repudiate their authenticity (whether they are photographs
and X-rays taken of President Kennedy at the time of the autopsy); and
second, to determine whether anyone altered or "doctored" them. Such
examinations were essential to the analysis of consultants whom the
committee charged with interpreting the medical evidence, since their
conclusions were to be based principally on the evidence derived from
the autopsy photographs and X-rays".⁸⁷ All evidence was eventually
judged to be the authentic X-rays and photographs of President
Kennedy. This conclusion was based upon the formal investigation
undertaken by various experts in the fields of medicine, anthropology,
and photography. Robert Grodin was one of the photo-optic technicians
employed by the commission to determine falsifications. In his 1989
book, High Treason, Grodin, along with co-author Harrison Livingstone,
details his evidence of the photographic forgery he feels taints the
autopsy materials of President Kennedy. He testified before the
commission stating, "my visual inspection of the autopsy photographs
and X-rays reveal evidence of forgery in four of photographs showing

Did it occur to you
that the medical
panel should have
had other per-
sons, like a
pathologist, in-
volved from
the beginning
to determine
if the X-rays
were authentic
or not? Why
not have a
panel of experts
on the W.C. report?

⁸⁷ HSCA 37.

the back of the head. Within the circumference of the President's head, there is an irregular line. Within this line the hair appears black and wet. On the outside of the line it is auburn and completely dry. In later generations of these photographs, a large degree of contrast buildup becomes apparent at the line's edge and the line becomes clearly defined. This phenomenon is characteristic of crop lines in matte insert processes used for retouching and recomposition of photographs. It is my opinion that these two photographs are forgeries, composites manufactured to eliminate evidence of an exit wound in the rear of the President's head".⁸⁸ The committee chose to ignore Grodin's findings.

This relatively new theory will have to be further examined, but it presents the conspiracy buffs an extremely promising possibility, one that would explain a lot of the discrepancies between the Parkland staff and Bethesda. It also sets forth a more realistic and plausible explanation than that of body alteration.

THE CLARK PANEL AND THE JUMPING HEAD WOUND

In February of 1968, US Attorney General Ramsey Clark convened a secret panel of pathologists to view the Kennedy autopsy pictures. Though their final conclusions were in conjunction with the WC, one extremely startling fact was discovered; the entry hole in the back of the President's head had moved! Humes had located this hole in 1963 as, "approximately 2.5 cm. to the right and slightly above the external occipital protuberance which is a bony prominence situated in the posterior portion of everyone's skull. This wound was then 2.5 cm. to the right and slightly above that point".⁸⁹

⁸⁸Grodin., p. 47.

⁸⁹2 H 351.

*We see guy
stuff. The hole
did not move,
what they did
to show that
the entry of
Humes it
was wrong.*

*This also is
collateral testimony
stuff because the words
he gives did not stay
along. They had the measurement
with him.*

The Clark panel, after its review of the X-rays and photographs, placed the hole as, instead of slightly above the external occipital protuberance, but as "well above it"[what kind of medical terms are "slightly above" and "well above"?], or more specifically at 10 cm. (nearly four inches) above where the autopsy team had originally placed it. The HSCA medical panel also supported the Clark panels decision and this seems to have caused problems during Humes testimony before the committee and the medical panel.

Mr. Cornwell: Your initial autopsy report indicated that, as you have just stated, the wound was, indeed, above, I believe the external occipital protuberance. The testimony today indicates that the panel places that at approximately 10 centimeters above that external occipital protuberance. Would that discrepancy be explainable?

Dr. Humes: Well, I have a little trouble with that; 10 centimeters is a significant--4 inches.

Mr. Cornwell: I would like to simply ask you a few specific questions in order to determine--

Dr. Humes: I go back to the fact there was only one, period.⁹⁰

*Did the
Really
try to
no.*

It appeared that Cornwell was not going to get a satisfactory explanation since Humes was determined to stand by his original findings, so Cornwell comes up with his own explanation.

Mr. Cornwell: To determine whether we can understand how such a discrepancy might have occurred. The autopsy was completed late at night; is that correct?

Dr. Humes: That's correct.⁹¹

Both Humes and Boswell appeared before the medical panel of the committee and still refused to budge on the original placement of the entrance hole. But then even Humes description changes a bit.

⁹⁰1 HSCA 329.

⁹¹Ibid.

Dr. Petty: I'm now looking at No. 2, X-ray No. 2. is this the point of entrance that I'm pointing to?

Dr. Humes: No.

Dr. Petty: This is not?

Drs. Humes and Boswell: No.

Dr. Petty: Where is the point of entrance? That doesn't show?

Dr. Humes: It doesn't show. Below the external occipital protuberance.

Dr. Petty: It's below it?

Dr. Humes: Right.

Dr. Petty: Not above it?

Dr. Boswell: No. It's to the right and inferior to the external occipital protuberance.⁹²

Now, for some unknown reason, the autopsists have moved the entrance wound even lower than originally stated. This seems to have caught the panel by surprise because shortly after, the question was once again raised over where the entrance actually is.

Dr. Davis: Well, in terms of the inshoot, my impression when I first looked at these films was that the inshoot was higher, and I equated that with the lesion in the photograph.

Dr. Petty: We were wondering if that had been the inshoot.

Dr. Humes: No, no, That's no wound. [referring to the white mass seen on the photo at the base of the neck]

Dr. Davis: Because in No. 42 [referring to a color photograph] I interpreted that as a wound, and the other lower down in the neck, as just being a contaminant, a piece of brain tissue.

Dr. Humes: No, that was a wound, and the wound on the skull precisely coincided with it.⁹³

The medical staff is still confused and the dialogue continues to try and place where the entrance is.

Dr. Coe: Dr. Humes and Dr. Boswell, have you discussed these photographs with the other pathologists who have previously gone over this with you?

⁹²7 HSCA 251.

⁹³Ibid.

Dr. Humes: I have not.

Dr. Boswell: I went over the photographs with Humes.

Dr. Coe: Because at least there's already one of them right--I had the impression that they apparently thought--I was just curious as to--

Dr. Humes: Our written description clearly, I think, indicates that point right there.

Dr. Coe: But they describe, some of them, the entrance they feel being 10 centimeters above the occipital protuberance.

Dr. Petty: Well, there have been all sorts of changes from the original--I mean, right and left and up and down.⁹⁴

Did someone alter the autopsy report to state "above" instead of "below"? Now that Humes has actually lowered the wound by about one inch, it is now five inches below where the medical panel places the wound. Interestingly, the area that Humes was stating the wound was located coincided with the mark placed on the FBI man's neck in the re-enactment of the shooting back in 1963. But where did the Parkland staff see the wound as being? Everyone of the medical staff of Parkland describes a large gaping hole in the back of the head. In 1988, KRON-TV in San Francisco interviewed several of the key persons involved in the assassination. "Each of the Bethesda Hospital personnel present at the autopsy described on KRON a large wound in the back of the head, exactly where the Dallas doctors and nurses described it, each demonstrating with their hands, but extending forward along the top of the head".⁹⁵

Floyd Riebe was the photographic technician who photographed President Kennedy's body at Bethesda. He described the wound as "a big gaping hole in the back of the head".⁹⁶ Riebe emphatically states

⁹⁴Ibid., p. 252.

⁹⁵Grodin., p. 388.

⁹⁶Ibid.

*Why do you
not refer to
the Dallas
doctors on
Nov 24 after
they saw the
wound
V. Post used
video at the
Nat. Archives?*

Related use of the Clark panels
report when it was awarded
earlier when it was
relevant raises a
question: is
this his own
use or does he
get it from
someone or some
thing else?

that the autopsy photo of the head used by the HSCA is not what he
photographed twenty-five years ago.

Who are we to believe? The HSCA panel felt the Parkland staff were
not lying but were merely mistaken in their observations of the head
wound. But then they find that Humes and Boswell refuse to budge on
their original findings. Therefore, they conclude the autopsists must
have been mistaken as well. Thus, everyone who actually viewed the
body, has no idea of what they witnessed according to both the Clark
and HSCA medical panel, neither of whom ever saw anything but the X-
rays and photographs.

Why the necessity to have the wound higher on the skull? Once

again, it was simply a matter of trajectory. The original diagrams and
findings did not agree with the angle of elevation of the alleged window
of the assassin. It was therefore necessary to raise the wound to a point
more compatible with the sixth floor window.

