

Chapter 8: The Medical Evidence

"Eventually, the autopsy photographs, X-rays, Kennedy's brain tissue slides, and assorted other materials from the autopsy came into the possession of Robert I. Bouck, the head of the Secret Service's Protective Research Division. Bouck adamantly refused to turn the materials over to the Warren Commission, even though the commission had a presidential mandate to investigate the assassination. Ultimately, Robert Kennedy, whose orders Bouck took, allowed Earl Warren to view the photographs. In 1965, Bouck turned the autopsy materials over to Robert Kennedy, who had them deposited in the National Archives. All of this was illegal. Bouck should never have had custody of the materials, and his acquiescence in the orders of Robert Kennedy, violated the Secret Service's own chain of command...Robert Kennedy had absolutely no legal claims to the materials..."¹

1 Overview

The study of the medical evidence -- both the witnesses' testimony and the silent x-rays and photographs -- is a complex, and yet important, area of study in the Kennedy assassination case. It shares with much of the other evidence the problem that the evidence is contradictory, for the medical witnesses and experts have changed their judgments over time. But in addition we must confront a technical vocabulary that is not familiar, and we must consider the extent of wounds which are not at all pleasant to view.

We can break down the questions that concern us into the following.

1. *Does the medical evidence support or reject the existence of a shot from the front?* A shot from the front--from the Grassy Knoll, perhaps-- establishes the existence of a conspiracy, as we have discussed at length. Here the main question to be considered is whether there was a massive wound at the rear of the President's head, a wound whose size established that it was an exit wound rather than an entrance wound. As we shall see, the consensus among the medically-trained witnesses, doctors and nurses, who saw the President in Dallas and before the autopsy was that there *was* such a wound on the back of the President's head, while the autopsy materials-- photos, x-rays, and testimony--do not support that conclusion; they indicate rather a head wound that is on the right side, and to the front, rather than to the rear. The frontal placement would be consistent, of course, with a shot from the rear, perhaps from the School Book Depository. To some extent, then, we must choose between the human observers, whose testimony is pro-conspiracy, and the autopsy materials, whose silent testimony is anti-conspiracy, at least on first reading.

2. *Is there a significant and consistent difference in the medical reports on the state of the President's wounds prior to the autopsy and subsequent to the autopsy? If so, is this the result of a change actually produced in the President's body, or is it the result of false, inaccurate, or mis-*

1 ¹Kurtz, *Crime of the Century*, xv.

leading reports from one group or the other? As I noted above, there is considerable difference between the Dallas medical reports and those of the autopsy team, and we must determine, to the extent possible, what the cause is of this discrepancy. David Lifton has argued that these differences are the result primarily not of inaccurate descriptions on the part of either group, but rather of body alteration -- in effect, an operation -- between Dallas and the autopsy in Bethesda.

3. *Are the x-rays and autopsy photos which have been made public accurate descriptions of the President's wounds?* An affirmative answer would help in drawing further conclusions about the assassination, while an answer in the negative raises disturbing questions regarding who may have been responsible for modifying or falsifying either the photographs or the x-rays.

4. *Have the doctors changed their eyewitness accounts significantly over the years, and in relation to who put the questions to them?*² Our job is made all the harder by the fact that a number of doctors have unambiguously contradicted themselves over the years, and it is our task to determine which aspects of their accounts we ought to take most seriously.

The question of how to deal with testimony that changes over time is one we must grapple with more generally, but it is particularly thorny in this case. Doctor Malcolm Perry in Dallas announced to the press immediately after the assassination that the throat wound was one of entry, but he told the Warren Commission just a few months later that he had said no such thing.

Some simple and even stark elements do stand out despite the mass of potentially contradictory information detailed below.

1. FBI agents acting as official observers during the autopsy reported that Kennedy's back wound was not transiting -- that is, it did not penetrate through to the front of Kennedy's body. This report was confirmed by at least two of the three autopsy doctors. If this is correct (and it is not contradicted by other material), it definitively disproves the Warren Commission's theory, and establishes the existence of a second shooter.

2.

1 The drive to Parkland Hospital, and the medical attention; Where were JFK's shots?

1.1 At the scene

Secret Service agent Glen Bennett: "In notes he said were made later that day [Nov 22], Bennett wrote: '[I] saw a shot that hit the Boss about four inches down from the right shoulder; a second shoot [sic] followed immediately and hit the right rear high [side] of the Boss's head.'"³

2 ²I have profited from reading an unpublished paper by Dr. Gary Aguilar in the fall of 1994 on the subject of shifting medical testimony. While I have attempted to cite only the relevant literature directly, I have benefited from his point of view in the sections that follow.

3 ³*Crossfire*, 14, citing XXIV 542.

Clint Hill, Secret Service agent: "The right rear portion of his head was missing. It was lying in the rear seat of the car. His brain was exposed."⁴ Much later that day, at the Bethesda autopsy, Agent Hill saw the President's back wound, and he placed it "about six inches below the neckline to the right-hand side of the spinal column."⁵

1.1 Doctors at Parkland

Who were the personnel at Parkland?

- McClelland
- Malcolm Perry, who was in charge, and who made the tracheotomy
- Aikin
- Baxter
- Charles Carrico: first doctor to see Kennedy
- Kemp Clark, neurosurgeon who pronounced Kennedy dead.
- Gieseke
- Jenkins
- Ronald Jones
- Peters
- Robert Shaw

Nurses:

- Margaret Henchcliffe, assisting Carrico

At Parkland, the doctors did not see a bullet hole of entrance in the back of the head at any height: Dr. Clark is explicit about this,⁶ as is Dr. McClelland⁷ and Dr. Perry.⁸ Dr. Gieseke's observations were the same;⁹ and Dr. Jones's,¹⁰ as were Dr Marion T. Jenkins,¹¹ Dr. Paul Peters, and Dr. Baxter.¹² The conclusion seems firm that there was no entrance wound in the back of the head; there was only the massive exploded wound destroying a large part of the right rear part of

4 ⁴WC 141, cited in Lifton BE 39.

5 ⁵Lifton, p. 78, citing 2 H 143.

6 ⁶Lane, Rush to Judgment, citing VI 25.

7 ⁷VI 35, cited in Lane, RtJ.

8 ⁸VI 11, cited in Lane, RtJ, 58.

9 ⁹VI 74, cited in Lane RtJ 58

10 ¹⁰VI, 52-57, cited in Lane RtJ 59.

11 ¹¹VI 48, cited in Lane RtJ 59; see also Lifton, BE, p. 40.

