


DOCUMENTS TURNED OVER TO
THE ARRB BY DR. JAMES
J. HUMES DURING HIS
FEB 13, 1996 DEPOSITION
AT COLLEGE PARK, MARYLAND.

(INCLUDES "ORIGINALS" — HIS
ORIGINALS — OF NOV 1, 1966
INVENTORY AND JAN 26, 1967
MILITARY REVIEW REPORT)


3/14/96

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— MD 221 —

001678

**Report of Inspection by Naval Medical Staff
on November 1, 1966 at National Archives
of X-Rays and Photographs of Autopsy of
President John F. Kennedy**

Beginning at approximately 2:00 p.m. on November 1, 1966 in Room 200-A of the National Archives Building, 8th and Pennsylvania Avenue, Northwest, Washington, D. C., the undersigned individuals jointly examined the items of photographic material described below, which were represented to us by Dr. James B. Rhoads, Deputy Archivist of the United States, to be the material listed in Appendix B of a letter dated October 29, 1966 from Burke Marshall, representing the executors of the estate of John F. Kennedy, to the Honorable Lawson B. Knott, Jr., Administrator of General Services. Each of us had participated on the evening of November 22, 1963 in the autopsy upon the late President Kennedy at the Naval Medical Center, Bethesda, Maryland.

Upon inspection of this photographic material, we identified it to consist of X-ray and photographic pictures taken in the course of the autopsy on President Kennedy, and we marked and arranged the various items comprising such material as indicated in the following descriptive list:

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Part I - X-RAY MATERIALS

8" x 10" Negatives

- (1) Anterior-posterior view of the skull on 8 x 10" film, slightly heat damaged, bearing the X-ray number 21296.
- (2) A right lateral view of the skull on 8 x 10" film with two angle lines overdrawn on the film, the film bearing the X-ray number 21296.
- (3) A lateral view of the skull on 8 x 10" film bearing the X-ray number 21296.
- (4) X-ray of three fragments of bone with the larger fragment containing metallic fragments on 8 x 10" film bearing no X-ray identification number on the film.
- (5) X-ray with three fragments of bone on 8 x 10" film, the larger particle containing metallic fragments *bearing no X-ray identification number on the film.*
- (6) X-ray of three bone fragments on 8 x 10" film, the larger fragment showing metallic particles *bearing no X-ray identification number on the film.*

14" x 17" Negatives

- (7) Anterior-posterior view of the abdomen on 14 x 17" film bearing the X-ray number 21296.
- (8) Anterior-posterior view of the right shoulder and right chest on 14 x 17" film bearing the X-ray number 21296.

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(9) Anterior-posterior film of the chest on 14 x 17" film bearing the X-ray number 21296.

(10) Anterior-posterior view of the left shoulder and left chest on 14 x 17" film bearing the X-ray number 21296.

(11) Anterior-posterior view of the abdomen and lower chest on 14 x 17" film bearing the X-ray number 21296.

(12) Anterior-posterior view of both femurs including both knee joints on 14 x 17" film bearing the X-ray number 21296.

(13) Anterior-posterior view of the pelvis. There is a small round density of myelogram media projected over the sacral canal. *Heavy X-ray number 21296.*

(14) Anterior-posterior view of the lower pelvis, hips, and upper femurs. *Heavy X-ray number 21296.*

Prints from X-Ray Negatives

Also identified were two prints of each of the above 8 x 10" and 14 x 17" X-ray negatives and a third print of the X-ray numbered 3 above. During the course of our examination on November 1, 1966, the back side of each of these prints was numbered with the numbers assigned above in this report and each print was initialed by Captain Ebersole with the letters ~~THE~~ "JHE,"

Part II - PHOTOGRAPHIC MATERIALS

4" x 5" Black and White Negatives with Prints

- (1) 4 x 5" negative depicting the left side of the head and shoulders
(Two contact prints and two 8 x 10" prints)
- (2) Similar view (Two contact prints and two 8 x 10" prints)
- (3) Similar view (Two contact prints and two 8 x 10" prints)
- (4) Similar view (Two contact prints and two 8 x 10" prints)
- (5) 4 x 5" negative depicting the right side of the head and right
shoulder (Two contact prints and two 8 x 10" prints)
- (6) 4 x 5" negative similar to number 5 (above). (Two contact
prints and two 8 x 10" prints)
- (7) 4 x 5" negative depicting superior view of head (Two contact
prints and two 8 x 10" prints)
- (8) 4 x 5" negative similar to number 7 (above). (Two contact
prints and two 8 x 10" prints)
- (9) 4 x 5" negative similar to number 7 (Two contact and two
8 x 10" prints)
- (10) 4 x 5" negative similar to number 7 (Two contact and two
8 x 10" prints)
- (11) 4 x 5" negative showing posterior view of wound of entrance of
missile high in shoulder (Two contact and two 8 x 10" prints)

(12) 4 x 5" negative similar to number 11 (Two contact and two 8 x 10" prints)

(13) 4 x 5" negative showing anterior aspect of head and upper torso including tracheotomy wound. Also discernible are two superficial stab wounds on each side of the chest placed by the physicians in the emergency room at Parkland Hospital, Dallas, Texas (Two contact and two 8 x 10" prints)

(14) 4 x 5" negative similar to number 13 (above) except somewhat closer view (Two contact prints and two 8 x 10" prints)

(15) 4 x 5" negative depicting wound of entrance in right posterior occipital region (Two contact and two 8 x 10" prints)

(16) 4 x 5" negative similar to number 15 (Two contact and two 8 x 10" prints)

(17) 4 x 5" negative depicting missile wound of entrance in posterior skull, following reflection of the scalp (Two contact and two 8 x 10" prints)

(18) 4 x 5" negative similar to number 17 (above) with three contact and two 8 x 10" prints

During the course of our examination on November 1, 1966, each of the manila jackets containing the above-described negatives, and the back of each of the above-described prints was initialed by

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Dr. Boswell with the letters "JTB". Also, the backs of each of the above-described prints were numbered in the numerical sequence of (1) through (18) inclusive as assigned above in this report.

Black and White Negatives - No Prints Available

- (19) 4 x 5" black and white negative, no print available, of basilar view of the brain
- (20) 4 x 5" black and white negative, no print available, superior view of the brain
- (21) 4 x 5" black and white negative, no print available, basilar view of the brain
- (22) 4 x 5" black and white negative, no print available, direct basilar view of the brain
- (23) 4 x 5" black and white negative, no print available, superior view of brain clearly depicting the extensive damage to right cerebral hemisphere
- (24) 4 x 5" black and white negative, no print available, similar view to number 23 (above)
- (25) 4 x 5" black and white negative, no print available, similar view to number 23 (above)

During the course of our examination on November 1, 1966, the numerical sequence (19) through (25) inclusive as assigned above in this report was placed upon the manila folders covering each of

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these negatives and each folder was initialed by Captain Humes with the letters "JJH". Also at that time Dr. Boswell initialed each of these negatives using India ink with the letters "JTB".

Color Transparencies, Color Negatives, and Color Prints

(26) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the right side of the head

(27) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view as number 26 (above)

(28) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view as number 26 (above)

(29) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the left side of the head

(30) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints similar to number 29 (above)

(31) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints similar to number 29 (above)

(32) 4 x 5" color transparency with a 4 by 5" color negative and two 8 x 10" color prints of superior view of head

(33), (34), (35), (36) and (37) -- 4 x 5" color transparencies with each having a 4 x 5" color negative and two 8 x 10" color prints, all similar view as number 32 (above)

(38) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the missile wound high in right superior, posterior shoulder

(39) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, same view as number 38 (above)

(40) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the anterior view of upper torso and head showing tracheotomy wound

(41) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view to number 40 (above)

(42) 4 x 5" color transparency with a 4 x 5" color negative and three 8 x 10" color prints of the missile wound in right occipital region

(43) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar to number 42 (above)

(44) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the missile wound in posterior skull with scalp reflected

(45) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view as number 44 (above)

(46) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the basilar view of brain

(47) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view as number 46 (above)

(48) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints, similar view as number 46 (above)

(49) No color transparency but one color negative and two 8 x 10" color prints similar to number 46 (above)

(50) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints of the superior view of the brain

(51) 4 x 5 color transparency with a 4 x 5" color negative and two 8 x 10" color prints similar view to number 50 (above)

(52) 4 x 5" color transparency with a 4 x 5" color negative and two 8 x 10" color prints similar view to number 50 (above)

During the course of our examination on November 1, 1966, numbers between (26) and (52) inclusive, as assigned above in this report, were placed upon manila folders each containing one color transparency and upon manila folders each containing one color negative and upon each of the above-described prints. Each of the manila folders and the back of each of the above-described prints was initialed by Dr. Boswell with the letters "JTB". There was no manila folder with transparency numbered 49. The negative numbered 47 and the negative numbered 49 were both processed from the transparency numbered 47. We assume the negative (numbered 47) was taken by

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the developer for the purpose of having a negative (of the transparency numbered 47) which did not contain the brush hair shown in the negative numbered 49 and to obtain better color intensity than is shown in negative numbered 49.