THE MAGIC OF CE 399

A Kennedy study would not be complete without a mentioning of
Arlen Specter's "magic bullet", know as Commission Exhibit 399. It has
not been covered in detail in this study due to the fact it deserves a
study of its one and space would not allow it. However, it is necessary
to briefly mention the relevance of CE 399. In summation this bullet is
said to have caused seven wounds altogether. It is first said to have
caused the non-fatal wounds of President Kennedy and then entered
the right side of Governor Connally's back, breaking his fifth right rib
(smashing five inches of it), then exit from the anterior aspect of his
right chest and enter his dorsal (top) right wrist region where it totally
smashed his distal radius. After exiting his wrist, it finally came to rest

This is
stupid

And this
is almost
and just as
stupid. It
says that
a bullet
has not been
marked
FBIAR not-
mark
a la Dub
Daring will
sometime do it

in his left thigh. Yet, it remains in an essentially pristine condition!

Critic's have insinuated it presents evidence of both a cover-up and a second assassin. Some of the reasons why: *not planting evidence*

The Governor had five inches of his right rib and his right wrist completely shattered. Bullets that cause this type of damage do not remain intact. During the HSCA hearings, Dr. Wecht challenged the rest of the medical panel (who have culminatively performed over 100,000 autopsies) to come up with similar circumstances of just one bullet causing this type of extensive damage yet remaining intact. The challenge went unanswered.

The angles of alignment between the President and Governor were not consistent with the proposed flight path of CE 399. The bullet would have had to make two right angle turns and it is ballistically impossible for a bullet to have done that.

The bullet was judged to have lost a mere three grams of its mass during its adventure (a similar unused bullet weighed about 161 grams and CE 399 weighs 158 grams). This is impossible because the amount of bullet fragments still lodged in Governor Connally is said to be greater than three grams. *no source given & it is not what is "still lodged" in Connally but the weight of the known fragments*

The evidence suggests that this bullet might have been planted at Parkland Hospital. At first, it was said to have come from *by whom?* Kennedy's stretcher, and then from Connally's. The hospital attendant who discovered the bullet stated it possibly came from neither. Specter literally tried to force him, during his testimony, to admit the bullet was found on Connally's stretcher. He would not.

All tests by the FBI to duplicate this incredible feat undertaken by CE 399 failed miserably. No human tissue or blood was found to be on the bullet. *no source on this & there is only one book that goes into it.*

The overwhelming evidence tends to suggest that another cover-up *is?* being perpetrated by the government. This single-bullet theory was essential to the Warren Commission's conclusion of one assassin. Due to the examination of the Zapruder film, it was discovered a timing

by whom?

Very wrong. There are many different kinds of bullets & some do not stay intact. The real question is not does the bullet come apart but is it mutilated or deformed?

no source & not possible because if it is not what Dorrell told Lincoln - not a hospital attendant said

no source & again none is possible because the FBI made no test for any such purpose

problem existed. If this one bullet was found to have not caused all of these wounds it was indicative of a second gunman, because the Zapruder film showed that it was impossible for one person to have hit both men in the allotted time frame with separate bullets.

The autopsists all agreed that CE 399 could not have caused all of these wounds and remained in the condition it did. Doctor Robert Shaw, the man who cared for Governor Connally, to this day, denies that CE 399 was the bullet that hit Governor Connally. Even several of the Commission's own staff were hesitant about accepting the role of CE 399. *Source?* Never-the-less, it remains a crucial piece of evidence of an elaborate cover-up to mask the truth about the assassination.

CONCLUSION

Searching for the truth in the Kennedy assassination is similar to searching for a needle in a haystack; a very large haystack and a very small needle. An iron curtain of secrecy has been drawn between the available materials and the competent scholars wishing to make an accurate assessment of the Kennedy murder making it nearly impossible to move ahead unless the rules are changed and all evidence is opened to scrutiny.

The Warren Commission never attempted a true independent investigation. Their conclusion was determined before they even started. High hopes were aroused when Congress announced they were reopening the investigation, but even that fell short. The best they could do was determine, due to acoustical evidence, that there was a high possibility of a second gunman firing a shot which missed the

President.⁹⁷ Thus, there was some sort of conspiracy involved. But that is an understatement.

Then why did you not change the false statement?
They are not classified. They are with held for 50 years under the law.

Available evidence tends to suggest, perhaps prove, there was more than one assassin firing at the President, that this assassin successfully hit the President, and that this fact was covered up by the United States government. In the preface of this paper it was stated it, "may be possible to determine just what happened to John F. Kennedy on November 22, 1963." Regretfully, this statement is false. We are still far away from finding out the real truth. Will the assassination ever be solved? Perhaps, but doubtfully in our lifetime. The House Committee's records have been sealed until the year 2039 (There are several attempts being presently undertaken to remove this restriction). Perhaps somewhere among the hundreds of thousands of pages lies the answer. But the question arises, why are these records still classified?

If, indeed, nothing new was found and we are still to be expected to believe the WC, why are we restricted from the HSCA's records.

The evidence described in this paper alludes to a massive conspiracy and cover-up on the part of persons unknown and the United States government. The findings can be summarized briefly:

The Parkland staff felt the anterior throat wound was one of entrance. The head wound was seen as a massive hole involving the occipital region or the back of the head. The back wound was never seen.

No ref to conclusion of NSA panel

⁹⁷The Committee was about to state it had found no evidence of any conspiracy when a tape of the dictaphone of the Dallas Police Department's radio was studied. It turns out that a motorcycle policemen left his microphone on and it recorded the assassination gunshots. It was determined that a fourth shot had been fired from the grassy knoll area, but the Committee decided that this shot had missed. An empty victory for the critics.

The autopsy was totally incomplete. There is reason to believe the doctors were being ordered as to what they could and could not do. Nearly all of the standard autopsy procedures stipulated in the Armed Forces Manual were not done. Procedures said to have been performed at Parkland were not found to be true and the wounds were now different. The head wound was nearly four times as large, and chiefly involved the parietal region. The cerebellum, which nearly every Parkland doctor saw as damaged, was said to be intact. It was never known that the President had a wound in the anterior neck due to the tracheotomy performed at Parkland. Many of the autopsy technicians, publicly deny today, the official version of the autopsy.

The HSCA found that wounds had been mistakenly misplaced by the autopsists. The head entrance wound was now four to five inches higher and the back wound was two inches lower. A conspiracy was admitted, though it was said to have played no part in causing the President's wounds. The autopsy photographs were judged to be forgeries by one of the photo-optics experts employed by the Committee. His evidence was ignored. Allegations of the body having been altered received very little attention.

*not
said -
since - com -
ch. 51110*

This paper only scratches the surface of the medical evidence. What has been suggested is the crux of the evidence but is by no means the end. Many questions still remain unanswered or have not been satisfactorily answered by the government. Some examples:

- 1) What did the FBI agents mean by "surgery of the head area"?
- 2) Where is Kennedy's brain and the missing tissue samples and what was the true damage that it sustained?
- 3) How can the discrepancies in the wounds be justifiably explained?
- 4) What of the claims of Robert Grodin that the autopsy photographs are forgeries?
- 5) What of David Lifton's theory that the body was altered?
- 6) Why did the death certificate state the non-fatal wound was at the level of the third vertebra but failed to mention the anterior neck wound?

- 7) Who was ordering the doctors not to dissect the wounds and why?
- 8) Lastly, who killed President Kennedy and why?

Dr. Baden recently stated, "the two main reasons for all the problems today was that Humes did not communicate with the Parkland staff, and that he did not shave Kennedy's head. That is why they missed the true location of the wounds. The mistakes made at the autopsy were typical of the usual mistakes made in everyday autopsies".⁹⁸ Unfortunately, this was not a typical autopsy. It is too generic to place all of the blame on the autopsists. The problem has to go deeper than that. "The photographs are the key to the case. The House Assassinations Committee based 90% of their findings on the photos. These photos were falsified to show that no shots had hit Kennedy from the front. Based on the phony pictures, every conclusion supported this theory", states Robert Grodin, a former member of the Committee's photographic panel.⁹⁹ Perhaps this is the key to the puzzle, perhaps not. But it is obvious that the real truth regarding the Kennedy assassination is not the one we have been told for the last quarter of a century.

Twenty-five years ago the worst tragedy to befall America since the bombing of Pearl Harbor became a reality. The impact of this tragedy affected the world. Thousands of Frenchmen crowded into Notre Dame to pray; in London, Big Ben tolled each minute for an hour in memory; those in Berlin gathered in silence in the squares. "In almost every country there was mourning. People wept, prayed, stood silent in the streets, or lit torches to parade sadly through the night. From such

⁹⁸Information stated in a telephone conversation with the author.