12 ¹²Cited in Lane, RtJ, 59, citing VI 71 and 41f.

the President's head, indicating a trajectory coming from the front. In the accounts that follow, we will see a consistent description of a right rear wound, not a right side wound.¹³

1.1 Robert McClelland:

A. Contemporaneous

B. To the Warren Commission

As I took the position at the head of the table...I was in such a position that I could very closely examine the head wound,¹⁴ and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered, apparently, by the force of the shot so that 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...in such a way that 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 tissue had been blasted out."¹⁵ Other excerpts from this passage: "It had been shattered...so that 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."¹⁶

6 WC 35, 37: says that the rear wound was an exit wound [check that; this is from Gary Aguilar's summary].

C. To Critics

Mark Lane wrote, in *Rush to Judgment*:

Dr. Robert N. McClelland, one of the Dallas physicians, told Richard Dushman, a Washington correspondent for the St. Louis Post-Dispatch, that 'the throat wound puzzled the surgeons who attended Mr Kennedy at Parkland

13 ¹³Posner quite incorrectly suggests that there "was no photographic, X ray, or personal observation of any other exit on the head except for the large hole on the right side" (Posner, 307), and a reading of Lifton's *Best Evidence* (which Posner mercilessly criticizes) makes this point clearly. One must be clear that the Bethesda staff saw a wound on the right rear-- and while the right rear is on the right side (or, in technical terminology, on the right *hemisphere*), the right rear is not the *side*; the bone on the right side is the parietal and temporal, whereas the bone in the lower rear (both right and left) is occipital. In any event, Posner then goes on to discuss (albeit briefly and inadequately) those observations which falsify his earlier statement.

14 ¹⁴This statement contradicts Posner's suggestion that the Parkland doctors "by their own admission...did not examine it [the head wound] in detail." Posner, p. 308.

15 ¹⁵Lifton BE, 29, citing 6 WC 33.

16 ¹⁶6 WCD 33.

Memorial Hospital when they learned how the Dallas police had reconstructed the shooting.' According to Dudman, McClelland said that the Dallas doctors 'still believed it to be an entry wound, even though the shots were said to have been fired from almost directly behind the President.' The physician told Dudman 'that he and his colleagues at Parkland saw bullet wounds every day, sometimes several a day, and recognized easily the characteristically tiny hole of an entering bullet, in contrast to the larger, tearing hole that an exiting bullet would have left.'¹⁷

Another journalist wrote, "Dr. Robert McClelland said the doctors were 'a little baffled' by the throat wound. Shaw said: 'The assassin was behind him, yet the bullet entered at the front of the neck. Mr. Kennedy must have turned to his left to talk to Mrs. Kennedy or to wave to someone.'¹⁸

McClelland is cited as having said in a British TV documentary that there

was a jagged wound that involved the right side of the head. My initial impression was that it was probably an exit wound. So it was a very large wound. Twenty to twenty-five percent of the entire brain was missing. My most vivid impression of the entire agitated scene was that his head had almost been destroyed. His face was intact but very swollen. It was obvious he had a massive wound to the head. A fifth to a quarter of the right back part of the head had been blasted out along with most of the brain tissue in that area."¹⁹

D. A shifting account regarding the throat as entry wound

With regard to the description given by Perry of the neck wound, McClelland said in a first deposition to Arlen Specter that "it would be equally consistent with either type wound, either an entrance or an exit type wound. It would be quite difficult to say -- impossible."²⁰ He was called back for further questions when the reports written by Richard Dudman were published in *L'Express* (Feb 20, 1964). Under further questioning -- and Specter seems quite concerned about this -- McClelland explains himself as having said that the wound "had the appearance of the usual entrance wound of a bullet, but that this certainly could not be --you couldn't make a statement to that effect with any complete degree of certainty, though we were, as I told him, experienced in seeing wounds of this nature, and usually felt that we could tell the difference between an en-

17 ¹⁷Lane, *Rush to Judgment*, 51, citing *The New Republic*, Dec. 21, 1963

18 ¹⁸Lifton 58, interview of Dr. Shaw by Martin Steadman, NYHT New Service, published in *Herald Tribune* Nov 29 1963.

19 ¹⁹Citation appears in Michael Benson, *Who's Who in the JFK Assassination*, p. 264. No source is given for the citation.

20 ²⁰6 WCD 35.

trance and an exit wound..."²¹ Now, this is a good deal less clear than what Dr. McClelland had said four days earlier, on March 21, and so Mr. Specter pressed the point.

"Do you have a firm opinion at this time as to whether it is an entrance wound or exit wound or whatever?" he asked.

McClelland replied,

"Of course, my opinion now would be colored by everything that I've heard about it and seen since, but I'll say this, if I were simply looking at the wound again and had seen the wound in its unchanged state, and which I did not, and, of course, as I say, it had already been opened up by the tracheotomy incision when I saw the wound -- but if I saw the wound in its state in which Dr. Perry described it to me, I would probably initially think this were an entrance wound, knowing nothing about the circumstances as I did at the time, but I really couldn't say-- that's the whole point. This would merely be a calculated guess, and that's all, not knowing anything more than just seeing the wound itself."²²

Here McClelland nearly falls into the category of being a witness who alters his testimony to suit his interlocutor, but not completely. He does not change his statement regarding what he had thought at the time, but he withdraws his professional opinion from that same moment.

1.1 Malcolm Perry

A. Contemporaneous

It was Doctor Perry who instructed that a tracheotomy should be performed on the President. He was quoted as saying, "there was an entrance wound below the Adam's apple" (UPI)²³ The New York Times reported that Perry said that the wound had the appearance of a bullet's entry.²⁴

A transcript of the press conference at Parkland after the assassination includes the following observations by Drs. Perry and Clark. Dr. Perry said that the neck wound was "a bullet hold almost in the midline...in the lower portion of the neck, in front...below the Adam's apple." Dr. Clark described the head wound as being "at the back of his head...principally on the right side, toward the right side." In response to the question, "where was the entrance wound?" Dr. Perry said, "There was an entrance wound in the neck." And then, when asked "Which way was the bullet coming on the neck wound? at him?" Perry said, "It appeared to be coming at him." And later, when a reporter asked him to "describe the entrance wound. You think from the front in the

21 ²¹6 WCD 36.

22 ²²6 WCD 37.

23 ²³Cited in Lifton BE, 56.

24 ²⁴Lifton Be 56.

throat?" Perry said, "The wound appeared to be an entrance wound in the front of the throat; yes, that is correct."²⁵

Richard Dudman of the *St. Louis Post-Dispatch* reported that "Dr. Perry described the bullet hole as an entrance wound. Dr. McClelland told the Post-Dispatch: 'It certainly did look like an entrance wound.' He explained that a bullet from a low velocity rifle, like the one thought to have been used, characteristically makes a small entrance wound, sets up shock waves inside the body, and tears a big opening when it passes out the other side."²⁶

B. To the Warren Commission

At the time of his testimony before the WC, he said that the throat wound could have been a wound of entry or of exit.²⁷ To Arlen Specter, he allowed as how he believed a high velocity bullet could have caused the neck wound; "an undeformed, unexpanded missile exiting at rather high speed would leave very little injury behind, isnce the majority of its energy was expended after it left the tissues."²⁸ [Specter's scenario requires a jacketed bullet not fragmenting as it passes through the neck, but a bullet that fragments as it passes through the head.]