Part III - MISCELLANEOUS

(1) Five 4 x 5" ^{but developed} unexposed black and white film negatives, (each contained in a manila folder). We recall that these negatives were not exposed because, during the course of the autopsy referred to at the outset of this report, they were loaded into a camera as a part of a film pack but were never used to depict an image. They were unloaded without being used so that the camera could be reloaded with color film. This item is numbered as item three in Appendix B to the letter dated October 29, 1966 referred to at the beginning of this report. The reference to this item in that Appendix contains an apparent error, in that it describes these negatives as "exposed."

(2) One unexposed and not developed 4 x 5" Ektachrome film. We recall that this film was never exposed and therefore never contained an image, but was loaded into a camera as a part of a film pack and was unloaded without being used to depict an image.

(3) One unexposed but developed 4 x 5" Ektachrome transparency. We believe that this resulted from the unsuccessful efforts of the developer to portray any image contained on the film.

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Ev 48

15, 16, 42, 43

(b) One roll of 135 film (processed but showing no record)

negative images (which we recall was taken by a person whose name is not known to us)

"used of entry" from a Navy medical corpsman whose name is not known to us

During the autopsy and immediately before the autopsy. This item

is numbered as item 2 in Appendix B to the letter dated 10/10/42.

be a life. - Don't know what this is. 1942 referred to above.

Upon completion of our examination, identification,

listing, arrangement and listing of all of these photographic

in certain as described above, we left these materials with Dr. Rhoads.

Two X-rays and photographs described and listed above include all

the X-rays and photographs taken of us during the autopsy, and we

have no reason to believe that any other photographs or X-rays were

taken during the autopsy.

10/10/42
date

10/10/42
James J. James
Captain, M.C., USN

10/10/42
date

10/10/42
E. Thornton Boswell, M.D.
Capt. MC, USN (Ret.)

10/10/42
date

10/10/42
John H. Boswell
Captain, M.C., USN

10/10/42
date

10/10/42
John H. Boswell, Photographer
Naval Medical Center
Bethesda, Maryland

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Ev 48

- 15, 16, 42, 43

Interview - concerning the above - Case No. 1017
"name of entry"

D.P. = Father's name (see a 2-
Approx 2 cm. to the S. of the ruler, what appears to
be a label. = Don't know what this is.

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The undersigned physicians performed the autopsy on the body of late President John F. Kennedy. In charge was James J. Humes, M.D., at that time Commander, Medical Corps, United States Navy, and Director of Laboratories, Naval Medical School. He was certified in 1955 by the American Board of Pathology in Anatomic and Clinical Pathology. Assisting him were J. Thornton Boswell, M.D., and Pierre A. Finck, M.D. Dr. Boswell at that time was a Commander in the Medical Corps, United States Navy, and Chief of Pathology, Naval Medical School. He was certified in 1957 by the American Board of Pathology in Anatomic and Clinical Pathology. Dr. Finck, a Lieutenant Colonel, Medical Corps, United States Army, was then Chief of the Military Environmental Pathology Division, and Chief of the Wound Ballistics Pathology Branch, Armed Forces Institute of Pathology, Walter Reed Medical Center. He was certified in 1956 by the American Board of Pathology in Anatomic Pathology, and in 1961 in Forensic Pathology.

The Surgeon General of the Navy advised Dr. Humes that the purpose of the autopsy was to determine the nature of the President's injuries and the cause of his death.

The autopsy began at approximately 8:00 P. M. on Friday, November 22, 1963, and was concluded approximately at 11:00 P. M. The autopsy report, written by Dr. Humes with the assistance of Dr. Boswell and Dr. Finck, was written on November 23 and the morning of November 24, and delivered by Dr. Humes to Admiral Burkley, the President's physician, on November 24 at about 6:30 P. M.

Dr. Humes was chosen to perform the autopsy because of the decision to bring the body of the late President to the Naval Medical Center in Bethesda, Maryland, where, as stated, he was Director of Laboratories.

At the direction and under the supervision of Dr. Humes, x-rays and photographs of the President's body were taken during the autopsy. The x-rays were examined that same evening. However, the photographs were not seen at that time. All x-rays and photographic plates were delivered that evening to Secret Service personnel. Dr. Humes and Dr. Boswell first saw the photographs on November 1, 1966, when requested by the Department of Justice to examine, identify, and inventory them at the National Archives. Dr. Finck first saw the photographs on January 20, 1967.

The undersigned physicians have been requested by the Department of Justice to examine the x-rays and photographs for the purpose of determining whether they are consistent

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with the autopsy report. Pursuant to this request, we met after our regular work day, on January 20, 1967, at the office of Dr. Robert H. Bahmer, Archivist of the United States, where the x-rays and photographs were made available to us. Our findings with respect thereto follow.

THE NECK WOUND

The Location

The autopsy report states that the "wound presumably of entry" was "in the upper right posterier thorax". In non-technical language, this wound was located low in the back of the neck. Photographs Nos. 11, 12, 38 and 39 verify the location of the wound, as stated in the report. Warren Commission Exhibit 397 includes a drawing (Vol. XVII, p. 45) which purports to show the approximate location of the wound, and specifically states that it was 14 cm. (5-1/2 inches) from the tip of the mastoid process (behind the right ear), and 14 cm. from the tip of the right acromion (the extreme tip of the right shoulder bone). Photographs 11, 12, 38 and 39 confirm the accuracy of these measurements. The drawing itself may be somewhat misleading as to the location of the wound, making it appear at a point lower than it actually was. No one photograph shows both the wound at the back of the neck and the wound in the throat, but by comparing Photographs 11, 12, 38 and 39 with the side views shown in Photographs Nos. 1-4, inclusive, it is clear that Warren Commission Exhibits 385 and 386, which also depict the location of the neck wound, are accurate. Photographs Nos. 26 and 38 show the wound in the back of the neck to be higher from the horizontal plane than the wound in the throat.

Entrance

Our finding, as stated in the autopsy report, that the wound low in the back of the neck was an entrance wound is supported by Photographs Nos. 11, 12, 38 and 39. They show the edges of the wound to be inverted, regular and smooth. At such a location and in such tissue these are the principal characteristics of an entrance wound.

The Size of the Entrance Wound

The autopsy report states that the wound was 7 by 4 mm. (0.275 inches by 0.157 inches); and Photographs Nos. 11, 12, 38 and 39 confirm the accuracy of this measurement.

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Exit

The autopsy report states that the "wound presumably of exit" was that described by Dr. Malcolm O. Perry of Dallas. This wound was used as the site of a tracheotomy incision, and its character thus distorted. Photographs Nos. 1-6 inclusive, 13, 14, 26-28 inclusive, 40 and 41 show the wound as being below the Adams apple.

It should be noted that the morning after the autopsy, Saturday, November 23, 1963, Dr. Humes telephoned Dr. Perry at the Parkland Hospital in Dallas. Dr. Perry was the physician who attended the President immediately after the shooting. Dr. Perry advised Dr. Humes that he had observed a missile wound below the Adams apple, and that the site of this wound had been used as the site of the tracheotomy incision. This information made it clear to us that the missile which had entered the back of the neck had exited at the site of the tracheotomy incision.