⁹⁹Information stated in a telephone conversation with the author.

spontaneous demonstrations, Americans learned how many people of other lands considered Kennedy *their* President. The loss they felt was the loss of one who seemed a personal friend as well as a world leader."¹⁰⁰ Twenty-five years later the investigation continues and we are still in mourning.

¹⁰⁰UPI., Four Days. New York: American Heritage Publishing Co., Inc., 1964, p. 49.

GLOSSARY

- Acromion process*: The lateral end of the spine of the scapula (shoulder blade) which forms the top, outside, back portion of the shoulder.
- Anterior-anatomical*: term for front.
- Anterior-posterior*: Refers to X-rays taken with the beam proceeding from the front of the body (anterior) to the back (posterior), with the back part of the body against the X-ray plate (posterior-anterior view of the chest indicates that the chest is against the X-ray plate and the beam enters from the back).
- Cerebellum*: The part of the brain immediately behind and below the cerebrum and situated in the lower back part of the skull.
- Coronal Sectioning*: A technique for sectioning the brain, similar to slicing a loaf of bread. The brain is cut parallel to the coronal suture line of the skull, which extend from the front of one ear to the front of the other ear.
- Corpus Callosum*: The part of the brain that connects the cerebral hemispheres.
- External occipital protuberance*: The prominence in the middle of the back of the skull.
- Falx cerebri*: A thin, fibrous membrane that extends between the cerebral hemispheres.
- Fronto-parietal*: Refers to the front and upper aspects of the head and skull.
- Fronto-temporal*: Refers to the front and side aspects of the head and skull.
- Gyri*: The rounded elevation of the outside of the cerebral hemisphere of the brain; the depressions are called sulci.
- Hemithorax*: One-half of the chest.
- Mastoid process*: The lowest projection of temporal bone immediately behind the ear.
- Occipital region*: The back part of the head.
- Occipital-parietal*: The upper, back part of the head and skull.
- Orbit*: The body socket which contains the eye.
- Parietal*: Upper part of the skull or head.
- Pleural cavity*: The space in the chest containing the lungs.
- Pneumothorax*: Air or gas in the pleural cavity.
- Posterior-anatomical*: term for back.
- Sagittal plane*: The plane through or parallel to the sagittal suture line of the skull which is at the top of the head between the parietal bone and extends from front to back in an anterior-posterior direction.
- Scapula*: Shoulder blades.

Supraclavicle: The area above the collar bone (clavicular) at the root of the neck.

Suprasternal notch: The V-shaped indentation at the upper border of the sternum or breast bone at the base of the neck, in the midline.

Suture lines: The junctures in the skull between the various flat bones where growth occurs until the individual reaches maturity, when they close or fuse, thereby making the skull virtually one large bone. Even after closure, there are slightly indented residual lines, usually arranged in a somewhat zigzag pattern. Each of these suture lines has been named.

Temporo-parietal: Refers to the side and upper aspects of the head and skull.

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3HSCA 422: Vol. 3., p. 422 Appendix to the Report of the House Select Committee on Assassinations or Assassinations Committee. 12 vols. JFK; 13 vols. King.

WR: Warren Report.

WC: Warren Commission.

CE: Commission exhibit.

HSCA: House Select Committee on Assassinations

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ACKNOWLEDGMENTS

This is the very first acknowledgment page I have ever written and it fits perfectly with this paper, since this is the longest paper I have ever written. I don't know when I first became fascinated with John F. Kennedy, but it was many years ago. I remember visiting Arlington National Cemetery in 1979 when I was in sixth grade. Congress was investigating the assassination at the time, but I have no memory of that. How many sixth graders follow what Congress is playing around with? I do remember telling all my classmates and teachers of the many coincidences between Kennedy's and Lincoln's assassinations. Everyone was really fascinated since here we were visiting Kennedy's grave and we had just visited Ford's Theater. My library could not order enough books on the assassination for me to read. I even attempted to read the Warren Commission.

My interest continued with me into college and I wrote a thirty page paper on the assassination for my history class my freshmen year. That was when I officially embarked upon my quest. I started to search out the critics and contact them when I had a chance. But, other things came along, and my assassination research was placed on the back burner, until last year when I decided to try and graduate with honors. What else to write on then Kennedy's assassination. I was always perplexed by the discrepancies in the wounds and since I had knowledge of anatomy from being an emergency medical technician, I was able to understand all the medical reports. Thus, this paper came about.

There are a lot of people who helped me with the research of this paper. I am indebted to the many who came before me and paved the way. Two in particular have stood out. Harold Weisberg, one of the

pioneers of the case, graciously offered his time and we talked for a whole afternoon one wintery day in January, and Robert Grodin has spent many a hour with me on the telephone helping me search out the facts. The following persons have all given up their time to speak to me on their past experiences and I am most grateful: Dr. Michael Baden, Prof. David Wrone, Dr. Cyril Wecht, Prof. Jerry Rose, Dr. John Lattimer, Paul Hoch, David Scheim, Chip Selby, Jim Lesar, David Lifton, as well as correspondence from Marion Johnson of the National Archives and Burke Marshall, the attorney for the Kennedy autopsy materials.

The Interlibrary Loan Office of the University of Rochester played an instrumental part in helping locate hundreds upon hundreds of documents for my research. Their patience with me and all of my request forms has not gone unnoticed. Of course, to all my friends who helped slave through the many proof reading requests I made of them, they helped the final copy get off the ground. Thanks to my sponsor Prof. Jesse Moore, who has always been willing to spend time with me and talk about anything I wanted, and the best of luck to Prof. Berman, who probably did not suspect he was going to receive a paper of this size to read.

And, of course, to my family who always should be mentioned in an acknowledgment, for all their support they have given me since I was a young child.

Lastly, to the memory of our late President John F. Kennedy. And to the hope that we will one day remember him more for what he was, then for when he died.

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*Mr. Willens also acted as liaison between the Commission and the Department of Justice.

PREFACE

November 1963, the Presidential election was but a year away. President Kennedy was facing difficult times; a new enemy had emerged only ninety miles away, an old one was in the height of the Cold War with the US, an increase in mob activities, the uprisings associated with the Civil Rights Movement, the agonizing decisions on who to send to Vietnam and why, and the presence of the upcoming election. That was what this trip to Texas was for. Kennedy was unlikely to choose Johnson again as his running mate in 1964,¹ thus he needed to gain support from states he barely carried in 1960. He arrived in Dallas the morning of November 22, 1963; it was Friday and it was raining. No one suspected just how torrential the day would turn out.

After trips to Houston and San Antonio where he and Mrs. Kennedy received warm welcomes, President Kennedy was looking forward to his day in Dallas. They proceeded from Love Field towards the ultimate destination of the Trade Mart, where they were to have lunch, via a slow moving motorcade procession which stopped on occasion so the young, charismatic President might say hello to his supporters. In the lead car sat President and Mrs. Kennedy along with Governor and Mrs. Connally, as well as the driver and a second Federal agent.

The motorcade turned into Dealey Plaza as it made its way to the highway. A right from main street onto Houston and then a sharp left onto Elm street. Crowds of people lined the sidewalks, waving, cheering,

¹This was confirmed in Evelyn Lincoln's book, Kennedy & Johnson written in 1968. Mrs. Lincoln was President Kennedy's personal secretary for twelve years.

trying desperately to catch a glimpse of America's "royal family". "You can't say that Dallas doesn't love you, Mr. President", remarked Nellie Connally. Thirty minutes later, our thirty-fifth President of the United States lay dead; victim of an assassination. Part of America, part of the world died that day as well. Twenty-five years have past without affecting most American's memories of where they were or what they were doing the moment they were informed of our leader's death. Twenty-five years have past and the mystery surrounding the assassination is just as present as ever. The American people are not satisfied with the official findings.

