

# 4 Physicians Back Warren Report On 2 Bullets

Medical Tribune Report

WASHINGTON, D.C.—The Warren Commission's conclusion that President Kennedy was killed by two shots from behind has been confirmed by a panel of three pathologists and a radiologist appointed by Attorney General Ramsey Clark to examine secret photographs and x-ray films deposited in the National Archives and Records Service.

The panel's report, made nearly a year ago, was released by the Justice Department, which is seeking to block New Orleans District Attorney Jim Garrison from subpoenaing the materials, as well as the U.S. Archivist, James B. Rhodes, in connection with his assassination conspiracy trial against Clay L. Shaw.

## Garrison's View Upset

The panel's findings disagree with Mr. Garrison's contention that Mr. Kennedy was struck by bullets from the front and the rear.

The panel, which examined the photographs, both black and white and colored prints and transparencies, and x-ray films on February 26 and 27, 1968, reported that "the decedent was wounded by two bullets both of which entered the body from behind."

Members of the panel were Drs. William H. Carnes, Professor of Pathology, University of Utah, and a member of the Medical Examiner's Commission of the State of Utah; Russell S. Fisher, Professor of Forensic Pathology, University of Maryland, and Chief Medical Examiner of the State of Maryland; Russell H. Morgan, Professor of Radiology, Johns Hopkins University; and Alan R. Moritz, Professor of Pathology, Case Western Reserve University.

Their examination of the photographs and x-rays, all taken at autopsy, revealed,

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the panel reported, "that President Kennedy was struck by two bullets fired from above and behind him, one of which traversed the base of the neck on the right side without striking bone and the other of which entered the skull from behind and exploded its right side."

The bullet that struck at the right side of the base of the neck, they reported, "emerged from the front of the neck near the midline."

"The possibility that this bullet might have followed a pathway other than one passing through the site of the tracheotomy wound was considered," the report declared, but added that "no evidence for this was found."

This contradicts contentions by some that the front neck wound, which was widened by physicians in Dallas in performing the tracheotomy, might have been

an entrance wound.

The discussion and summary of the conclusions reached by the special panel follow:

"The information disclosed by the joint examination of the foregoing exhibits by the members of the panel supports the following conclusions:

"The decedent was wounded by two bullets both of which entered his body from behind.

"One bullet struck the back of the decedent's head well above the external occipital protuberance. Based upon the observation that he was leaning forward with his head turned obliquely to the left when this bullet struck, the photographs and x-rays indicate that it came from a site above and slightly to his right. This bullet fragmented after entering the cranium, one major piece of it passing forward and laterally to produce an explosive fracture

of the right side of the skull as it emerged from the head.

"The absence of metallic fragments in the left cerebral hemisphere or below the level of the frontal fossa on the right side together with the absence of any holes in the skull to the left of the midline or in its base and the absence of any penetrating injury of the left hemisphere eliminate with reasonable certainty the possibility of a projectile having passed through the head in any direction other than from back to front as described in . . . this report.

"The other bullet struck the decedent's back at the right side of the base of the neck between the shoulder and spine and emerged from the front of his neck near the midline. The possibility that this bullet might have followed a pathway other than one passing through the site of the tracheotomy wound was considered. No evidence for this was found. There is a track between the two cutaneous wounds as indicated by subcutaneous emphysema and small metallic fragments on the x-rays and the contusion of the apex of the right lung and laceration of the trachea described in the autopsy report. In addition, any path other than one between the two cutaneous wounds would almost surely have been intercepted by bone and the x-ray films show no bony damage in the thorax or neck.

"The possibility that the path of the bullet through the neck might have been more satisfactorily explored by the insertion of a finger or probe was considered. Obviously the cutaneous wound in the back was too small to permit the insertion of a finger. The insertion of a metal probe would have carried the risk of creating a false passage, in part because of the changed relationship of muscles at the time of autopsy and in part because of the

existence of postmortem rigidity. Although the precise path of the bullet could undoubtedly have been demonstrated by complete dissection of the soft tissue between the two cutaneous wounds, there is no reason to believe that the information disclosed thereby would alter significantly the conclusions expressed in this report.

## Summary

"Examination of the clothing and of the photographs and x-rays taken at autopsy reveal that President Kennedy was struck by two bullets fired from above and behind him, one of which traversed the base of the neck on the right side without striking bone and the other of which entered the skull from behind and exploded its right side.

"The photographs and x-rays discussed herein support the above-quoted portions of the original autopsy report and the above-quoted medical conclusions of the Warren Commission Report."

Among the documents released by the Department of Justice was a second report by the three original autopsy physicians—Drs. James J. Humes, J. Thornton Boswell, and Pierre A. Fink—who had the opportunity of examining for the first time the autopsy photographs.

They pointed out that with regard to the neck wound, an autopsy drawing "may be somewhat misleading as to the location of the wound, making it appear at a lower point than it actually was." They noted, however, that the photographs "verify the location of the wound, as stated in the [Warren] report."

The photographs, they added, "show the edges of the wound to be inverted, regular, and smooth. At such a location and in such tissue these are the principle characteristics of an entrance wound."