THE HEAD WOUND

Entry

The autopsy report states that a lacerated entry wound measuring 15 by 6 mm. (0.59 by 0.24 inches) is situated in the posterior scalp approximately 2.5 cm. (1 inch) laterally to the right and slightly above the external occipital protuberance (a bony protuberance at the back of the head). In non-technical language this indicates that a small wound was found in the back of the head on the right side. Photographs Nos. 15, 16, 42 and 43 show the location and size of the wound, and establish that the above autopsy data were accurate. Due to the fractures of the underlying bone and the elevation of the scalp by manual lifting (done to permit the wound to be photographed) the photographs show the wound to be slightly higher than its actually measured site.

The scalp wound shown in the photographs appears to be a laceration and tunnel, with the actual penetration of the skin obscured by the top of the tunnel. From the photographs this is not recognizable as a penetrating wound because of the slanting direction of entry. However, as we pointed out in the autopsy report, there was in the underlying bone a corresponding wound through the skull which exhibited beveling

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of the margins of the bone when viewed from the inner aspect of the skull. This is characteristic of a wound of entry in the skull.

Exit

The autopsy report further states that there was 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, with an actual absence of scalp and bone measuring approximately 13 cm. (5.12 inches) at the greatest diameter. In non-technical language, this means that a large section of the skull on the right side of the head was torn away by the force of the missile. Photographs Nos. 5-10 inclusive, 17, 18, 26, -28, 32-37 inclusive, 44 and 45 portray this massive head wound, and verify that the largest diameter was approximately 13 cm. The report further states that one of the fragments of the skull bone, received from Dallas, shows a portion of a roughly circular wound presumably of exit which exhibits beveling of the outer aspect of the bone, and the wound was estimated to be approximately 2.5 to 3.0 cm. (1 to 1.18 inches) in diameter. X-ray Nos. 4, 5 and 6 show this bone fragment and the embedded metal fragments. Photographs Nos. 17, 18, 44 and 45 show the other half of the margin of the exit wound; and also show the beveling of the bone characteristic of a wound of exit. Photographs Nos. 44 and 45 also show that the point of exit of the missile was much larger than the point of entrance, being 30 mm. (1.18 inches) at its greatest diameter. Photographs 5-10 inclusive, 32-37 inclusive, 44 and 45 show the location of the head wound, and verify the accuracy of the Warren Commission drawings (Exhibits 386 and 388, Vol. XVI, pp. 977 and 984) which depict the location of the head wound.

NO OTHER WOUNDS

The x-ray films established that there were small metallic fragments in the head. However, careful examination at the autopsy, and the photographs and x-rays taken during the autopsy, revealed no evidence of a bullet or of a major portion of a bullet in the body of the President and revealed no evidence of any missile wounds other than those described above.

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SUMMARY

The photographs and x-rays corroborate our visual observations during the autopsy and conclusively support our medical opinion as set forth in the summary of our autopsy report.

It was then and is now our opinion that the two missiles which struck the President causing the neck wound and the head wound were fired from a point behind and somewhat above the level of the deceased.

Our examination of the photographs and x-rays lasted approximately five hours, and at its conclusion the photographs and x-rays were returned to the Archivist of the United States.

James J. Humes, M.D. 1/26/67
James J. Humes, M.D.

J. Thornton Boswell, M.D. 1/26/67
J. Thornton Boswell, M.D.

Pierre A. Finck, M.D. 2/6/67
Pierre A. Finck, M.D.

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ARLEN SPECTER
DISTRICT ATTORNEY

DISTRICT ATTORNEY'S OFFICE

ROOM 666 CITY HALL

PHILADELPHIA, PENNSYLVANIA 19107

December 11, 1967

Dr. James J. Humes
1336 Lochmoor Boulevard
Grosse Pointe Woods, Michigan

Dear Dr. Humes:

Following our recent conversation on establishing procedures to eliminate types of problems faced by the President's Commission on the Assassination of President Kennedy, I have reviewed some of the difficulties of that investigation.

It is my view that, in general, it would be highly desirable to have some group or agency authorized to act at an early stage in order to avoid incident which were so troublesome in the investigation of President Kennedy's assassination. Some of those problems, which confronted the Commission, are outlined in this letter. A detailed review of the Warren Commission Report and the notes of testimony would doubtless suggest others.

EMERGENCY MEDICAL TREATMENT - The experience with President Kennedy and Governor Connally suggests that procedures should be established on the following matters:

(1) General Examination of the Body - The doctors at Parkland Hospital did not turn over President Kennedy's body because they devoted their attention to the throat wound and the head wound on the front side of the body. When the President died, the Parkland doctors concluded that it was beyond the scope of their function to check over other parts of the body. This procedure caused some to question the existence of the wounds on the back of the neck and the back of the head since the Parkland doctors did not even know they were present. It would be desirable for the doctors giving emergency treatment to make at least some cursory examination of the body generally, even if death occurs while emergency treatment is being rendered.

(2) Preservation of the Appearance of the Wounds or of the Description of the Wounds - Extensive controversy has developed as to the physical characteristics of the wound on the President's throat. Those who have advanced the contention that shots came from the front have based that argument on the nature of the throat wound. This problem is especially acute in a situation where the wound itself is obliterated as it was when the tracheotomy was performed at the precise location of the bullet wound. It may be unlikely that such a wound could be photographed immediately, but that is a procedure worth considering providing it could be accomplished without in any way slowing up the medical treatment.

A similar, although lesser, problem was presented concerning the nature of the wound on the Governor's back. The nature of the tangential strike had some relevancy as to whether the bullet had what was called "yaw" which would

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be some indicator as to whether the bullet had become unstable by passing through some other substance such as the President's throat. It would be helpful if such wounds could be photographed. If that is impractical because of the necessities on the emergency treatment, then the attending doctors should promptly reduce to writing detailed descriptions of the nature of the wounds.

(3) Prompt, Complete Written Reports - In addition to detailed written descriptions of the nature of the wounds, the doctors who attend in emergency treatment should promptly submit detailed reports on all facets of the situation. The Parkland doctors did file prompt reports which were relatively brief. They did describe the nature of the wounds, but more detail could have been given on items such as the physical description of the wounds or on the quantity of metal in the Governor's wrist.

For example, Dr. Gregory's report stated that small bits of metal were encountered at various levels throughout the wrist wound. Some greater precision on the size of the metallic substance would have been helpful. It would also be most useful to have these written reports reviewed immediately by an authorized agency in order to determine if they should be supplemented. There is nothing like getting all of the information from the attending physician as close to the time of the event as possible.

(4) Immediate Comments by Medical Personnel - While it is not desirable to shut off the flow of information on a matter of great importance, there should be some orderly flow of information. That would require some substantial change from the procedures used at Parkland Hospital. In the state of confusion which was inevitably present at Parkland, the doctors were not given a fair chance to state the facts. The doctors were subjected to several questions at once. Before an answer could be given to one question, other questions were asked. When the doctor would answer, it was unclear as to which of a number of questions he was answering.

The doctors answered hypothetical questions which created much confusion when they commented on what could have happened instead of limiting their answers to the physical factors which they observed. Some balance is obviously necessary in limiting what is said at the time in order to prevent the confusion which arose from the Parkland Hospital press conference.

PRESERVATION OF PHYSICAL EVIDENCE - Experience of the President's Commission on the Assassination of President Kennedy disclosed the following problems:

(1) Determination of the Precise Location of Evidence - Controversy has arisen as to the precise location of the whole bullet identified as Commission Exhibit 399. The Commission concluded that the bullet came from Governor Connally's stretcher. The stretchers, clothes, automobiles and all other areas or physical items, which are in proximity to those wounded, should be immediately and carefully examined for physical evidence. Immediate statements should be obtained from those who have relevant knowledge to pin down precisely where the physical evidence originated.