Of the larger head wound, he described it as "a large wound of the right posterior cranium"²⁹ the day of the assassination, and to Arlen Specter he described it as a "large avulsive wound on the right posterior cranium," as "a large avulsive injury of the right occiptoparietal area,"³⁰ and as a "large avulsive wound of the right parietal occipital area."³¹ He similarly described the head wound as being in the occipital parietal area to a HSCA investigator, and he indicated that some cerebellum was seen.³²

D. To Posner

To Gerald Posner in 1992, Perry is reported to have said,

I did not really look at it that closely. But like everyone else, I saw it back there. It was in the occipital/parietal area. The occipital and parietal bone join

25 ²⁵Lifton, 61-62, citing White House transcript 1327-C, available from the Lyndon Johnson Library in Austin, TX.

26 ²⁶Lifton, p. 63, citing SLPD, Dec 1 1963, p. 16.

27 ²⁷Lifton 59, citing 3 373.

28 ²⁸6 WC 15.

29 ²⁹CE 392, 17 WC 6, cited by Gary Aguilar

30 ³⁰6 WC 11

31 ³¹3 WC 372, cited by Gary Aguilar

32 ³²HSCA 7 292-3, cited by Gary Aguilar

each other, so we are only talking a centimeter or so in difference. And you must remember the President had a lot of hair, and it was bloody and matted, and it was difficult to tell where that wound started or finished. I did not see any cerebellum.³³

Elsewhere, Perry is quoted as having said,

I don't think that any of us got a good look at the head wound. I didn't examine it or really look at it that carefully.³⁴

1.1 Gene Aikin

An anesthesiologist.

A. Contemporaneous

B. To the Warren Commission

"The back of the right occipitalparietal portion of his head was shattered, with brain substance extruding."³⁵ "I assume the right occipitalparietal region was the exit, so to speak, that he had probably been hit on the other side of the head, or at least tangentially in the back of the head."³⁶

C. To the HSCA

D. To Critics

E. To Posner

1.1 Charles Baxter

A. Contemporaneous

...the right temporal and occipital bones were missing and the brain was lying on the table, with ex??? maceration and contusion.³⁷

B. To the Warren Commission

Assistant professor of surgery. Baxter told Specter, "we had an opportunity to look at his head wound then and saw that the damage was beyond hope, that is, in a word --literally the right side of his head had been blown off. With this and the observation that the cerebellum was present -- a large quantity of brain was present on the cart..."³⁸

33 ³³Posner, p. 312.

34 ³⁴Posner, 309.

35 ³⁵6 WCD 65.

36 ³⁶6:67, cited by Aguilar.

37 ³⁷WC Report, p. 523, a handwritten report of CE 392.

38 ³⁸6 WCD 41.

With regard to the neck wound, "We could not determine, or did not determine at that time whether this represented an entry or an exit wound. Judging from the caliber of the rifle that we later found or become [sic] acquainted with, this would more resemble a wound of entry. However, due to the density of the tissues of the neck and depending upon what a bullet of such caliber would pass through, the tissues that it would pass through on the way to the neck, I think that the wound could well represent either exit or entry wound."³⁹ When Specter pressed him, asking whether he could accept the scenario by which the neck wound was an exit wound coming* from Oswald's Mannlicher-Carcano, Baxter replied, "Although it would be unusual for a high velocity missile of this type to cause a wound as you have described, the passage through tissue planes of this density could have well resulted in the sequence which you outline....It would be unlikely because the damage that the bullet would create would be--first its speed would create a shock wave which would damage a larger number of tissues, as in its path, it would tend to strike, or usually would strike, tissues of greater density than this particular missile did and would then begin to tumble and would create larger jagged--the further it went, the more jagged would be the damage that it created; so that ordinarily there would have been a rather large wound of exit."⁴⁰ However, he went on to say that if the bullet had passed through the fascial plane, it would have passed through rather unheeded, and while the shock wave damage would still occur, it would not be recognized until several days later. "It does not show, however, in the early course after a missile has passed through," and it would not have an effect on the size or nature of the exit hole.⁴¹ A few minutes later, he said that "I thought this was a wound of exit because it was not a clean wound, and by 'clean' clearly demarcated, round, punctate wound which is the usual wound of an entrance wound, made by a missile and at some speed."⁴² A few minutes later, Baxter, an anaesthesiologist, remarked that "I am aware of the wounds of entrance and exit only by a peripheral part of my knowledge and activities...."⁴³

With regard to the head wound, "the temporal and parietal bones were missing and the brain was lying on the table with extensive lacerations and contusions."⁴⁴ "Part of the brain was herniated; I really think part of the cerebellum, as I recognized it, was herniated from the wound...I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process." At this point, Specter told Baxter that no wound was found there at the autopsy, and Baxter replied, "I was feeling for--I was palpating here for a pulse to see whether the closed chest cardiac massage was effective or not and

39 ³⁹6 WCD 42.

40 ⁴⁰6 WCD 42.

41 ⁴¹6 WCD 43.

42 ⁴²6 WCD 48.

43 ⁴³6 WCD 50.

44 ⁴⁴6 WCD 44.

this probably was some blood that had come from the toher point and so I thought there was a wound there also."⁴⁵

D. To the critics

To Livingstone, the head wound was reportedly described as "a large gaping wound in the occipital area".⁴⁶ Livingston and Groden also report that Baxter rejected the official photo which shaws the rear scalp intact.⁴⁷

E. To Posner

Baxter is reported to have said,

I never even saw the back of [JFK's] head. The wound was on the right side, not the back.⁴⁸

1.1 Charles Carrico

A. Contemporaneous report

Carrico was the first doctor to see the President. 22 November 1963 he noted: the wound

had avulsed the calvarium and shredded brain tissue present with profuse oozing....attempts to control slow oozing from cerebral and cerebellar tissue via packs instituted....⁴⁹

B. Warren Commission

To Arlen Specter he described the wound:

This was a 5 by 71 cm defect in the posterior skull, the occipital region. There was an absence of the calvarium or skull in this area, with shredded tissue, brain tissue present....No other wound on the head."⁵⁰

He also testified:

[t]here seemed to be a 4-5 cm. area of avulsion of the scalp and the skull was fragmented and bleeding cerebral and cerebellar tissue." and "a large gaping wound, located in the right occipitoparietal area...[estimated] to be about 5 to 7 cm. in size, more or less circular, with avulsions of the calvarium and scalp

45 ⁴⁵6 WCD 48

46 ⁴⁶Groden and Livingston, p45, cited by Aguilar.

47 ⁴⁷Also cited from Aguilar, who cites High Treason p. 45.

48 ⁴⁸Posner, p. 312.