Days after the assassination, the new President formed the Warren Commission, named after it's leader Earl Warren, then Chief Justice of the United States. It's task; investigate the true facts of that fateful day. Ten months later it's report was hand delivered to the White House. Lee Harvey Oswald, it declared, himself assassinated two days after Kennedy, had fired three shots from the easternmost window of the Texas School Book Depository Building. One shot missed, but two hit their mark. There was no doubt in the Commission's mind as to their findings. To most Americans, however, doubt did exist. Many have labored long tedious hours trying to disprove the Commission's theories, some more successful than others; some only thinking of the profits they might make off their book, but most because they want to know the truth about their President's death. *sixth floor*

There exists many angles of the assassination one can focus on; Oswald as a Russian agent, or a FBI/CIA agent; the mobs involvement; right-wing radicals in the government; one assassin, two, three, even four or five; the list is almost endless. One thing is generally agreed

upon, at this time, it is not possible to state who killed President Kennedy or why. Therefore, this paper shall not deal in the slightest with who killed President Kennedy. Oswald's involvement, if he was involved, is not relevant to this paper.

What we should be able to explain is what happened to our President. Where was he shot? How many times? From where? After all, the body did exist, it was treated at Parkland Hospital, it was autopsied at Bethesda Naval Hospital. The questions should have been simple, the answers easy. They weren't. What was probably the most important autopsy of this century could also be argued to have been one of the worst. Nearly twenty medical professionals saw President Kennedy at Parkland Memorial Hospital, doctors and nurses who had culminatively treated thousands of gunshot wounds. Their recollections of the wounds were virtually identical to one another. Less than fifteen [medically trained] watched over the autopsy; yet, they decided that nearly all of the Parkland staff had been mistaken over what they had seen. Could this be? What was seen at Parkland Memorial Hospital that day? What was decided at the autopsy later that evening? The determination of where President Kennedy was shot and how the wounds appeared is vital to the investigation. Many of the observations of the President's wounds indicate that there was more than one assassin firing, particularly one situated towards the right front of the President. Could there have been? Did the government cover up this fact? Or were all the problems caused by a botched-up autopsy? Could the answer be that simple?

This paper will attempt to answer all these questions. Parkland and Bethesda each can be thought of as a separate lens. What is necessary

is to try and converge the two lens into one, to sort out what is different and determine why or how they could be. Using testimonies given before the Warren Commission in 1964, and the House Select Committee on Assassination in 1978-79, as well as the numerous studies of the assassination of President Kennedy, it may be possible to determine just what happened to John F. Kennedy on November 22, 1963.

THE COMMISSION'S SUMMARY

The Warren Commission (WC) began its report with a narrative of events. The killing of President Kennedy was sequenced in less than two paragraphs:

The President's car which had been going north made a sharp turn toward the southwest onto Elm Street. At a speed of about 11 miles per hour, it started down the gradual descent toward a railroad overpass under which the motorcade would proceed before reaching the Stemmons Freeway. The front of the Texas School Book Depository was now on the President's right, and he waved to the crowd assembled there as he passed the building. Dealey Plaza--an open, landscaped area marking the western end of downtown Dallas--stretched out to the President's left. A secret Service agent riding in the motorcade radioed the Trade Mart that the President would arrive in 5 minutes.

Seconds later shots resounded in rapid succession. The President's hands moved to his neck. He appeared to stiffen momentarily and lurch slightly forward in his seat. A bullet had entered the base of his neck slightly to the right of the spine. It traveled downward and exited from the front of the neck, causing a nick in the left lower portion of the knot in the President's necktie. Before the shooting started, Governor Connally had been facing toward the crowd on the right. He started to turn toward the left and suddenly felt a blow on his back. The Governor had been hit by a bullet which entered at the extreme right side of his back at a point below his right armpit. The bullet traveled through his chest in a downward and forward direction, exited below his right nipple, passed through his right wrist which had been in his lap, and then caused a wound to his left thigh. The force of the bullet's impact appeared to spin the Governor to his

right, and Mrs. Connally pulled him down into her lap. Another bullet then struck President Kennedy in the rear portion of his head, causing a massive and fatal wound. The President fell to the left into Mrs. Kennedy's lap.²

CRITIQUE OF THE ANTERIOR NECK WOUND

President Kennedy was taken directly to Parkland Memorial Hospital for emergency treatment. Dr. Charles Carrico was the first to reach the fallen President. He testified before Arlen Specter, assistant counselor to the WC, on his perception of the anterior throat wound.

Mr. Specter: Dr. Carrico, with respect to this small wound in the anterior third of the neck...could you be any more specific in defining the characteristics of that wound.

Dr. Carrico: This was probably a 4-7 mm wound, almost in the midline, maybe a little to the right of the midline, and below the thyroid cartilage. It was, as I recall, rather round and there were no jagged edges or stellate lacerations.³

As Dr. Carrico began to place an endotracheal tube into the President's throat in order to assist respirations, Dr. Malcolm Perry entered the trauma room. He noticed that there was "a small wound in the lower anterior third in the midline of the neck, from which blood was exuding very slowly. The wound was roughly spherical to oval in shape, not a punched out wound, actually, nor was it particularly ragged. It was rather clean cut, but the blood obscured any detail about the edges of the wound exactly".⁴ He felt the wound was approximately 5 mm in size.

²Report of the President's Commission on the Assassination of President John F. Kennedy. This is the abridged version edited by Paul Ballot, 1964, p. 7.
36 H 3.

⁴*Ibid.*, p. 9.

President Kennedy's breathing became irregular and Dr. Perry decided to perform a tracheotomy as a precaution. Perry stated to Specter:

I made a transverse incision right through this wound and carried it down to the superficial fascia, to expose the strap muscles overlying the thyroid and the trachea. There was an injury to the right lateral aspect of the trachea at the level of the external wound. The trachea deviated slightly to the left and it was necessary to divide the strap muscles on the left side in order to gain access to the trachea.⁵

During the time spent at Parkland, President Kennedy was only known to have two wounds; the head wound and the neck wound. The back wound was never seen by any of the staff. In a press conference given at 3:16 p.m., the same day in Dallas, barely two hours after the President had expired, Dr. Perry gave these words to the press and the world:

Q: Where was the entrance wound?

Dr. Perry: There was an entrance wound in the neck.

Q: Which way was the bullet coming on the neck wound?

Dr. Perry: It appeared to be coming at him.

Minutes later he was asked again to comment on his deduction of the bullet direction.

Q: Doctor, describe the entrance wound. You think from the front in the throat.

Dr. Perry: The wound appeared to be an entrance wound in the front of the throat; yes, that is correct.⁶

⁵Ibid., p. 10.

⁶ Transcript of press conference given at Parkland Memorial Hospital on November 22, 1963.

In front of the Commission on March 30, 1964, Dr. Perry stated further that the edges of the neck wound were "neither ragged nor were they punched out, but rather clean."⁷ Therefore, the one doctor who examined this wound the closest felt there was a very good chance it was an entrance wound [It is also extremely peculiar that Perry had stated the wound was only 3-5 mm., yet the bullet alleged to have caused the damage was a 6.5 mm bullet. How could a bullet of that size cause such a small wound. Furthermore, the back wound, concluded to be the point of entry, measured 7 x 4 millimeters. It is generally accepted that bullet entrance wounds are smaller than their exit wounds In this case it was the opposite, how can this be explained?]. Several doctors, who were either assisting Dr. Perry or working on other emergency procedures, were able to view the throat wound prior to the mutilation damage caused by the tracheotomy. Their views on whether or not it was an entrance or an exit:

*skin almost
always conforms
at bullet holes*

SUMMARY OF OPINIONS ON ANTERIOR NECK WOUND BY
PARKLAND MEMORIAL HOSPITAL MEDICAL EXPERTS⁸

<i>Witness</i>	<i>Reference</i>	<i>Anterior Neck Wound</i>
Doctor Clark	p. 22	No information
Doctor McClelland	pp. 33, 35	Probably entrance wound
Doctor Baxter	p. 42	Not jagged; probably entrance
Doctor Jenkins	pp. 48, 51	Exit
Doctor Jones	pp. 55, 56	Clean-cut; entrance
Doctor Akin	pp. 65, 67	Punctuate; possible entrance
Doctor Peters	p. 71	"Wound of entry in the throat"

⁷3 H 372.

⁸Charles Wilber. Medicolegal Investigation of the President John F. Kennedy Murder. Illinois: Charles C. Thomas Publishers, 1978., p. 187.

Nurse Hencliffe p. 143

"Entrance bullet hole"

Pages refer to WC Hearings, volume VI.

By the early evening practically everyone had been informed that President Kennedy had been hit in the neck by a bullet from the front. This report was announced on both the radio and television. However, for some unexplained reason, none of the autopsy team members were aware of the wound in the front of the neck. Dr. Humes assumed the anterior throat wound was only a tracheotomy, since the wound was now obscured by the incision made by Dr. Perry. Protocol states Humes should have made contact with the Parkland staff prior to the autopsy to learn of such details. His call to Dr. Perry was not made until approximately 11:00 am Saturday morning, twelve hours after the autopsy had been completed. By this time the President's body was lying in state at the White House.