(2) Retention of Even Minute Particles - It is possible that some of the extremely minute metal fragments in Governor Connally's wrist could have been

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preserved if the attending doctors had been informed of their importance. At the time of such an operation, it is most unlikely that an operating doctor would be concerned about a virtually weightless fragment of metal. With an appropriate effort to preserve such evidence, it might have later been possible to pinpoint more precisely the weight of the metallic fragments. That would have shed additional light on whether these fragments could have come from Exhibit 399.

(3) Clothing - Procedures should be established to make certain that any victim's clothing is preserved. Governor Connally's clothes were not obtained immediately by investigating authorities. Ultimately, they were cleaned and valuable potential evidence was lost before they were subjected to examination. All such physical evidence should be obtained immediately and preserved with appropriate statements or affidavits taken from all those who have any knowledge concerning the location or involvement of such physical evidence.

AUTHORITY OVER THE BODY OF THE DECEASED - Clear-cut procedures should be established as to what will happen to the body or bodies of an assassinated president or others who may be killed in the course of such an event. A dispute arose between local Dallas authorities and Secret Service agents as to what should be done with President Kennedy's body. It is my thought that the discretion to make such a decision should reside with a Federal agency.

AUTOPSY EXAMINATION - In this area, you and the other autopsy surgeons would have special expertise. Some thoughts come to my mind as follows:

(1) Place, Personnel and Standards for an Autopsy - Consideration should be given as to where the autopsy should be conducted. While there may be better facilities in Washington, D. C. or some other major city, there are other factors which make it desirable to conduct the autopsy close to the scene of the event. If the autopsy is to be held near the scene, the procedures must be established to have appropriate experts available to conduct a prompt examination.

(2) Photographs and X-rays - Obviously, procedures should be established as to the handling of photographs and X-rays in terms of appropriate review. This problem requires no further analysis here since it has been the subject of so much comment elsewhere.

(3) Precise Marking of Charts - Under the pressure of an autopsy examination, it is obviously difficult to mark small charts with minute precision. Experience with the investigation of President Kennedy's assassination shows that such precision is necessary in order to avoid later controversy. Some procedures should be established as to the size of the charts and to the format for marking in order to guarantee the necessary precision.

(4) Regulations on Those Who Should be Present - Some confusion has arisen because some Federal agents were aware of some, but not all, of what occurred at the autopsy examination. Procedures should be established as to who should be present and to their reporting function. Where possible, the same persons should be present throughout the entire examination. If such persons must leave or if they are not in a position to witness all that transpired, their reports should be channeled in a way to eliminate incompleteness.

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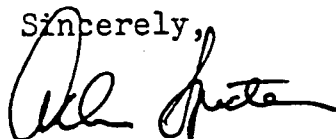
December 11, 1967

Federal Bureau of Investigation agents witnessed part of the autopsy of President Kennedy and filed reports which contained preliminary and tentative thinking of the autopsy surgeons. That kind of incompleteness has led some to question whether the bullet which entered the back of the President's neck came out on his stretcher as a result of the external heart massage.

(5) Preservation of Notes - A doctor's normal procedures on what he does with rough notes and early drafts must be modified in the light of the great attention which is focused on all aspects of a presidential assassination. Procedures should be established for handling all such written material.

I would be pleased to assist further in any possible way.

Sincerely,



ARLEN SPECTER

AS:wmw

001700



UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

Address Reply to the
Division Indicated
and Refer to Initials and Number

May 27, 1967

Dr. James J. Humes
Naval Medical Hospital
Bethesda, Maryland 20014

Dear Dr. Humes:

CBS News has requested permission to interview you on television, in connection with a program centering around the controversy arising out of the assassination of the late President. I am informed that CBS is particularly interested in your comments with respect to the photographs and x-rays taken during the autopsy which you and your associates performed. The Attorney General has no objection to your appearance on this program.

Sincerely,

A handwritten signature in cursive script that reads "Carl Eardley".

CARL EARDLEY
Acting Assistant Attorney General
Civil Division

001701

LOUIS STOKES, OHIO, CHAIRMAN
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(202) 225-4624

Select Committee on Assassinations
U.S. House of Representatives
3369 HOUSE OFFICE BUILDING, ANNEX 2
WASHINGTON, D.C. 20515

October 12, 1978

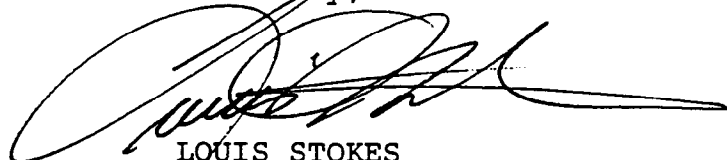
Dr. James J. Humes
1336 Lochmoor Boulevard
Grosse Pointe, Michigan 48236

Dear Dr. Humes:

On behalf of the House Select Committee on Assassinations, I want to thank you for appearing and providing testimony at our recent public hearings. The areas of inquiry that were directed to you during your appearance, as you know, have been of concern to the American public, and to the Committee, and your willingness to respond to them in our public sessions was of great benefit in the process of attempting to resolve them.

I know that such an appearance is ordinarily not an easy or enjoyable experience, but the Committee and, I am sure, the public as well certainly benefited from your testimony. We do again thank you for your time and consideration.

Sincerely,



LOUIS STOKES
Chairman

LS:gcg

001702

THE ATTENDING PHYSICIAN
UNITED STATES CAPITOL
WASHINGTON, D.C.

RUFUS JUDSON PEARSON, JR.
M.D., F.A.C.P.

26 July 1967

Captain J. J. Humes, MC, USN, Retired
1336 Lochmoor Boulevard
Grosse Pointe Woods, Michigan

Dear Jim:

I have enjoyed looking at the pictures of you during your retirement ceremony even though I was unable to be there in person. I would like to wish you every success in your new endeavor as I have previously.

My writing now was precipitated by my having lunch recently with Senator Russell. The Senator remembered you and your testimony during the Warren Commission investigation quite well. He had many complimentary things to say about your conduct and your testimony. One thing lead to another and the idea arose for a protocol, or outline which would control to some extent the sequence of events should an accident or foul play again befall a chief executive.

Of course, such an event might never happen again or might not happen for another fifty years, thus the naming of specific individuals to be involved in the care of the decedent and the necessary procedures might be of little or no value. Therefore, a means for selection of experts - or possibly a medical review board to select them periodically may be necessary. In view of the time, thought and retrospective consideration you have given such a situation, I wondered if you would care to outline the features you think are important in the management of the decedent in the case of accidental death or even death from natural causes. Questions such as: (1) What individual should be in charge of the autopsy? (2) How soon should it be done? (3) Where should it be done? (4) What consultants should be called? (5) What rights does the family have in such a circumstance? (6) Should all the autopsy information be made public property or what agency should control the information? - probably need some sort of predetermination.

I can well appreciate that you have had enough of the Kennedy autopsy for the time being and really for this reason I never did question you about it although like others, I had many things about which I would have liked to have heard from you personally. On the other hand, if you don't object to putting down some of your thoughts about these questions and any others that you might raise, I would appreciate it.

001703

THE ATTENDING PHYSICIAN
UNITED STATES CAPITOL
WASHINGTON, D.C.

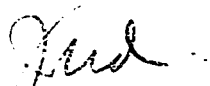
RUFUS JUDSON PEARSON, JR.
M.D., F.A.C.P.

26 July 1967

Captain J. J. Humes, MC, USN, Retired

I wouldn't say that Senator Russell delegated me to draw up such a list of suggestions, but he did encourage me to. Of course, any of this information would be completely confidential at this time. The Senator expressed the thought that it might be worthwhile to put it in the form of a law - after the details are all ironed out and agreed upon. I would welcome your ideas upon the philosophy - as well as the mechanics.