49 ⁴⁹CE 392, 17 WC 4-5, cited by Gary Aguilar

50 ⁵⁰3 WC 361, cited by Gary Aguilar

tissue."⁵¹ He did not observe any bullet wound in the back of the head distinct from the large gaping wound.⁵²

Regarding the throat wound, he also said that it 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."⁵³

He expressed the opinion, in testimony guided by Arlen Specter, that if a bullet had struck President Kennedy's posterior and not encountered any dense material, it could have caused the anterior neck wound upon exiting. This opinion is not shared by others, as we shall/have seen, because others point out that a rapidly moving bullet creates with its motion a shock wave which causes considerable damage upon exiting from the body.

C. HSCA

In an HSCA interview, he said (11 Jan 1978) that the same wound was "a fairly large wound in the right side of the head, in the parietal, occipital area. One could see blood and brains, both cerebellum and cerebrum fragments in that wound."⁵⁴

D. To Critics

Lifton: Dr Perry testified that he made this incision in the neck...you were there wehn this happened. Correct?

Carrico: Right

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

Carrico: Gee. It's been a while. Probably--it would just be a guess--between two and three centimeters, which is close to an inch.

Lifton: Between two and three centimeters?

Carrico: Yes

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

Carrico: Oh, I really don't know. but it, that would probably be the upper limit. I doubt if it was that large.⁵⁵

E. To Posner

51 ⁵¹6 WC 6.

52 ⁵²6 WC 6.

53 ⁵³6 WC 3.

54 ⁵⁴HSCA 7 268, cited by Gary Aguilar.

55 ⁵⁵Lifton, *Best Evidence*, p. 272.

Gerald Posner cites him as saying in an interview, "We did say there was a parietal-occipital wound. We did say we saw shattered brain, cerebellum, in the cortex area, and I think we were mistaken. The reason I say that is that the President was lying on his back and shoulders, and you could see the hole, with scalp and brain tissue hanging back down his head, and it covered most of the occipital portion of his head. We saw a large hole on the right side. We saw a large hole on the right side of his head. I don't believe we saw any occipital bone. It was not there. It was parietal bone. And if we said otherwise, we were mistaken."⁵⁶

Carrico said, as well, that "we never had the opportunity to review his wounds in order to describe them accurately."

If Posner has accurately reported Carrico's remarks, Carrico has modified his comments to suit his interviewer, it would appear.

1.1 Kemp Clark

A. Contemporaneous

Professor and Director of Neurological Surgery at Parkland Hospital.⁵⁷ See his report below, in section XX, to Dr. Burkley. 17 WC 9-10,⁵⁸ dating to November 22, 1963, includes Clark's observations:

"a large 3 x 3 cm remnant of cerebral tissue present....there was a smaller amount of cerebellar tissue present also...There was a large wound beginning in the right occiput extending into the parietal region....Much of the skull appeared gone at the brief examination."

Elsewhere, writing on Nov. 22, he writes,

"...in the occipital region of the skull...Through the head wound, blood and brain were extruding...there was a large wound in the right occipitoparietal region...Both cerebral and cerebellar tissue were extruding from the wound."⁵⁹

B. To the Warren Commission

This is consistent with testimony he gave the Warren Commission later (VI 20, but check that), in which he emphasized the wound's location in the right occipital region, i.e., the right rear of the head.

When asked by Arlen Specter if he had seen a "bullet hole or what appeared to be a bullet hole in the posterior scalp, approximately 2.5 cm. laterally to the right, slightly above the external occipital protuberant," he said, "No sir; I did not. This could have easily been hidden in the blood

56 ⁵⁶Posner, p. 311.

57 ⁵⁷6 WC 19.

58 ⁵⁸cited in unpublished ms by Gary Aguilar: again, WC Exhibit 392, 17 WC 9-10.

59 ⁵⁹CE 392, cited by Aguilar.

and hair." He continued, saying that he saw no other bullet wounds or any other wounds on the back side of the President's head.⁶⁰

In another context, when asked whether there was bleeding in the President's back, he said, yes, "in the back of his head."⁶¹

To Specter, he said,

I then examined the wound in the back of the President's head. This was a large, gaping wound in the right posterior part, with cerebral and cerebellar tissue being damaged and exposed.⁶² [and later]...in the right occipital region of the President's skull...⁶³

1.1 Adolph Giesecke

A. Contemporaneous

B. To the Warren Commission

D. To Posner

We had no time to examine the wounds. That was to be done by a forensic pathologist, not by us.⁶⁴

Posner writes that Giesecke "admits an error" in his original testimony.

I guess I have to say that I was wrong in my Warren Commission testimony on the wound and in some of my pronouncements since then. I just never got that good of a look at it. But, for instance, Lifton spent six hours with me trying to get me to say the wounds were like he wanted them. The truth is there was a massive head wound, with brain tissue and blood around it. And with that type of wound you could not get accurate information unless you feel around inside the hole and look into it in detail, and I certainly didn't do that, nor did I see anyone else do that.⁶⁵

1.1 Marion Jenkins, anesthesiologist

A. Contemporaneous

WC Exhibit 392, Jenkins refers to a

60 ⁶⁰6 WCD 25.

61 ⁶¹6 WCD 29.

62 ⁶²6:20, cited by Aguilar.

63 ⁶³6:29, cited by Aguilar.

64 ⁶⁴Posner 309.

65 ⁶⁵Posner, p. 311

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great laceration on the right side of the head (temporal and occipital), causing a great defect in the skull plate so that there was a herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound." [G Aguilar's excerpts];

B. To the Warren Commission

To Specter, he said (6 WC 51), "I would interpret it [the head wound] being a wound of exit...." He said as well: Part of the brain was herniated; I really think part of the cerebellum, as I recognized it, was herniated from the wound."⁶⁶

Jenkins also looked for a pulse in the left temple, and found what he believed to be a bullet wound, perhaps the entrance wound corresponding to the large occipital exit wound. He also noted that "part of [Kennedy's] cerebellum was hanging out." (interview with American Medical News, 11 24 78, cited in Aguilar's synopsis).

To the HSCA

Jenkins noted again, some years later, that

he "was positioned at the head of the table so he had one of the closest views of the head wound...[and he was] the only one who knew the extent of the head wound...it was a segment of occipital or temporal bone. He noted that a portion of the cerebellum (lower rear brain) was hanging out from a hole in the right-rear of the head." [HSCA 7:286f, cited by Aguilar]

C. To Critics

D. To Posner

In an interview with Gerald Posner (as Aguilar notes), 3 March 1992, Jenkins rejects the accuracy of his past descriptions, indicating that he "realized that there could not be any cerebellum. The autopsy photo, with the rear of the head intact and a protrusion in the parietal region, is the way I remember it. I never did say occipital."⁶⁷ If Posner is accurately citing Jenkins, Jenkins is not accurately citing himself, as a glance at his note from the day of the assassination makes clear.

According to Posner, Jenkins also rejects now the possibility that other doctors at Parkland could have carefully observed the President's head wound. "From what I read in later books, everyone looked at it in detail from the beginning, but that is not true. We were trying to save the President, and no one had time to examine the wounds."

66 ⁶⁶6:48, cited by Aguilar.