David Lifton, author of Best Evidence, added a new twist in 1966; differences in the length of the tracheotomy incision. Dr Humes stated the incision was 7-8 cm, yet Perry insisted it was only 2-3 cm.⁹ What is the significance of the difference. Lifton wrote, "Dr. Perry's statement to the press on November 22 that the hole in the front of Kennedy's throat was an entry wound was the most publicized evidence of a grassy knoll shooter."¹⁰ Many of the critics of the WR are under the impression that the anterior neck wound was caused by a gunman situated to the right and front of the President, the Grassy Knoll area, and that this wound was surgically altered as to appear as an exit

⁹David Lifton. Best Evidence. New York: MacMillan Publishers, 1980, p. 238.

¹⁰Ibid., p. 271.

It was also in the newspaper Dr. Humes cited in autopsy report

not really discussed Dr. Perry merely said it in his report. The clerk to the panel did see it in the autopsy. It was not in their report & that is in the Post-Mortem

Perry did not measure it.

What difference does this really make? Why do you take time and space for it?

wound. Lifton set out to determine the exact length of the incision made at Parkland by talking to those staff members involved.

His results:

Lifton: Could you tell me approximately the length of the tracheotomy incision that was made.

Dr. Carrico: Probably-it would be just a guess-between two and three centimeters, which is close to an inch.

Lifton: Do you think the incision that Dr. Perry made might have been, let's say, four centimeters?

Dr. Carrico: Oh, I really don't know. But it, that would probably be the upper limit. I doubt if it was that large.¹¹

Lifton: Now, about what was the length of the incision.

Dr. Baxter: Oh, roughly an inch and a half (3.8 cm).¹²

Lifton: Do you think the incision could have been three and a quarter inches (8 cm)?

Dr. Jenkins: No, I don't think so.¹³

Dr. Peters told Lifton, "about, well, an inch and three quarters...at most, it was two inches.¹⁴ Only Drs. McClelland and Jones agreed with Hume's length. Dr. Jones, however, admitted to having talked to McClelland beforehand. The discrepancies between Parkland and Bethesda went even further than the length of the incision, it also extended to the appearance of the tracheotomy. A tracheotomy, since it is created with a scalpel, should be very finite in its incision, yet Humes reported it as having "widely gaping irregular edges". According to

nothing unusual in the gaping of the two halves of the bullet hole until it irregular

¹¹Ibid., p. 272.

¹²Ibid.

¹³Ibid.

¹⁴Ibid.

Lifton, even though Dr. McClelland agreed with Humes on the matter of the length, McClelland stated to him that the incision was smooth, and both Dr. Peters and Dr. Jones used the description "sharp". Does the difference in the length possibly indicate a cover-up? It is alleged that the anterior neck wound was caused by a shot fired from the grassy knoll, an area which was to the right and front of the President. Could there have been an alteration performed on the President's neck so it would appear that this was an exit wound rather than an entrance? Dr. Baden, former chief medical examiner of New York City and chairman of the HSCA medical panel, feels that the tracheotomy was not as large as Humes reported. It was an error on Humes' part in measuring which has caused all the problems.¹⁵ Can it be so easily explained as a mistake in measurement or is there more to it?

CRITIQUE OF THE POSTERIOR BACK/NECK WOUND

By whom? The posterior wound of President Kennedy is generally agreed upon to be a point of entrance (though there has been some speculation over whether the wound was, in fact, not a wound at all, but an alteration made to the body to indicate the shots came from behind and above and further implicate Oswald).¹⁶ The mystery surrounding this wound is to where its exact location was on President Kennedy. It is commonly referred to as both a back and a neck wound in the Warren Commission's Hearings. Witnesses to the shooting, punctures in the President's clothing, and even the autopsy drawing places the wound significantly lower than the official report states.

¹⁵Information stated in a telephone conversation with author.

¹⁶Lifton proposes this possibility.

How can it be? I told you when you were here that you were a general feeling was not of the body and it was not the only reflection of this to this point. How could it be? And we have one and a half of every of them? It's not at all.

How about a lot of panel's figure? It's in Post Mortem.

silly & insincere, of Lifton & you. Who could have altered the body, it's a mystery.

1. name of Post Mortem shows here.

There is no mystery about this wound. It's none at all.

Unfortunately, the staff at Parkland never knew of this wound. Perhaps if they had known, some of the confusion would not exist. But the failure to see this wound is interesting in itself. Dr. Carrico explained to Specter that after the President was brought into the Trauma room and "without taking the time to roll him over and look or to wash off the blood and debris, and while his coat and shirt were still on his arms--I just placed my hands at about his beltline or a little above and by slowly moving my hands detected that there was no large violation of the pleural cavity."¹⁷ Specter further questioned the doctor:

Specter: Why did you not take the time to turn him over?

Carrico: This man was in obvious extreme distress and any more thorough inspection would have involved several minutes--well several--considerable time which at this juncture was not available. A thorough inspection would have involved washing and cleaning the back.¹⁸

No effort was made by any of the doctors to inspect the President's body after he had expired. No efforts by the doctors that is. Dr. Carrico mentioned that a further inspection would have involved washing the body. Two of the nurses, Diana Bowron and Margaret Henschcliffe, had the opportunity to visually see the President's back because they did, in fact, wash away all the blood. They prepared his body to be placed into the coffin. *And they took his clothes off*

¹⁷6 H 3.

¹⁸Ibid.

Nurse Bowron: We stayed in there with him and cleaned him up, removed all of his clothing and put them all together...we stayed with the body and helped put him in there.¹⁹

Nurse Henschcliffe: We then undressed him and cleaned him up and wrapped him in sheets until the coffin was brought.²⁰

Yet, strangely enough, the wound was never seen. Dr. Wecht²¹, *2 "feeling" does not refute* refutes the testimony given by the nurses because it implies they thoroughly washed the President down. He does not feel they completely washed the President's body of all his blood.²²

Unfortunately, Nurse Bowron returned to her home in England shortly afterwards and has not been located since. Nurse Henschcliffe's (now Mrs. Hood) present whereabouts are also unknown. Though Mrs. Hood has been interviewed as recently as 1981, she was not asked to comment on what she meant by "we cleaned him up". *Because it is very trivial to me*

Dr. Humes denoted this wound to be situated "14 cm from the tip of the mastoid process and 14 cm from the tip of the right acromion".²³

or how his head was positioned. It is worse than "naturally useless" again, ignorance of Post Mortem whitewash Without knowing the exact measurements of President's Kennedy's torso, his shoulder width, and length of his neck, these points of reference are virtually useless. These are points that differ from one person to the next, they are not common frames of reference. It is necessary to determine accurately where the wound was because it could prove or disprove the single-bullet theory of the Commission. The wound had to be higher on his back, or neck, than the anterior neck

¹⁹6 H 136.

²⁰Ibid.

²¹Dr. Cyril Wecht, M.D. is the coroner of Allegheny County, PA. He is one of the foremost critics of the Assassination investigation and served on the HSCA medical panel.

²²Information stated in a telephone conversation with the author.

²³2 H 361.

wound so as to be consistent with shots coming from above and behind. If the wound was not higher than the anterior wound it could still apply to a shot coming from the rear, but would not be consistent with a shot from the sixth floor of the depository building and would imply that a second gunman was involved in the assassination.

During the autopsy, both military and medical staff as well as several civilians from the FBI and the Secret Service were present. FBI agents Francis O'Neil and James Sibert were sent from the Baltimore field office ^{Hagerville near home of B.P.O.} to observe the President's autopsy. Notes were taken by the agents which have caused a lot of problems [see the section on the head wound for more detail on this]. This report was never published by the Warren Commission. In regards to the back wound they wrote:

During the latter stages of this autopsy, Dr. Humes located an opening which appeared to be a bullet hole which *was below the shoulders and two inches to the right of the middle line of the spinal column* [italics mine]. This opening was probed by Dr. Humes with the finger, at which time it was determined that the trajectory of the missile entering at this point had entered at a downward position of forty-five to sixty degrees. Further probing determined that the distance travelled by this missile was a short distance inasmuch as the end of the opening could be felt with the finger.²⁴

Also present at the time was Secret Service Agent (SSA) Clinton Hill who told Representative Boggs that he "saw an opening in the back about six inches below the neckline to the right-hand side of the spinal column"[emphasis added].²⁵ An FBI reenactment of the assassination

also placed the wound clearly below the neck. The autopsy face sheet, *There is an accurate citation & if it was not inaccurate it would mean nothing to the reader*

²⁴Sibert & O'Neill FBI report #89-30-31, dated 11/22/63, page 3.