Sincerely yours,



R. J. PEARSON, JR.
Rear Admiral, MC, U. S. Navy

RJPJr:hk

001704

REPRINTS FROM

JAMA[®]

The Journal of the American Medical Association

May 27, 1992

JFK's death—the plain truth
from the MDs who did the autopsy

and

JFK's death, part II—Dallas MDs
recall their memories

by Dennis L. Breo

American Medical Association

Physicians dedicated to the health of America



001705

Reprinted from The Journal of the American Medical Association
May, 27, 1992
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001706

JFK's death—the plain truth from the MDs who did the autopsy

There are two and only two physicians who know exactly what happened—and didn't happen—during their autopsy of President John F. Kennedy on the night of November 22, 1963, at the Naval Medical Center in Bethesda, Md. The two, former US Navy pathologists James Joseph Humes, MD, and "J" Thornton Boswell, MD, convened last month in a Florida hotel for two days of extraordinary interviews with JAMA editor George D. Lundberg, MD, himself a former military pathologist, and this reporter about the events of that fateful night. It is the only time that Humes and Boswell have publicly discussed their famous case, and it was the result of seven years of efforts by Lundberg to persuade them to do so.

Bullets came from above and behind

The scientific evidence they documented during their autopsy provides irrefutable proof that President Kennedy was struck by only two bullets that came from above and behind from a high-velocity weapon that caused the fatal wounds. This autopsy proof, combined with the bullet and rifle evidence found at the scene of the crime, and the subsequent detailed documentation of a six-month investigation involving the enormous resources of the local, state, and federal law enforcement agencies, proves the 1964 Warren Commission conclusion that Kennedy was killed by a lone assassin, Lee Harvey Oswald.

Humes, who was in charge, calls it "probably the least secret autopsy in the history of the world." It was Humes and Boswell who opened the casket when the President's body was brought by ambulance from Andrews Air Force Base after the flight from Dallas. It was Humes and Boswell who lifted the former President from his casket and placed him on the examining table to begin a four-hour autopsy. (They were joined later at the autopsy table by Army

Lt Col Pierre Finck, MC, who participated as an expert consultant; Finck, who now lives in Switzerland, declined to come to Florida for the joint interview.) Humes says he is breaking his 29-year silence "because I am tired of being beaten upon by people who are supremely ignorant of the scientific facts of the President's death."

Coincidentally, on the second day of the interviews, Boswell told the group that a Fort Worth physician, Charles Crenshaw, MD, had appeared on TV that very morning to argue the claim in his recent book, *JFK: Conspiracy of Silence*, that when he allegedly observed the dead President at Dallas' Parkland Hospital, he was positive that the bullets struck Kennedy from the front, not the back, "as the public has been led to believe." Crenshaw, who was a surgical resident in 1963, is not mentioned in the Warren Commission's 888-page summary report and his 203-page, generously spaced paperback was written with the aid of two assassination-conspiracy buffs. Crenshaw's book is only the latest in a long parade of conspiracy theories purporting to tell how Kennedy was really killed, including the 1991 release of Oliver Stone's film, *JFK*. Humes and Boswell had agreed to the JAMA interview without the slightest idea that Crenshaw's book had been published.

Now, his face incredulous with disbelief, Humes exploded with his summation. Pointing toward the window, the exasperated pathologist said, "If a bullet or a BB were fired through that window, it would leave a small hole where it entered and a beveled crater where it exited. That is what 'J' and I found when we examined the President's skull. There was a small elliptical entrance wound on the outside of the back of the skull, where the bullet entered, and a beveled larger wound on the inside of the back of the skull where the bullet tore through and exploded out the right side of the head. When we recovered the missing bone

fragments and reconstructed this gaping wound where the bullet exited, we found this same pattern—a small wound where the bullet struck the inside of the skull and a beveled larger wound where it exited. This is *always* the pattern of a through-and-through wound of the cranium—the beveling or crater effect appears on the *inside* of the skull at the *entrance* wound and on the *outside* of the skull at the *exit* wound. The crater effect is produced when the bony tissue of the skull turns inside out where the bullet leaves."

'A foolproof finding'

He concludes, "In 1963, we proved at the autopsy table that President Kennedy was struck from above and behind by the fatal shot. The pattern of the entrance and exit wounds in the skull proves it, and if we stayed here until hell freezes over, nothing will change this proof. It happens 100 times out of 100, and I will defend it until I die. This is the essence of our autopsy, and it is supreme ignorance to argue any other scenario. This is a law of physics and it is foolproof—absolutely, unequivocally, and without question. The conspiracy buffs have totally ignored this central scientific fact, and everything else is hogwash. There was no interference with our autopsy, and there was no conspiracy to suppress the findings."

Though the evidence is less well defined, Humes emphasizes that his autopsy found that the other bullet that struck Kennedy, the so-called "magic bullet" that was the first to hit Kennedy and that also hit Texas Gov John Connally, was also fired from above and behind. He says, "There was an 'abrasion collar' where this bullet entered at the base of the President's neck, and this scorching and splitting of the skin from the heat and scraping generated by the entering bullet is proof that it entered from behind. Unfortunately, at

the time of the autopsy, the tracheostomy performed on the President at Dallas in an attempt to save his life obliterated the exit wound through the front of his neck near the Adam's apple. Soft-tissue wounds are much more iffy than bone wounds, but there is no doubt from whence cometh those bullets—from rear to front from a high-velocity rifle."

Still, the other scenarios continue to be painted. "Recently," Humes notes, "there were about 300 people at a convention in Dallas, each hawking a different conspiracy theory about how the President was killed. I think this kind of general idiocy is a tragedy—it almost defies belief—but I guess it is the price we pay for living in a free country. I can only question the motives of those who propound these ridiculous theories for a price and who have turned the President's death into a profit-making industry."

Humes and Boswell had a long, long day 29 years ago, and, in many ways, it has never ended. The 6-foot, 4-inch, physically energetic Humes is a commanding presence, and he says, "I was in charge of the autopsy—period. Nobody tried to interfere—make that perfectly clear." The 5-foot, 9-inch, pipe-puffing Boswell is precise and methodical, and he says, "We documented our findings in spades. It's all there in the records. And Jim is not the kind of guy anybody pushes around." Their comments on the record are essential because polls show, in the wake of the film *JFK* and the glut of conspiracy-theorist authors, that many, if not most Americans disbelieve the Warren Commission finding that Oswald, "acting alone and without assistance," killed Kennedy. To set the record straight, they agreed to relive for *JAMA* their actions of Friday, November 22, 1963.

On the day the President was shot at 12:30 PM, while riding in an open motorcade through the sunny streets of Dallas, it was cold and gray in the Washington, DC, area. Commander Humes, then 39, was the director of labs of the Naval Medical School in Bethesda, Md. Commander Boswell, then 41, was chief of pathology at the naval hospital, which was part of the Bethesda National Naval Medical Center. Humes was Boswell's boss.

Humes had signed on with the US Navy in 1943 to complete his undergraduate work at Villanova University, Villanova, Pa. as part of the Navy's V-12 enlistment program. After earning his medical degree at Jefferson Medical College, Philadelphia, in 1948, he completed his internship and residency in anatomic and clinical pathology at the Bethesda

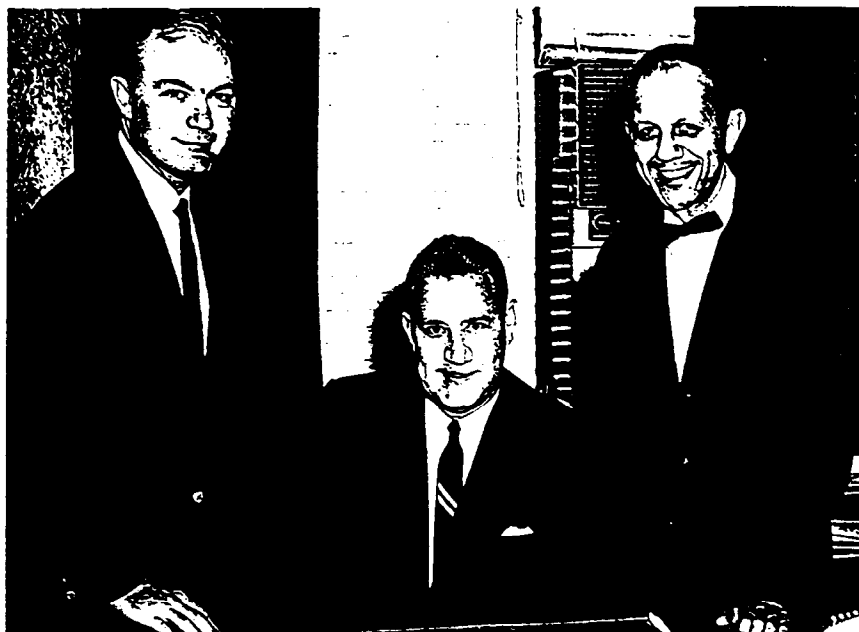


Photo: US Naval Medical School

The three pathologists who performed the autopsy on President John F. Kennedy on the night of November 22, 1963, were photographed days later (top photo, from left): US Navy Cmdr J. Thornton Boswell, MC, US Navy Cmdr James Joseph Humes, MC, and US Army Lt Col Pierre Finck, MC. Breaking their 29-year silence on this famous case, Drs Humes (left in bottom photo) and Boswell were interviewed by *JAMA* last April.