67 ⁶⁷*Case Closed*, p. 312, as cited by Aguilar.

E. Dr. Jenkins "stated on June 4, 1992, in Dallas that he felt [the back wound] and that it was not in the base of the neck but a few inches down on the back."⁶⁸

1.1 Dr. Ronald Jones:

A. Contemporaneous

Regarding the neck wound, Dr. Jones had written in a "Summary of treatment of the President," dated November 23, "Previously described severe skull and brain injury was noted as well as a small hole in anterior midline of the neck thought to be a bullet entrance wound."

B. To the Warren Commission

"There was a large defect in the back side of the head as the President lay on the cart with what appeared to be some brain hanging out of this wound with multiple pieces of skull noted next with the brain and with a tremendous amount of clot and blood....[As for the neck wound,] There appeared to be a very minimal amount of disruption of the surrounding skin. There appeared to be relatively smooth edges around the wound, and if this occurred as a result of a missile, you would have probably thought it was a missile of very low velocity and probably could have been compatible with a bone fragment of either--probably exiting from the neck, but it was a very small, smooth wound."⁶⁹

[throat] Explaining this, Dr. Jones said to Specter that "[t]he hole was very small and relatively clean-cut as you would see in a bullet that is entering rather than exiting from a patient. If this were an exit wound, you would think that it exited at a very low velocity to produce no more damage than this had done, and if this were a missile of high velocity, you would expect more of an explosive type of exit wound, with more tissue destruction than this appeared to have on superficial examination."⁷⁰ When Specter asked Dr. Jones whether the wound was consistent with a low velocity bullet, Dr. Jones replied that it was, a bullet "of very low velocity to the point that you might think that this bullet barely made it through the soft tissues and just enough to drop out of the skin on the opposite side."⁷¹

[head] To Specter he also said, "There was large defect in the back side of the head as the President lay on the cart with what appeared to be some brain hanging out of this wound with multiple pieces of skull noted next with the brain and with a tremendous amount of clot and blood."⁷² "...what appeared to be an exit wound in the posterior portion of the skull."⁷³

68 ⁶⁸Livingstone, *Killing the Truth*, p. 41, evidently citing a talk of Jenkins's at the Dallas Council on Foreign Affairs.

69 ⁶⁹6 WCD 54.

70 ⁷⁰6 WCD 55.

71 ⁷¹6 WCD 55.

72 ⁷²6:53-54, cited by Aguilar.

C. To critics

D. To Posner

To Posner, Jones apparently said that the head wound was "a large side wound, with blood and tissue that extended toward the rear, from what you could tell of the mess that was there."⁷⁴

1.1 Charles Crenshaw

A. Contemporaneous: none

B. To the Warren Commission: none

C. His own book

I walked to the President's head to get a closer look. His entire right cerebral hemisphere appeared to be gone. It looked like a crater--an empty cavity...From the damage I saw, there was no doubt in my mind that the bullet had entered his head through the front, and as it surgically passed through his cranium, the missile obliterated part of the temporal and all of the parietal and occipital lobes before it lacerated the cerebellum.⁷⁵

From a 6,000 word reply by Dr. Charles Crenshaw entitled *Let's Set the Record Straight*.

Notes on Crenshaw's book:

When Crenshaw approached JFK, Carrico and Perry were already working on him; apparently Baxter and Clark were as well, and McClelland, Jones (all this p. 7f). [However, in testimony to Arlen Specter for the Warren Commission, Dr. McClelland said that immediately upon hearing that the President was being brought to Parkland for surgery, he "accompanied the Resident, Dr. Crenshaw, who brought this news to me, to the emergency room, and down to the trauma room 1."⁷⁶] p. 78: McClelland and Crenshaw run to JFK's operating room. Perry and Carrico already there, working on tracheotomy. p. 79: he recognized the throat wound as a wound of entry. Others there: Baxter, Peters, Salyer. Crenshaw took the right leg with Salyer. McClelland and Jones at the left arm and chest; Baxter and Peters right side of torso. Baxter asks Jackie to step outside. Clint Hill wandering around OR with a pistol in the air. 86: "His entire right cerebral hemisphere appeared to be gone. It looked like a crater-- an empty cavity. From the damage I saw, there was no doubt in my mind that the bullet had entered his head through the front, and as it surgically passed through his cranium, the missile obliterated part of the temporal and all the parietal and occipital lobes before it lacerated the cerebellum. " Then Kemp Clark, neurosurgeon, comes in and says there's nothing to be done as far as the brain is concerned. Jenkins tests for a heart beat, there is none.

73 ⁷³6:56, cited by Aguilar.

74 ⁷⁴Posner, 312, cited by Aguilar.

75 ⁷⁵Crenshaw, *Conspiracy of Silence*, p. 86, cited by Aguilar.

76 ⁷⁶WCD 31.

1.1 Dr. Joe Goldstrich

Dr. Joe Goldstrich was a fourth year medical student standing by at Parkland Hospital on November 22.⁷⁷ He remembers seeing Kennedy's throat wound in the Emergency Room. "It was a small, almost perfectly round hole--somewhere between the size of a nickel and a quarter--and it was right in the middle of the front of his neck, just below the Adam's apple."⁷⁸ He stepped out briefly to get a defibrillator, and when re turned, the clean wound in Kennedy's throat had been "sliced open diagonally to the point where it no longer bore any resemblance to the original hole."

1.1 Robert Grossman

C. To the critics

Groden and Livingston report that he said that he saw "two large holes in the head...and he described a large hole squarely in the occiput, far too large for a bullet entry wound."⁷⁹

1.1 Dr. Paul Peters

B. To the Warren Commission

"I noticed the head wound, and as I remember -- I noticed that there was a large defect in the occiput...It seemed to me that in the right occipitalparietal area that there was a large defect. There appeared to be bone loss and brain loss in the area." With regard to the neck wound, he said that "we saw the wound of entry in the throat."⁸⁰

C. To the HSCA

D. To the critics

In a 1966 conversation, Dr. Peters told David Lifton that he "could see the back of his head quite well, the whole occipital area was blown out, and the skin was shoved a little bit forward and his parietal was a little bit wrinkled." The wound was "more occipital than parietal...because we had to get up to his head, to look in through the back, to see the extent of the wound." The wound was "about 7 centimeters across."⁸¹

Again, to Lifton: "I'd be willing to swear that the wound was in the occiput, you know. I could see the occipital lobes clearly, and so I know it was that far back, on the skull. I could look inside

77 ⁷⁷*JFK: Breaking the Silence*, Bill Sloan, 1993, pp. 84-97.

78 ⁷⁸op cit, 89.

79 ⁷⁹Aguilar p. 24, citing *High Treason*, p. 51.