²⁵2 H 143.

It is not this note but their report that is in complete sentence

drawn by Dr. Boswell, shows the wound on the back, well down from the neck. Dr. Boswell claims this placement was not meant to be schematic and it was hastily completed. It is amazing that there are no other discrepancies as to wound placements or measurements on this face sheet. It is also interesting that Dr. Boswell's choice of location corresponds exactly to the holes in the President's jacket and shirt as well as the testimonies of the SSA's [This will be covered in greater detail in the autopsy section].

*This also
reflects upon
one of the
able to
find.*

FATAL HEAD WOUND

A perplexing question surrounding the assassination which the Warren Commission treated at some length^s was whether President Kennedy might have survived the first shot, and if he did, would he have still been able to function as a normal person, much less the President of the United States. The Parkland doctors believed he would have been able to survive. Dr. Lattimer, who was the first non-government medical person to view the Kennedy X-rays and films in 1971, disagrees. He feels that because of the President being an Addisonian (this has never been publicly confirmed, but it is widely believed that Kennedy suffered from Addison's disease), recovery would have been extremely difficult. The point, however, is irrelevant to the investigation and to any study of the assassination. The head shot saw to that.

*He is not
an
Addisonian
work*

Dr. Wilber, the deputy coroner of Larimer County, Colorado, concludes; "the massive head wound to the head of the President was in and of itself sufficient to cause instant death. Biologically the President ceased to exist as an integrated human organism the instant that the bullet destroyed large areas of his brain. Various vegetative functions

continued for a period after his death as a human being. It was the monitoring of these residual functions that occupied the doctors at Parkland Memorial Hospital."²⁶

The WC concluded that the third and last shot fired by Oswald hit Kennedy in the rear of his head and exited out the right front. Not surprisingly, the wound as seen at Parkland did not match what the autopsy and the WC said.

The Parkland staff reported:

Dr. Carrico: There seemed to be a 4-5 cm area of avulsion of the scalp and the skull was fragmented and bleeding cerebral and cerebellar tissue.²⁷

Dr. Perry: A large wound of the right posterior parietal area in head exposing lacerated brain.²⁸

Dr. Clark: This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed.²⁹

Dr. McClelland: Right posterior portion of the skull had been extremely blasted...the parietal bone was protruded up through the scalp and seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones...you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar had been blasted out....The cause of death...would be massive head injuries with loss of large amounts of cerebral and cerebellar tissues.³⁰

²⁶Wilber, p. 207.

²⁷6 H 3.

²⁸Ibid., p. 20.

²⁹Ibid., p. 33.

³⁰Ibid., p. 34.

Dr. Baxter: Literally the right side of his head had been blown off...the cerebellum was present. This wound was in temporal parietal plate of bone laid outward to the side and there was a large area, oh, I would say 6 by 8 or 10 cm. of lacerated brain oozing from this wound.³¹

Dr. Jenkins: Part of the brain was herniated; I really think part of the cerebellum...I thought there was a wound on the left temporal area, right in the airline and right above the zygomatic process.³²

Dr. Giesecke: From the vertex to the left ear, and from the browline to the occiput on the left-hand side of the head the cranium was entirely missing.³³

Fifteen years later, the House Select Committee on Assassinations interviewed several of the Parkland Staff. Their testimony remained the same, even though they were all aware of the results of the autopsy and the conflicting reports. Dr. Carrico told Andy Purdy, staff counselor, and Mark Flanagan, a staff researcher, that the head wound was "five by seven centimeters, something like that, two and a half by three inches,...located in the part of the parietal occipital region."³⁴ Both cerebellum and cerebrum fragments could be seen.³⁵

Dr. Jenkins also stated a fragment of the occipital or temporal bone was blown out and that the cerebellum was hanging out from a hole in the right rear of the head.³⁶ Jenkins was the anesthesiologist who attended Kennedy. His position was at the President's head and he

³¹Ibid., p. 41.

³²Ibid., p. 48.

³³Ibid., p. 74.

³⁴6 HSCA 278.

³⁵Ibid., p. 268.

³⁶Ibid., p. 287.

possibly had the best view of the actual head wounds that Kennedy suffered. Originally, Dr. Jenkins had felt there was a wound in the left temporal area of the head. Dr. McClelland also stated the presence of this wound. The WC ignored both doctors and there is no explanation of the possible existence of this left temporal wound..

*or their
own?*

The autopsy of President Kennedy presented a different picture of the extent of the damage to the head. Wounds seen at Parkland mysteriously vanished while others appeared. The autopsy doctors found a wound in the right posterior portion of the scalp. The Warren report reported that "this wound was situated approximately 2.5 cm to the right, and slightly above the external occipital protuberance which is a bony prominence situated in the posterior portion of everyone's skull. This wound was then 2.5 cm to the right and slightly above that point."³⁷ This was determined to be the entrance wound. The exit was "a huge defect over the right side of the skull. This wound measured approximately 13 cm in greatest diameter."³⁸ This dimension was nearly *four times* the area that was said to be missing at Parkland. The wound also seemed to be located more in the right temporal/parietal area, while at Parkland it was in the occipital/parietal. The autopsy found no damage to the back of the head, the cerebellum was found to be intact! The cerebellum is situated in the occipital region of the head or in laymen's terms, the lower back of the head. Damage as described by the Parkland staff could be evidence that a shot struck the President's head from the front and not the rear. Some critics theorize that the President might have been hit simultaneously from both

³⁷2 H 37.

³⁸Ibid.

behind and in front. But the autopsy report and the photos show an intact cerebellum. In fact, most of the back of the head is intact. How could this be? An interesting explanation is that the photos are forgeries. This will be detailed later in the paper.

The most crucial piece of evidence involved with the head wound, the brain, has been missing as of October 1966. It had been placed in a metal container and deposited with the remainder of the autopsy material. When the material was turned over to the National Archives and an inventory was taken, the brain and various tissue samples were gone. Searches of the National Archives have proven futile. The rumor is that Robert Kennedy disposed of the brain to prevent any public display in the future. This has not been substantiated however, but the fact remains, the brain is nowhere to be found. Is this part of the conspiracy to hide the truth? A full examination which would have included sectioning the brain was never performed. It is therefore impossible to determine the path of the bullet that entered President Kennedy's skull. What would it have shown? During Hume's testimony to Specter, Humes fully identifies his findings on the damage to Kennedy's brain. It is stated here verbatim:

Mr. Specter: May the record now show I am handing to you, Dr. Humes, an exhibit marked Commission Exhibit 391, and will you identify what that is, please, doctor?

Commander Humes: Exhibit 391 is listed as a supplementary report on the autopsy of the late President Kennedy, and was prepared some days after the examination.

This delay necessitated by, primarily, our desire to have the brain better fixed with formaldehyde before we proceeded further with the examination of the brain which is a standard means of approach to study of the brain.

How?
was on what
remained of
right hemisphere
P. Hume, Clark
panel reported on
down age to left
hemisphere

The brain in its fresh state does not lend itself well to examination.

From my notes of the examination, at the time of the post-mortem examination, we noted that clearly visible in the large skull defect and exuding from it was lacerated brain tissue which, on close inspection, proved to represent the major portion of the right cerebral hemisphere.

We also noted at this point that the flocculus cerebri was extensively lacerated and that the superior sagittal sinus which is a venous blood containing channel in the top of the meninges was also lacerated.

To continue to answer your question with regard to the damage of the brain, following the formal infixation, Dr. Boswell, Dr. Finck and I convened to examine the brain in this state.

We also prepared photographs of the brain from several aspects to depict the extent of these injuries.

We found that the right cerebral hemisphere was markedly disrupted. There was a longitudinal laceration of the right hemisphere which was a parasagittal in position. By the sagittal plane, as you may know, is a plane in the midline which would divide the brain into right and left halves.

This laceration was parasagittal. It was situated approximately 2.5 cm. to the right of the midline, and extended from the tip of occipital lobe, which is the posterior portion of the brain, to the tip of the frontal lobe which is the most anterior portion of the brain, and it extended from the top down to the substance of the brain and a distance of approximately 5 or 6 cm.