Photo: Dennis L. Braco

medical center: the US Naval Hospital in Philadelphia; and the Armed Forces Institute of Pathology in Washington, DC. He was certified by the American Board of Pathology in anatomic and clinical pathology in 1955. His postings included military hospitals in the Canal Zone, Hawaii, and San Diego. He was appointed chief of pathology at the Naval Medical School in 1960 and promoted to director of labs for the medical school in 1961. By 1963, he had performed several autopsies on military personnel killed by gunshot wounds and he had

also spent seven years at the Bethesda facility, which he "knew like the back of my hand." Boswell, a graduate of the Ohio State University Medical School, received his certification in anatomic pathology in 1957 and clinical pathology in 1959. He, too, had previously autopsied several gunshot wounds, and most of his military experience was at the naval hospital in Bethesda.

Ironically, shortly before President Kennedy was shot and pronounced dead at 1 PM at Dallas' Parkland Hospital, Humes left the medical center to go



Photo Dennis I. Heco

Dr Humes: "This was the least secret autopsy in the world and the cause of death was blatantly obvious. There is no doubt from whence cometh those bullets—from rear to front from a high-velocity rifle."

home. He had promised to help his wife, Ann, prepare for a dinner party for 24 that evening, almost all of them military personnel. Five of the Humeses' seven children were in school, with the youngest two at home. The radio and TV were off, and the couple did not learn of the tragic news until their older children returned on the school bus. He recalls, "The kids told Ann, 'The President's been shot,' and she was telling them. 'That's a terrible thing to say,' when we

turned on the TV and learned for ourselves. My wife and I were both very upset, and we decided that a dinner party on this evening was out of the question." Washington phone circuits were jammed, and while Ann Humes tried to get a line to call her guests to cancel, Commander Humes took his son out for a haircut; his first communion was scheduled for the next morning. When father and son returned, they found that Ann Humes had finally found an open phone

line, only to have the operator interrupt with an emergency call from the Surgeon General of the Navy, Admiral Edward Kenney. It was 5:15 PM and Admiral Kenney said, "Jim, you better hurry over to the hospital."

By the time he arrived at the hospital, Humes was "beginning to get the message that the President's body was en route. There was great commotion and a cordon of Marines and military police." Once inside, he was told by Admiral Kenney, the ranking military officer, "to be prepared to do an autopsy on the late President."

'Find the cause of death'

"My orders were to find the cause of death and I was told to get anyone I thought necessary to help do the autopsy, but to limit it to only the help I needed. Hell, I could have called in people from Paris and Rome if I thought it necessary, but as it turned out, I didn't. About this time, I also received a phone call from Dr Bruce Smith, the deputy director of the Armed Forces Institute of Pathology [AFIP], offering me whatever help I might need. Bruce was a friend and I thanked him, saying I would call later if I needed help."

While Humes had been preparing for his dinner party, Boswell had been at the hospital going over autopsy slides with pathology residents. He recalls, "Early in the afternoon, we received a call from Dr Bruce Smith from AFIP, saying, 'The President's body is on its way to Bethesda for an autopsy.' I argued, 'That's stupid. The autopsy should be done at AFIP [which was located five miles away at the Walter Reed Army Medical Center].' After all, the AFIP was the apex of military pathology and, perhaps, world pathology. I was told, 'That's the way it is. Admiral [George] Burkley [the President's personal physician] wants Bethesda.' Apparently, Admiral Burkley had called the AFIP from Air Force One en route from Dallas. Later, I was told that Jackie Kennedy selected Bethesda because her husband had been a Navy man."

Humes was in total charge

By 7:30 PM, Humes was in his scrubs in the hospital's new morgue, built only four months earlier. He had selected Dr Boswell as his assistant. The morgue was at the back of the hospital, and, as Dr Humes stepped outside the morgue onto the loading dock, he noticed a crowd milling about and an unknown man carrying a large, old-fashioned "Speed Graphic" camera. Still outside the morgue, the pathologist told the unknown cameraman, "Get out!" Then, Humes asked, "Who's in charge here?"

The answer was only 2 feet away, as a man in full military dress answered, "I am. Who wants to know?" Humes explains, "The man who said he was in charge outside the morgue was some general representing the military section of the District of Columbia. I told him what my assignment was and asked him about the chap with the camera. Well, seconds later, this chap with the camera was sent away."

No generals in the morgue

As the general remained *outside* the morgue, Humes stepped back inside to prepare to receive the President's body. He emphasizes, "Nobody made any decision in the morgue except ME. Nobody distracted or influenced me in any way, shape, or form."

Jackie and Bobby Kennedy and a host of others accompanied the motorcade bringing the President's body from Andrews AFB to the Naval Medical Hospital morgue. While Jackie and Bobby Kennedy and the other VIPs were met at the front of the hospital and escorted to upstairs rooms, the casket was brought to the morgue at the rear of the hospital by Admiral Burkley. The bronze casket had one broken handle, and Humes and Boswell opened it. Humes says, "We found the unclothed body of President John F. Kennedy, wrapped in sheets in a swaddling manner, the massive head wound wrapped around and around with gauze and bandages." Together, they lifted the body onto an examining table, and Humes emphasizes, "There was no body bag anywhere near the scene. I cannot imagine how this talk about the President's body being delivered in a body bag got started, but it is absolutely false."

Opening the casket was a "shocking experience" for Humes, who was a Kennedy supporter. He recalls, "His identifying facial features were all intact and there he was, the President of the United States, now dead at age 46 with a terrible wound of the head. He wasn't that much older than me, and other than the head wound, he looked perfectly normal. He was a remarkable human specimen and looked as if he could have lived forever. It was very, very distressing." After the initial shock, however, Humes and Boswell got down to business. Humes notes, "This is what we are trained to do, and we got down to the task at hand."

As Admiral Burkley, the President's personal physician, stood by their side, a team of 10 "locked in" and proceeded to start what would turn out to be a thorough four-hour autopsy. Humes emphasizes, "I was in charge from start to finish and there was no interference—



Dr Boswell: 'We documented our findings in spades. It's all there in the records.'

zero. It was myself, 'J' [Boswell], [Dr] Finck, two Navy enlisted men who served as autopsy technicians, three radiologists, including chief Jack Ebersole, MD, and two photographers, including the medical school's chief of photography, John Stringer. We took 14 x-rays of the body from head to toe and we took 52 photos from every possible angle."

He dispels the myth that no photos were allowed. "The medical school's director of photography was a civilian,

John Stringer, and, in my opinion, he was one of the best medical photographers in the world. He took 25 black-and-white photos and 27 color photos, all with large 4-by-5-inch negatives. No significant aspect of the autopsy was left unphotographed." He adds, "The wounds were so obvious that there was no need to shave the hair before photographs were taken."

Responding to published reports that photo negatives were seized by the FBI and that the FBI took its own photo-

graphs. Humes is incredulous. He says, "Yes, there were FBI and Secret Service people milling about the room. And, at one point, there was an unauthorized Navy corpsman taking photos in the morgue and the FBI quite properly seized and destroyed that film, since the photographer did not have credentials. However, the official photos taken by John Stringer were never touched, and no one from the FBI even had a camera, let alone the intention to take autopsy photos. These reports are an incredible lie."