80 ⁸⁰6 WCD 71

81 ⁸¹Lifton, *Best Evidence*, p. 316.

the skull, and I thought it looked like the cerebellum was injured, or missing, because the occipital lobes seemed to rest almost on the foramen magnum."⁸²

To Harrison Livingstone, who asked for comments on the quotations in Lifton:

Well, I would say that's pretty accurate about what I thought at the time. But Dr. Lattimer from New York who was privileged to view the autopsy findings told me that the cerebellum did appear to be intact. So, if I say, what I have reasoned since then is that probably what had happened was that part of the cerebral hemisphere had been shot away, which caused the occipital lobe, you see, to fall down. So rather than the props underneath it being destroyed, part of it was actually destroyed...You have to remember, I've been an American all this time, too. And so I'm subject to what I've learned from reading and looking since."⁸³

To Wallace Milam, 14 April 1980, Peters wrote the following, commenting on a right anterior wound indicated on a print of a Zapruder film frame:

The wound which you marked...I never saw and I don't think there was such a wound. I think that twas simply an artifact of copying Zapruder's movie...The only wound I saw on President Kennedy's head was in the occipitoparietal area on the right side.

When Livingstone showed Peters the HSCA Dox drawing (from the photos), Peters said, "Well this is an artist's drawing, and I don't think that it's consistent with what I saw..."

With regard to the care with which he and the others observed the head wound, he told Livingstone:

Dr. Jenkins commnted that we'd better take a look at the brain before deciding whether to open the chest and to massage the heart with our hands, we stepped up and looked inside the skull and that's how I made note in my own mind of where the wound was in the skull.⁸⁴

E. To Posner

To Posner, Peters reportedly said,

I saw the photograph of the brain when I was in Washington for the *Nova* program, and I saw the cerebellum was depressed, but it was not lacerated or torn. It is definitely pressed down and that would be the damage I referred to in 1964....The only thing I would say is that over the last twenty-eight years I now believe the head wound is more forward than I first placed it. More to

82 ⁸²Lifton, *Best Evidence*, p. 324, cited by Aguilar.

83 ⁸³Transcript of Livingstone interview with Peters, cited by Aguilar, p. 19.

84 ⁸⁴Livingstone transcript, cited by Aguilar, p. 19.

the side than the rear. I tried to tell Lifton where the wound was, but he did not want to hear.⁸⁵

1.1 ER Nurse Margaret Henchcliffe

"Assisting Dr. Carrico was Emergency Room Nurse Margaret Henchcliffe. In a Warren Commission deposition she testified: "It was just a little hole in the middle of his neck...about as big around as the end of my little finger...[that looked like] an entrance bullet hole...." [citing 6 141] When asked by Specter if it could "have been an exit bullet hole," Nurse Henchcliffe insisted that she had 'never seen an exit bullet hold...that look like that....it was just a small wound and wasn't jagged like most of the exit bullet wounds that I have seen.'"⁸⁶

1.1 The Press conference after the President's death, and other reports by the Parkland doctors

After the President's death, a press conference was held at Parkland Hospital. A transcript of this press conference exists during which Doctors Malcolm Perry and Kemp Clark spoke to the press.

Dr. Perry was asked, "Where was the entrance wound?" He replied, "There was an entrance wound in the neck. As regards the one on the head, I cannot say." A follow-up question: "Which way was the bullet coming on the neck wound? At him?" Dr. Perry said, "It appeared to be coming at him."

"And the one behind?" "Dr. Perry replied, "The nature of the wound defies the ability to describe whether it went through it from either side. I cannot tell you that. Can you, Dr. Clark?"

Dr. Clark replied, "The head wound could have been either the exit wound from the neck or it could have been a tangential wound, as it was simply a large, gaping loss of tissue."

This discussion leaves the clear impression that the direction of the head wound could not be determined, but the doctors were clear that the neck wound was an entrance wound.

Kemp Clark also prepared a summary of the medical events for Dr. George Burkley, the President's physician which appeared in an FBI report dated November 25. It noted in part that "[t]he first physician to see the President was Dr. James Carrico, a Resident in General Surgery. Dr. Carrico noted the President to have slow, agonal respiratory efforts. He could hear a heartbeat but found no pulse or blood pressure to be present. Two external wounds, one in the lower third of the anterior neck, the other in the occipital region of the skull, were noted...There was a large wound in the right occipito-parietal region, from which profuse bleeding was occurring. ..There was considerable loss of scalp and bone tissue. Both cerebral and cerebellar tissue were extruding from the wound."⁸⁷

85 ⁸⁵Posner, 311.

86 ⁸⁶Lifton 58, citing 6 141-143.

87 ⁸⁷This appears to be Warren Commission exhibit #392; check on that. 17 WC 9-10

1.1 Other remarks on the Parkland observations

Michael Baden

Michael Baden -- who of course never saw President Kennedy's body --is cited by Posner as saying of the Bethesda doctors,

If they say they saw cerebellum, they are just wrong because the cerebellum was perfect. And if they say there was a large hole in the rear of the head, they don't know what they are talking about since there is nothing there but the entry injury in the rear cowlick.⁸⁸

Posner

Some [Parkland] doctors admitted that their early statements about the wounds, which they now consider to be mistaken, may have contributed to the confusion.⁸⁹

Posner, of course, misses this point here. It is not that there is some confusion; there is, rather, a consistent difference in the nature of the wound as described by the Parkland doctors in their reports after the assassination, and the reports that became part of the official reports from Bethesda. This is not a confusion, but a matter of interest and concern.

1Bethesda

The autopsy was performed at the Bethesda Medical Hospital by Drs. Boswell, James Humes, and, joining thirty minutes late, Dr. Pierre Finck, who today resides in Switzerland. We have a number of sources on the autopsy: the autopsy report, written on Nov. 24, 1963, an FBI report written Agents Sibert and O'Neil describing their observations while present at the autopsy,⁹⁰ and the interviews with participants made public by the HSCA in 1979, by David Lifton, and by Groden/Livingston.

The autopsy drew two major conclusions. The President had been hit by two bullets, one at the base of the neck which exited from the front of the neck, the other at the base of the head, near the hairline, which fragmented in the brain and did considerable damage to the right side of the brain and skull. The Sibert and O'Neill FBI report, however, reported a different set of observations that Friday night at the autopsy in Bethesda. According to Sibert and O'Neill, the neck wound was not a neck wound at all, but rather a back wound, entering somewhere below the shoulder blade, extending no further than an inch or two; there was no exit wound noticed on the President's throat, and no path found connecting the back/neck wound to the throat wound.

While researchers noticed immediately that there were serious discrepancies between the descriptions of Kennedy's wounds given by different observers, the case was made most acutely by

88 ⁸⁸Posner, p. 309.

89 ⁸⁹Posner, 310.

90 ⁹⁰This report was uncovered by Paul Hoch, working with a librarian at the National Archives in 1966.