The base of the laceration was situated approximately 4.5 cm. below the vertex in the white matter. By the vertex we mean-- the highest point on the skull is referred to as the vertex.

The area in which the greatest loss of brain substance was particularly in the parietal lobe, which is the major portion of the right cerebral hemisphere.

The margins of this laceration at all points were jagged and irregular, with additional lacerations extending in varying directions and for varying distances from the main laceration.

In addition, there was a laceration of the corpus callosum which is a body of fibers which connects the two hemispheres of the brain to each other, which extended from the posterior to the anterior portion of this structure, that is the corpus callosum. exposed in this laceration were portions of the ventricular system in which the spinal fluid normally is disposed within the brain.

When viewed from above the left cerebral hemisphere was intact. There was engorgement of blood vessels in the meninges covering the brain. We note that the gyri and sulci, which are the convolutions of the brain over the left hemisphere were of normal size and distribution.

Those on the right were too fragmented and distorted for satisfactory description.

When the brain was turned over and viewed from its basular or inferior aspect, there was found a longitudinal laceration of the mid-brain through the floor of the third ventricle, just behind the optic chiasma and the mammillary bodies.

This laceration partially communicates with an oblique 1.5 cm. tear through the left cerebral peduncle. This is a portion of the brain which connects the higher centers of the brain with the spinal cord which is more concerned with reflex actions.

There were irregular superficial lacerations over the basular or inferior aspects of the left temporal and frontal lobes. We interpret that these later contusions were brought about when the disruptive force of the injury pushed that portion of the brain against the relative intact skull.

This has been described as contre-coup injury in that location.

This, then, I believe, Mr. Specter, are the major points with regard to the President's head wound.³⁹

David Lifton, in 1966, read this paragraph to a neurosurgeon he knew. This doctor felt that Hume's description of the brain indicated it had been sectioned. He felt this damage was not the result of a bullet. Lifton provided this information to Wesley Liebler, a former Warren Commission attorney, who then proceeded to call a pathologist he knew. The result was just as interesting. This pathologist felt the damage had been done by an axe. Where had all of this stemmed from? In Sibert and O'Neill's report they wrote, "following the removal of the wrapping [from the President's head], it was ascertained that the President's clothing had been removed and it was also apparent that a tracheotomy

³⁹Ibid., p. 355-56.

This does not mean that medical people told the agents to do surgery on the head. The FBI had been told.

had been performed as well as *surgery of the head area*, namely, in the top of the skull [emphasis added]. The agents later stated that all the information written in the report was taken from the statements made by the medical personnel in the autopsy room. Who made the statement? What did they mean of it? Is this the alteration to the body which forever erased the evidence of a second assassin? Dr. Humes had stated in his WC testimony that to remove the brain from the cranium required literally no sawing, it came apart in his hands. This is an incredible amount of damage for one bullet to have caused.

nonsense and ignorance

Furthermore, since the HSCA medical panel concluded that the head shot actually travelled through the top of the skull, how could the base of the brain become so extensively damaged. Could bullet fragments actually slice away the nerves that held the brain within the cranium? ?

again, this reflects ignorance and stupidity in pinning the sources that were not checked out.

Lifton argues the body was cosmetically altered to destroy any evidence that a shot hit from the front. His evidence is compelling, yet what would be required to have performed such a feat is far too complicated to have happened. Dr. Baden stated "precious few people would know how to do this type of tampering. It doesn't make sense, it was not technically possible."⁴⁰ Furthermore, a feat such as this would be incredibly difficult to keep secret, but the possibility can not be ruled out. Even Dr. Baden admitted, "in medicine, anything is possible".⁴¹

⁴⁰Information stated in a telephone conversation with the author.

⁴¹Information stated in a telephone conversation with the author.

THE AUTOPSY OF PRESIDENT KENNEDY

History is full of famous murders. The slaying of Caesar on the steps of the Roman Senate, the guillotining of Louis XVI and Marie Antoinette, and the shooting of President Abraham Lincoln, to name a select few. In the twentieth century, so far, the assassination of President John F. Kennedy stands out as the most horrific. It was probably one of, if not, the, most photographed and witnessed of any murder.⁴² The years that have passed since then have done nothing to allay the suspicions and doubts surrounding the event rather they have heightened our quest for the truth. To many critics of the case, the greatest contributing factor to the mystery surrounding the assassination was the autopsy performed at Bethesda Naval Hospital. Bluntly stated, it was not worth the paper it was printed on, it was a complete sham. It was partially attempted, inaccurately portrayed, and hastily completed. More questions have arisen from the autopsy than it had attempted to answer. Why was probably the most important autopsy of this century performed in such a manner and what were the problems that arose from this bungled performance?

THE AUTOPSISTS

President Kennedy's autopsy began with preliminary X-rays and photographs at 7:35 p.m. on the night of the assassination. The first incision was made at 8:00 p.m. It was performed by three military doctors, two of them, Commander James J. Humes and Commander J. Thornton Boswell, were naval officers, while the third, Lieutenant

⁴²It has been concluded that as many as 22 photographers, ten of which filmed the assassination, were present in Dealey Plaza. The most famous was Abraham Zapruder. His film was used as the basis of the Warren Commission's findings. Several of the cameras and movies were confiscated by "FBI" agents and have never been found.

The full, accurate film was not used as the basis of the findings - the Warren Commission was not at all for the work as it was an source that the FBI was cited as this is not at all -

Colonel Pierre A. Finck was in the Army. Finck arrived approximately thirty minutes after the autopsy began. Dr. Humes, who was in charge of the examination, was then Director of Laboratories of the Naval Medical School. His particular area of expertise was in the field of natural disease's. He was a hospital pathologist, not a forensic pathologist. Colonel Finck explained to the WC that "forensic pathology is the study with the naked eye and with the microscope of injuries, including missile wounds, trauma in general. In summary, it is the part of pathology in relation to the law, violent death being homicide, be it suicide, accidental or undetermined. It also includes unexplained deaths, sudden deaths or poisoning."⁴³ The man who handled the President of the United State's autopsy, the most important of the century, had completed one course in forensic pathology, a single course! His assistant, Dr. Boswell was then Chief of Pathology at the National Naval Medical School. Both of these doctors were hospital pathologists. According to Wilber, "they were qualified to carry out autopsy examinations on patients who had died in military hospitals. The available evidence indicates that these two Navy doctors had only one case of a gunshot wound to their credit before being asked to perform the autopsy on the late President."⁴⁴ The expertise and tasks of the two different types of pathologists are quite distinct. As Dr. Milton Helpern, Chief Medical Examiner of New York City, noted , "to give a hospital pathologist a gunshot wound case is 'like sending a seven-year-old boy who has taken three lessons on the violin over to the New York Philharmonic and expecting him to perform a Tchaikovsky symphony.

⁴³2 H 378.

⁴⁴Wilber, p. 96.

He knows how to hold the violin and bow, but he has a long way to go before he can make the music'."⁴⁵

After the autopsy began, Humes realized that someone with more knowledge of forensic pathology should be brought in, thus Dr. Finck was notified. Finck was certified by the American Board of Forensic Pathologists, and for the three years prior to the fateful day was the Chief of the Wound Ballistics Pathology Branch of the Armed Forces Institute of Pathology. During that time span he handled approximately 400 cases, yet he was what might be called an administrative pathologist. As it turned out, "he reviewed cases of gunshot wounds that were filed by other physicians in the records of the Armed Forces Institute of Pathology. He published in scientific journals material which he was able to extract from the files of the Armed Forces Institute of Pathology. According to the record available, his experience with gunshot wounds *at the autopsy table* was limited."⁴⁶

What is inexplicable is that no civilian forensic pathologists were even brought in to observe the autopsy. It should be noted that "within one hour's flying time were some of the greatest forensic pathologists in the world. Dr. Russell S. Fisher in Baltimore, Dr. Milton Helpern in New York City, Dr. Joseph W. Spelman in Philadelphia, Dr. Geoffrey T. Mann in Virginia, and Dr. Alan R. Moritz in Cleveland are only some of the people who are located in areas quite close to Washington, D.C. and who could have been called upon by the government to assist. The irony of

⁴⁵Article written by Dr. Cyril Wecht title, "Appendix D: A Critique of President Kennedy's Autopsy", p. 278.