He dispels another myth—that the morgue was controlled by generals and other brass in uniform. "The President's military aides from the Air Force, Army, and Navy were all present," Humes says, "and they were all in dress uniforms, but they were not generals and their influence on the autopsy was zero. The only high-ranking officer was Admiral Burkley, and he left shortly after the autopsy began to join Jackie and Bobby Kennedy upstairs."

For editorial comment see p 2791.

And a third myth—that he was not qualified to do a gunshot autopsy. "I'd done gunshot wounds before and this one was perfectly obvious—there was a huge hole on the right side of the President's head that only could have resulted from the exit of a high-velocity missile. Dr Bruce Smith [the deputy director of the Armed Forces Institute of Pathology] had initially thought that we might want a neuropathologist as a consultant, but once we opened the casket and saw the devastating nature of the President's head wound, we knew that there was no need for the skills of a neuropathologist. I called Dr Smith back and told him what we had found, and he decided to make available Dr Pierre A. Finck, who was one of the AFIP's experts in ballistics. I had never before met Dr Finck, who arrived at about 9:15 PM."

Finck, a shy, retiring man who had been trained in Europe, was an Army colonel, and he had trouble getting by all the Marines and sailors who were providing security outside the Navy hospital. Once inside, he completed the autopsy team.

Humes emphasizes, "There was a lot of commotion, but we are trained to focus on the task at hand, even under crowded conditions. Bethesda was a large teaching hospital. The morgue room contained an

amphitheater which sat 30 to 40 people, and we were used to seeing authorized medical personnel come and go to observe autopsies." Still, he says that the scene in the autopsy room was "somewhat like trying to do delicate neurosurgery in a three-ring circus." The crowd did not influence the autopsy results, Humes says.

Boswell adds, "Sure, there were FBI and Secret Service people observing the autopsy and talking on their radios to people outside the room, and we could hear a play-by-play of what we were doing and talking about, but nobody tried to interfere and we were able to focus on the matter at hand." He adds, "The FBI and Secret Service told us that two fragments of the President's skull had been recovered in Dallas and were being rushed to Bethesda and that bullet fragments had also been recovered in Dallas."

Humes provides a poignant remembrance of the scene. "The people around the President were totally devastated," he says. "They were still in a state of shock and the reality of what had happened had not yet sunk in. Unless you live in Washington, it's hard to imagine the mind-boggling aura that surrounds the President of the United States. These people thought they had let the President down, and now their hero was gone." Boswell adds, "The people who accompanied the President's body to the morgue were the most disturbed and distressed people I have ever seen."

Humes continues, "We were unfazed by all the commotion and concentrated on getting our x-rays, which we read right at the table, and our photographs, which we relied upon for future documentation. 'J' and I both took down autopsy notes and diagrams."

Fatal wound 'blatantly obvious'

The pathologists found two wounds from a high-velocity missile that would later be matched to the military-jacketed bullets fired from above and behind the President by Lee Harvey Oswald. The fatal shot entered the back of the President's skull and exploded away almost a 6-inch section on the right side of his head; the second bullet entered at the base of his neck, but its exit track was not immediately apparent.

"The fatal wound was blatantly obvious," Humes recalls. "The entrance wound was elliptical, 15 millimeters long and 6 millimeters wide, and located 2.5 centimeters to the right and slightly above the external occipital protuberance. The inside of the skull displayed the characteristic beveled appearance. The x-rays disclosed fine dustlike metallic fragments from back to front where the bullet traversed the head before cre-

ating an explosive exit wound on the right temporal-parietal area. These fragments were not grossly visible. Two small fragments of bullet were recovered from inside the skull—measuring 3 by 1 millimeters and 7 by 2 millimeters.

"The head was so devastated by the exploding bullet and the gaping jagged stellate wound it created—it blew out 13 centimeters of skull bone and skin—that we did not even have to use a saw to remove the skullcap. We peeled the scalp back, and the calvarium crumbled in my hands from the fracture lines, which went off in all directions. We made an incision high in the spinal cord and removed the brain, which was preserved in formalin. Two thirds of the right cerebrum had been blown away.

"After the brain was removed, we looked more closely at the wound, and noted that the inside of the rear of the skull bone was absolutely intact and beveled and that there could be no question from whence cometh that bullet—from rear to front. When we received the two missing fragments of the President's skull and were able to piece together two thirds of the deficit at the right front of the head, we saw the same pattern on the outer table of the skull—a bullet that traveled from rear to front. Every theorist who says the bullet came from the front has ignored this critical irrefutable diagnostic fact. We did everything within the means of reasonable people to record with x-rays and photos what we saw."

The second bullet was more of a puzzle. "If we made a mistake," Humes says, "it was in not calling Dallas before we started the autopsy. Our information from Parkland Hospital in Dallas before we started the autopsy was zero. If only we had seen the President's clothes, tracking the second bullet would have been a piece of cake, but we didn't have the clothes. In hindsight, we could have saved ourselves a lot of trouble if we had known that the doctors at Parkland performed a tracheostomy in an attempt to save the President's life and that this procedure obliterated the exit wound of the bullet that entered at the base of the neck."

'Time to quit speculating'

"The tracheostomy was a gaping wound, about 3 to 4 centimeters around, and we didn't think of it as an exit wound. We also noticed that the Dallas doctors had tried to place chest tubes in the front of the President's chest, but the tubes had not gone in and we found no increase of blood or fluid in the pleural cavity. There was a contusion of the extreme apical portion of the right upper lobe of the lung but no laceration.

This article is one of a number of articles on violence that will appear in upcoming issues of THE JOURNAL. The reader is referred to the June 10, 1992 issue, which will be dedicated to studies of violence.

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pathologists and radiologists, should examine the available material.

"If such a board were to be nominated in an attempt to resolve many of the allegations concerning the autopsy report, it might wish to question the autopsy participants before more time elapses and memory fades; therefore, it would be my hope that such a board would be convened at an early date. Dr Humes and I would make ourselves available at the request of such a board.

"I hope that this letter will not be considered presumptuous, but this matter is of great concern to us, and I believe to the country as well."

Four physicians were subsequently appointed to a blue-ribbon panel to evaluate the original autopsy. The four included:

- William H. Carnes, MD, professor of pathology at the University of Utah, Salt Lake City, and a member of Utah's Medical Examiner's Commission. He was nominated by J. E. Wallace Sterling, the president of Stanford University.

- Russell S. Fisher, MD, professor of forensic pathology at the University of Maryland and chief medical examiner of the state of Maryland. He was nominated by Dr Oscar B. Hunter, Jr, president of the College of American Pathologists.

- Russell H. Morgan, MD, professor of radiology at The Johns Hopkins University School of Medicine, Baltimore, Md. He was nominated by Dr Lincoln Gordon, president of The Johns Hopkins University.

- Alan R. Moritz, MD, professor of pathology at Case Western Reserve University, Cleveland, Ohio, and former professor of forensic medicine at Harvard University, Cambridge, Mass. He was nominated by Dr John A. Hannah, president of Michigan State University.

None of the four had any previous connection with prior investigations or reports on the President's assassination. After an exhaustive study of all relevant materials, the four members of the panel signed and submitted a 16-page report to Attorney General Clark in April 1968, unanimously concluding:

"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 [the conclusion] of the original Autopsy Report and the above-quoted medical conclusions



Dr Boswell: 'It appears that [filmmaker] Oliver Stone may have taken Dr Finck's mistaken perceptions about the alleged military presence in the morgue and used it as the sole mistaken basis for the autopsy scenes in his movie, *JFK*.'

of the Warren Commission Report."

The panel's report noted, "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."

The Garrison prosecution

The next confirmation came in 1969 in New Orleans when Pierre Finck was subpoenaed to testify at the trial of Clay Shaw, as part of District Attorney Jim Garrison's conspiracy prosecution. Shaw, of course, was acquitted, and, until the publication of this interview, Finck's testimony was the only *public* airing of the expert medical opinions on the assassination.