David Lifton in 1980 in his closely reasoned best-seller, *Best Evidence*. Lifton there showed that what had been taken to be simply discrepancies between various reports were in fact valuable pieces of observation. He argued that if we take as our starting principle that our effort must be to explain the variation in the accounts of Kennedy's wounds, not to impugn the motives and the reliability of the witnesses, we can find consistency in the record, and we can begin to understand what must have happened. In order to do this, however, Lifton argued that we must accept the notion that Kennedy's remains were--in a word--modified in the 12-hour period following the assassination. There were major changes in the size, placement, and detail of the head wound or wounds, and changes in the throat wound as well.

Lifton also offered a compelling explanation for the presence in the news media of two accounts of Kennedy's wounds in the two months following the assassination. He argued that one account has its origin in the FBI report that was generated by Special Agents Sibert and O'Neill on the basis of what they saw and heard at the autopsy on November 22 at Bethesda. This report included the unambiguous statement that Kennedy's back wound was non-transiting, and hence was not caused by the bullet that caused the frontal throat wound. The official autopsy, written up by James Humes, connected these two wounds by a bullet transiting from back to front, and in order for that path to be maintained, it was necessary, Lifton argued, for Humes to artificially place the back wound higher on the back than it in fact was.

1.1 The critical back wound

The autopsy of the President notes that

Situated on the upper right posterior thorax just above the upper border of the scapula there is a 7 x 4 millimeter oval wound. this wound is measured to be 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process.⁹¹

Dec. 9: The FBI submitted its summary report, written by Francis X. O'Neill and James W. Sibert, two FBI agents who were present at the autopsy. About the critical back wound, they wrote:

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 45 to 60 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...Medical examination of the President's body had revealed that the bullet which entered his back had penetrated to a distance of less than a finger length.⁹²

Elsewhere the report notes:

Medical examination of the President's body revealed that one of the bullets had entered just below his shoulder to the right of the spinal column at an an-

91 ⁹¹Appendix IX of the WCR. get official page number (I took this from NYT edition, p. 501).

92 ⁹²Cited in Fonzi 1993, p. 23.

Chapter 8: The Medical Evidence

gle of 45 to 60 degrees downward, that there was no point of exit, and that the bullet was not in the body. An examination of this bullet [which bullet? JG] by the FBI laboratory determined that it had been fired from the rifle owned by Oswald.⁹³

The January 13, 1964 FBI Supplemental Report noted

Medical examination of the President's body had revealed that the bullet which entered his back had penetrated to a distance of less than a finger length.⁹⁴

Josiah Thompson pursued the question of the reliability of this report, and he reported the following:

I asked Commander Humes's assistant, Commander J. Thornton Boswell, about Humes's inserting his finger in the President's back wound and feeling its end. Boswell told me that this was correct and that, in fact, all three doctors had probed this wound with their fingers up to the first or second knuckle--a penetration of 1 to 2 inches. [Thompson cites a Jan. 11, 1967 interview that he conducted with Boswell.] Boswell also indicated that the back wound had been examined with a metal probe-- a thin piece of stiff wire some 8 inches long with a knob on the end.

In 2 H 93, Agent Roy Kellerman cites Colonel Finck as saying, "there are no lanes for an outlet of this entry in this man's shoulder," as Thompson notes (p. 44). Similarly, Agent Greer said (2 H 127), "I haven't heard anything like that, any trace of it going on through."

Special FBI Agents Sibert and O'Neill wrote that "Dr. Humes stated that the pattern was clear, that the one bullet had entered the President's back and worked its way out of the body during external cardiac massage..." (Thompson, p. 46, citing Archives, CD 7), with Humes's conclusion being based on the message that a bullet had been found at Parkland.

David Lifton offers the conjecture that the Bethesda autopsists, having found a back wound, were driven to the odd speculation that it had been created artificially, that is, not by the gunshot wounds that killed the President. In support of this, he notes that Perry reported that when he spoke to Humes, Humes asked him if the Dallas doctors "had made any wounds in the back,"⁹⁵ an odd thing for them to have done, and an odd question for Humes to pose to Perry, to be sure. Perry said that they had not.

Secret Service agents Roy Kellerman and William Greer located the back wound in the shoulder as well.⁹⁶

93 ⁹³FBI report of December 9, p. 18, photocopy in Lane, *Rush to Judgment*, p. 406.

94 ⁹⁴CD 107, p. 2, cited in Lipson p. 83

95 ⁹⁵6 WC 17.

96 ⁹⁶Fonzi p. 24.

Chapter 8: The Medical Evidence

"Secret Service Agent Hill, who observed President Kennedy's body just after the autopsy had been complete, told the Commission, 'I saw an opening in the back, about 6 inches below the neckline to the right-hand side of the spinal column.'"⁹⁷

Secret Service agent Glenn Bennett: "Bennett rode in the car directly behind the presidential limo. He said, 'I looked at the back of the President. I heard another firecracker noise and saw the shot hit the President about four inches down from the right shoulder.'"⁹⁸

The WCR noted a hole in the president's jacket "5 3/8 inches below the top of the collar and 1 3/4 inches to the right of the center back seam of the coat." and "the shirt worn by the President contained a hole on the back side 5 3/4 inches below the top of the collar and 1 1/8 inches to the right of the middle of the back of the shirt."⁹⁹

Michael Kurtz' *Crime of the Century* has a good overview of the material, and he sums up the question in this way, roughly: five lines of evidence suggest a back wound in the lower area, versus one or two in the higher area. In favor of the lower area are: (1) the photos of the President's shirt and coat (and the shirt, tailored, could hardly have bunched up; and besides, there was only one hole in the shirt, not two), mentioned immediately above; (2) the death certificate made out by Admiral Burkley, the President's physician; (3) the autopsy back diagram; (4) eyewitness accounts of Agent Hill and others, mentioned above; (5) the discussion by Lee Rankin at the Jan. 27th Warren Commission meeting, later made public.¹⁰⁰ [give excerpts here].

In favor of the higher area, near the base of the neck, are autopsy photographs, which we shall discuss in detail in Chapter 10; there we shall decide that they autopsy photographs are of no probative value, quite independently of the question of the back wound.

Posner sees the wound as having entered at "the base of the neck,"¹⁰¹ causing damage to the spine first noticed by John Lattimer in 1972 when he examined autopsy X rays, damage caused to the "sixth cervical vertebra [sic], C-6 (in the vicinity of the tip of the transverse process)."¹⁰² This trauma caused a reaction called "Thorburn's position," Lattimer explained to Posner in an interview, "arms [jerked up] into a fixed position, almost parallel with the chin, the hands gath-

97 ⁹⁷Lane, *Rush to Judgment*, citing XVII 45 and II 143; see also Lifton, p. 78.

98 ⁹⁸Benson, p. 37, citing WR 60, 108; *High Treason* 90; *Best Evidence* 77, 284, 510; and more.

99 ⁹⁹Lane, *RtJ* 64, citing WCR 91-92

100 ¹⁰⁰Kurtz, *Crime of the Century*, 63-70.

101 ¹⁰¹Posner, 328.