⁴⁶Wilber., p. 96-97.

the situation is that these experts are men the military has called upon countless times in the past."⁴⁷

COMPLETE OR PARTIAL?: WHO WAS IN CHARGE

Problems immediately arose over the extent the autopsy. At first, Mrs. Kennedy only gave permission for an examination of the head, finally it was communicated to the autopsy room (Mrs. Kennedy and Robert Kennedy were up on the seventeenth floor of the hospital and a telephone connected the rooms) to perform a complete autopsy. The permission was not enough, for as any competent coroner would attest, this autopsy was far from complete. *This is not the fault of the "permission" or those who gave it, which is suggested*

In 1969, Jim Garrison, District Attorney of New Orleans, brought to trial Clay Shaw, ^{former} director of the International Trade Mart, on charges of conspiracy to murder John F. Kennedy. The trial did not accomplish anything in the way of conviction as Shaw was acquitted of all charges, but it did reveal many interesting facts not previously known, particularly concerning the autopsy. Dr. Finck was a witness for the defense and during his cross examination by Assistant District Attorney Alvin Oser, he was forced to comment on the restrictiveness of the autopsy. Dr. Finck is a spokesman for the "back-of-the-neck" entry. Oser questioned Finck on whether this wound was probed at the autopsy. (This should have been a standard routine to help determine the missile's path). *not "probed" but traced*

⁴⁷Wecht, p. 279.

The following dialogue occurred:

Dr. Finck: I will remind you that I was not in charge of this autopsy, that I was called--

Mr. Oser: You were a co-author of the [autopsy] report though, weren't you, doctor?

Dr. Finck: Wait. I was called as a consultant to look at these wounds; that doesn't mean I am running the show.

Mr. Oser: Was Dr. Humes running the show?

Dr. Finck: Well, I heard Dr. Humes stating that--he said, "Who's in charge here?" and I heard an Army General, I don't remember his name, stating, "I am." You must understand that in those circumstances, there were law enforcement officers, military people with various ranks and you have to coordinate the operation according to directions.

Mr. Oser: But you were one of the three qualified pathologists standing at the autopsy table, were you not, doctor?

Dr. Finck: Yes, I was.

Mr. Oser: Was this Army general a qualified pathologist?

Dr. Finck: No.

Mr. Oser: Was he a doctor?

Dr. Finck: No, not to my knowledge.

Mr. Oser: Can you give me his name, colonel?

Dr. Finck: No, I can't. I don't remember.

Mr. Oser: How many other military personnel were present at the autopsy room?

Dr. Finck: That autopsy room was quite crowded. It is a small autopsy room, and when you are called in circumstances like that to look at the wound of the President of the United States who is dead, you don't look around too much to ask people for their names and take notes on who they are and how many they are. I did not do so. The room was crowded with military and civilian personnel and federal agents, Secret Service agents, F.B.I. agents, for part of the autopsy, but I cannot give you a precise breakdown as regards the attendance of the people in that autopsy room at Bethesda Naval Hospital.

Mr. Oser: Colonel, did you feel that you had to take orders from this Army general that was there directing the autopsy?

Dr. Finck: No, because there were others, there were admirals.

Mr. Oser: There were admirals?

Dr. Finck: Oh, yes, there were admirals, and when you are a lieutenant colonel in the Army you just follow orders, and at the

end of the autopsy we were specifically told--as I recall it, it was by Admiral Kinney, the surgeon of the Navy--this is subject to verification--we were specifically told not to discuss the case.

Mr. Oser: Did you have occasion to dissect the track of that particular bullet in the victim as it lay on the autopsy table?

Dr. Finck: I did not dissect the track in the neck.

Mr. Oser: Why?

Dr. Finck: This leads us into the disclosure of medical records.

Mr. Oser: Your Honor, I would like an answer from the colonel and I would ask the Court so to direct.

The Court: That is correct, you should answer, doctor.

Dr. Finck: We didn't remove the organs of the neck.

Mr. Oser: Why not, doctor?

Dr. Finck: For the reason that we were told to examine the head wounds and the--

Mr. Oser: Are you saying someone told you not to dissect the track?

The Court: Let him finish his answer.

Dr. Finck: I was told that the family wanted an examination of the head, as I recall, the head and chest, but prosecutors in this autopsy didn't remove the organs of the neck, to my recollection.

Mr. Oser: You have said they did not. I want to know why didn't you as an autopsy pathologist attempt to ascertain the track through the body which you had on the autopsy table in trying to ascertain the cause or causes of death? Why?

Dr. Finck: I had the cause of death.

Mr. Oser: Why did you not trace the track of the wound?

Dr. Finck: As I recall I didn't remove the organs from the neck.

Mr. Oser: I didn't hear you.

Dr. Finck: I examined the wounds but I didn't remove the organs of the neck.

Mr. Oser: You said you didn't do this; I am asking you why you didn't do this as a pathologist?

Dr. Finck: From what I recall I looked at the trachea, there was a tracheotomy wound the best I can remember, but I didn't dissect or remove these organs.

Mr. Oser: Your Honor, I would ask your Honor to direct the witness to answer my question. I will ask the question one more time: Why did you not dissect the track of the bullet wound that you have described today and saw at the time of the autopsy at the time you examined the body? Why? I ask you to answer the question.

Dr. Finck: As I recall I was told not to, but I don't remember by whom.⁴⁸

Thus, after a lengthy runaround by Finck, the truth finally emerges. The autopsy doctors were not in charge.⁴⁹ The HSCA investigated this and, not very surprisingly, determined otherwise. According to the report, "the committee determined that it was Dr. Humes and not any army general or other person who made the decision not to dissect the back entry wound."⁵⁰ Their basis for this conclusion; Dr. Humes stated to the medical panel that it was his decision not to excise the wound. Who is lying? It does not surmise that Dr. Finck would go to such lengths to avoid answering Oser's question if the answer was as simple as this. Dr. Humes was insistent that although the wound was not laid open, it was probed. The probing, however, consisted of the autopsy doctors placing their finger into the wound. They realized that it only extended one or two inches. This approach is a highly unprofessional technique and would not, in any way, be construed as a scientific determination of a missile's path.

THE MISSING BRAIN

As mentioned earlier a thorough examination of the brain would have answered many of the questions left unanswered. During the autopsy, the brain was removed and fixed in formalin solution to preserve for further study. Commission Exhibit number 391 is the

⁴⁸ Jim Garrison. On the Trail of the Assassins. New York: Sheridan Square Press, pgs. 246-249.

⁴⁹ A note to who might have ordered the wound not to be dissected. On the Television program, "The Trial of Lee Harvey Oswald", Paul O'Connor testified under oath that Dr. Burkley, the President's private physician, gave the order. This statement has not been explained and Dr. Burkley has yet to have made a comment.

⁵⁰ HSCA 14.

still again, ignorable of the basic literature, the panel report, the CIA & panel report, which is in it and states what would have been classified as the bullet path had been dissected by fragments of bullet.

They also used a metal probe.

Dr. Humes claims Finck testified to was admitted Ken (n) y

supplementary report of Autopsy number A63-272 President John F. Kennedy. It is dated December 6, 1963 and contains a description of the brain. The first sentence of the report is enough to cause a controversy. It states, "following formalin fixation the brain weighs 1500 grams."⁵¹ The significance of this statement is overwhelming. An average normal human brain weighs approximately 1400 grams (about 50 ounces), though they have been known to weigh upwards to 65 ounces. However, it is extremely doubtful that Kennedy's brain weighed 1500 grams, nearly half his brain was missing!

more likely known to have viewed
 Dr. John Lattimer, long a pro-WC theorist and the first non-governmental person to view the Kennedy X-rays and photos, states that, "the brain, when removed, showed a relatively intact left hemisphere, except for some surface hematoma over the frontal gyri adjacent to the main wound. From the right side of the brain, however, it appeared that approximately 70% of the right cerebral hemisphere was missing, with only a torn and flattened portion of the base of the right hemisphere remaining".⁵² Robert Grodin, a member of the photographic panel of the HSCA also inspected the photographs. He saw that around 40% of the entire brain was missing, of which 80% of the right hemisphere was gone.⁵³ If mathematics are applied to this scenario, then the brain observed at the autopsy could not have been Kennedy's. Kennedy's brain could not have weighed more than 975 grams, which, of course, is considerably less than the weight of a normal human brain. Harold Weisberg, a pioneer critic of the WC, attests that

⁵¹CE 391.

⁵²John Lattimer. Kennedy & Lincoln. New York: Harcourt Brace Jovanovich, p. 218.

⁵³Information stated in a telephone conversation with the author.