102 ¹⁰²Posner, 328. Posner cites Malcolm Perry's Warren Commission testimony (III 389) and Lattimer's book, *Kennedy and Lincoln*, pp. 241-243.

ered near the chin and the elbows pushed out to the sides."¹⁰³ From the point of view of defending the Warren Commission view more generally, however, this proposal makes it difficult to accept the proposition that the damage done to Kennedy was caused by CE 399, since damage to a vertebra would be inconsistent with the total lack of damage to CE 399, and the lack of bone or tissue fragments found on that bullet.

1.1 Report of a bullet found in Dallas

WC Report: "While the autopsy was being performed, surgeons learned that a whole bullet had been found at Parkland Memorial Hospital on a stretcher which, at that time, was thought to be the stretcher occupied by the President. This led to speculation that the bullet might have penetrated a shirt distance into the back of the neck and then dropped out onto the stretcher as a result of the external heart massage."¹⁰⁴

1.1 The top of the head

The autopsy reports that

There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.¹⁰⁵

There follows the description of a pattern of 4 rips, or cuts, into the scalp to form a stellate pattern:

- a. From the right inferior temporo-parietal margin anterior to the right ear to a point slightly above the tragus.
- b. From the anterior parietal margin anteriorly on the forehead to approximately 4 cm. above the right orbital ridge.
- c. From the left margin of the main defect across the midline antero-laterally for a distance of approximately 8 cm.
- d. From the same starting point as c. 10 cm. postero-laterally.

What is this pattern of rips or cuts in the scalp? Lifton (Carroll and Graf edition, pp. 436-474.) makes an extended argument for the view that these cuts are the result of a medical or autopsy examination, and not the direct and immediate result of the head injuries (or of transportation to Bethesda). [discussion]

1.1 The entrance wound to the head

The autopsy notes,

Situated in the posterior scalp approximately 2.5 cm. laterally to the right and slightly above the external occipital protuberance is a lacerated wound

103 ¹⁰³Posner 328.

104 ¹⁰⁴WCR, p. 88, cited in Lifton, 81.

105 ¹⁰⁵Autopsy, p. 501-2 of NYT WCR edition.

measuring 15 x 6 mm. In the underlying bone is a corresponding wound through the skull which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull.

Just below, it notes

Upon reflecting the scalp multiple complete fracture lines are seen to radiate from ...the smaller wound at the occiput.

This is the autopsists' description of what has come to be known as the low head entrance wound, essentially to the right of the center of the back of the head, at roughly the hairline.

As we will see later (Chapter HSCA), the House Select Committee's autopsy committed decided that this was not the correct position; the hole was rather, on their view, some four and a half inches higher. Such a difference in location raises questions as to the appropriateness of phrasing the judgment in that way: would a hole that is four and a half inches higher even be the same hole? One could argue, perhaps, a centimeter or so in location of the hole -- but the difference the HSCA chose is a simple rejection of Humes' testimony, in favor of the belief that a high location hole was found on Kennedy's head.

1.1 How was the anterior throat wound missed at Bethesda?

It was thought until recently that the absence of any account of the neck wound in the autopsy report was due to an obscuring of that wound by the tracheotomy performed at Parkland Hospital. Humes indicated shortly after the autopsy that he learned of the presence of a neck wound only the day after the autopsy when he spoke to [Perry] on the telephone.

This characterization of the events has been called into question by a recent statement of Dr. Robert B. Livingston, who at the time was the Scientific Director of the National Institute for Mental Health and of the National Institute of Neurological Diseases and Blindness. He had been following reports on the radio of a frontal throat wound coming from Dallas -- from the press conference cited above. Realizing the larger significance of these reports, he was able to raise Dr. Humes on the telephone at Bethesda before the President's body had arrived, and he had "a cordial conversation" on the matter of the throat wound and its significance, a phone conversation that was only cut off when Dr. Humes said, "I'm sorry, Dr. Livingston, but the FBI won't let me talk any longer."¹⁰⁶

"Shortly after the assassination, Kellerman handed a set of negatives from the autopsy to James K. Fox, a Secret Service photographer, ordered him to have them developed, and told Fox to "make a set of these for yourself. They'll be history someday." That Kellerman had no legal authority whatsoever to give such advice to Fox is clear. Fox, in fact, did make a set of black-and-white photographs, and his are the ones that have been published in recent years, commonly referred to as the Mark Crouch set of autopsy photographs."¹⁰⁷

106 ¹⁰⁶Robert Livingston has described this conversation in a number of letters and documents produced in 1992.

107 ¹⁰⁷Kurtz, *Crime of the Century*, 2nd edition, xiv.

Humes testified that

early on the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this represents the revision That draft I personally burned in the fireplace of my recreation room.¹⁰⁸

In light of Lifton's reconstruction of the flow of information, which this writer finds compelling, Humes's reason for burning the draft at that point would appear to be straightforward: the firm conviction expressed in the final autopsy report that there was a passage caused by a bullet stretching from the back wound to the neck wound was a conviction based not on any evidence that appeared at the autopsy (indeed, the opposite was much closer to the truth as it was found at the autopsy), but rather based on the convergence of information conveyed to Commander Humes over the extended period of time stretching from the arrival of the President's body till the final drafting of the autopsy report. This information included the information about the observed neck wound and the discovery of CE 399 at Parkland Hospital, as well as the information that the accused assassin had been located to the rear of the motorcade, and not to the front.

The fundamental observation that no bullet path passed any deeper into the President's body than two inches had already at that point been shared with the FBI, in the persons of Sibert and O'Neill, and this observation would remain in the documentation prepared by the FBI over the next several months. But it was necessary to "reconstruct and reanalyze" the autopsy work, as Fletcher Knebel put it.¹⁰⁹

1.1 Neutron activation analysis

Sources: FBI Results of Neutron Activation Analysis 72 pp., 6 May 1964, FBI papers, cited in Kurtz.. Tested:

- CE399
- fragment from Connally's wrist;
- bullet fragment found in the front seat;
- two fragments from Kennedy's head¹¹⁰

"The results for both silver and antimony demonstrate that Bullet 399 did not match the fragment removed from Governor Connally's wrist...The Kennedy head fragments did not match the limousine fragment...The Kennedy head fragments did not even closely resemble the Connally wrist fragment or Bullet 399, nor did the limousine fragments."¹¹¹

108 ¹⁰⁸2 SC 373

109 ¹⁰⁹A New Wave of Doubt, Look, July 12, 1966, cited in Lifton, *Best Evidence*, p. 160.

110 ¹¹⁰Kurtz, 105.

111 ¹¹¹Kurtz 105.

1 The brain in Bethesda

Humes -- to Posner in 1992: The President most certainly had a brain when he arrived. I don't know how these stories get started. they are absolutely false. Interview, 4 November, 1992, in Posner, p. 301.

1 The x-rays

HSCA:

Dr. Michael Baden says of Groden: "Groden doesn't know how to read those X rays." Posner, p. 303.

Xrays indicate a face where the upper right front of the face is gone. Interview doctors?