Photo: Harold I. Hines

Dr Humes: "There was no interference with our autopsy and nobody tried to suppress the findings."

Boswell says, "A careful reading of the entire transcript of Dr Finck's testimony shows that he held tightly to the facts of our autopsy and supported its conclusions. However, Pierre was a meek and mild man who had been trained abroad, not in the United States. He was very 'brass conscious,' and he thought that generals were out of this world. At Bethesda, Finck was out of his element—an Army colonel in a Navy hospital—and he apparently mistook the President's military aides and other military personnel for generals. During the trial, Garrison was able to exploit Pierre's misperceptions about the scene to give the impression that it was controlled by generals. Jim [Humes] and I state categorically that there was no

interference with our autopsy. The patient was extraordinary, the autopsy was ordinary, or at least as ordinary as it could be under the circumstances."

Boswell knows because he, too, was in New Orleans in 1969 at the request of the US Justice Department. "The Justice Department was so convinced that Garrison was on a fishing expedition in his prosecution of Clay Shaw," Boswell says, "that it summoned me to New Orleans to refute Finck's testimony, if necessary. It turned out that it wasn't necessary." It now appears, Boswell adds, that filmmaker Oliver Stone may have taken Finck's mistaken perceptions about the alleged military presence in the morgue, as detailed in the transcript of the trial, and used it as the sole basis

for the mistaken autopsy scenes in his movie *JFK*. Humes calls the movie scenes "absolutely false and ridiculous," but we are getting ahead of the story.

The next confirmation of the President's autopsy came from the 1977 House Select Committee on Assassinations. Congress appointed a panel of nine experts chaired by forensic pathologist Michael Baden, MD, to investigate the medical findings. In his 1989 book, *Unnatural Death—Confessions of a Medical Examiner*, Baden agrees with the findings of Humes-Boswell-Finck but still terms Kennedy's autopsy the "exemplar" of the "bungled autopsy." He writes, "Despite all these errors and for the wrong reasons, Humes came to the right conclusions—that Kennedy had been shot by two bullets from behind, one in the head and one in the back. They [the wounds] were poorly tracked, but he got the two most important things right."

Humes says he has not read Baden's book and does not intend to. Mindful that this is a rare attack upon an autopsy that was solidly endorsed by an expert panel in 1968, he reacts to this quoted passage by saying, "Imagine that—we got it right. AS DUMB AS WE ARE! What possible purpose can be served by this kind of attack?"

Apprised of Baden's comment, "[Commander Humes] had never done one like it before," Humes incredulously exclaims, "Who had?" As Baden's written criticisms are read to him, Humes indignantly explodes, "False... false... false. My God, where does this stuff come from?" To cite but one example, Baden writes, "He [Humes] also knew that religious Catholics tend to be opposed to autopsies. And he was not in a position to press the issue." Humes replies, "Come on, now. I am a devout Catholic and for 19 years I was director of laboratories at St John Hospital, in Detroit, Mich, which is a Catholic hospital with a very active autopsy service. This autopsy was requested by the Kennedy family, who are Catholics."

***JFK*, the film, termed a 'hoax'**

Then, there is the film, *JFK*. Jack Valenti, a former aide to President Lyndon Johnson and the current president of the Motion Picture Association of America, recently described *JFK* as based on the "hallucinatory bleatings of an author named Jim Garrison, a discredited former district attorney in New Orleans." He also calls it a "hoax," a "smear," and "pure fiction," rivaling the Nazi propaganda films of Leni Riefenstahl.

Syndicated columnist George Will says, "*JFK* is cartoon history by Stone,

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who is 45 going on 8. In his three-hour lie. Stone falsifies so much he may be an intellectual sociopath, indifferent to truth." *New York Times* columnist Anthony Stone says, "Oliver Stone used as his mouthpiece, Jim Garrison, the former New Orleans district attorney, who in real life bribed witnesses to prosecute an innocent man—and was laughed out of court. Stone alleges a conspiracy among the Army, the CIA, Lyndon Johnson, and countless others—without a shred of evidence." Stone has been quoted as saying his critics are motivated by a "fear of facts." *Chicago Tribune* reporter Paul Galloway responds, "Nope. They were angry with the way he disregarded the facts."

Humes does not disagree with these criticisms of Stone, which he finds mild. His son had recently persuaded him to see *JFK*, and now he tells his colleague, Boswell, "J, if you see this movie, believe me, you'll need heavy sedation. The autopsy scene bears no relation to reality, the man they have playing me looks older than I am now, and the triangulated shooting scene is preposterously impossible."

Conspiracy fanciers, including Stone, have tried to make much of the fact that the privately owned Zapruder film of the assassination shows Kennedy's head lurching *backward* after being hit. Humes and Boswell have both seen the Zapruder film "30 to 40 times," and they note that studies published two decades ago by surgeon John Lattimer demonstrated that an object struck in the rear by a high-velocity missile similar to the bullets that hit Kennedy *always falls backward* as a result of the jet-propulsion effect created by tissues exploding out the front.

JAMA's Lundberg, a stickler for detail, poses some questions that remain official mysteries:

Who ordered the autopsy?

Who ordered the autopsy?

"It must have been Jackie Kennedy," says Humes. "She made the request through Admiral Burkley." Boswell says, "It must have been Robert Kennedy. He was acting on behalf of the family." Lundberg counters, "Well, we have a lot of 'must haves,' but no answer." Humes says, "Well, George, I hope you're not saying that we shouldn't have done the autopsy! My orders came from Ed Kennedy, the surgeon-general of the Navy. The President's personal physician, Admiral Burkley, was standing beside me at the autopsy table. Jackie Kennedy was waiting upstairs for the body with Robert Kennedy, and what greater au-

thority can you have than the Attorney General of the United States [Robert Kennedy]?" Lundberg concludes, "OK, there were verbal OKs all over the place." Boswell adds, "Captain Stover [the medical center's commanding officer] was very thorough, and I'm sure he had someone complete the paperwork."

Who made the absolute identity?

Humes chuckles, "Well, the President's face was not exactly unknown. And the body was accompanied by the FBI, the Secret Service, military aides, and Kennedy family members. We saw no need for dental x-rays."

What happened to the brain?

Boswell says, "I believe that it was buried with the body." Humes says, "I don't know, but I do know that I personally handed it over to Admiral Burkley and that he told me that the family intended to bury it with the body. I believe Admiral Burkley."

What was the condition of Kennedy's adrenal glands?

Humes says, "I am not prepared to answer this question now, except to say that the President was *not* 'cushingoid' and did not have the appearance of a man with the odd fat deposits and facial puffiness associated with the cushingoid appearance. As his activities indicate, he was a very healthy and vigorous man. At some time in the near future, 'J' and I will have to sit down and write for history our report of the condition of the President's adrenal glands."

Should the body be exhumed for another autopsy to remove all doubts?

Humes is appalled, "That suggestion is ridiculous on the face of it. There is nothing further to be learned." Boswell adds, "The family would never permit it, anyway."

Boswell concludes, "In hindsight, we might have called in a civilian pathologist like Russell Fisher, who was right next door in Baltimore. We didn't need him to confirm our findings, but it might have removed the doubts about military control." Humes says, "Russell was a friend and we easily could have asked him to come in to help, but we had no problem in determining the cause of death."

'Irrefutable evidence'

Lundberg says, "I am extremely pleased that, finally, we are able to have published in the peer-reviewed literature the actual findings of what took place at the autopsy table on November 22, 1963. I completely believe that this information, as personally given by Jim [Humes] and 'J' [Boswell], is scientifically sound and, in my judgment, pro-

vides irrefutable evidence that President Kennedy was killed by only two bullets that struck him from above and behind and that caused fatal high-velocity wounds."

Humes concludes, "I really have not had much ongoing interest in the autopsy. We did what we had to do in 1963, and we did it right. And, I can't say that the criticism has hurt my career." Indeed, Humes retired from the Navy in 1967 with the rank of captain; worked 19 years at Detroit's St John Hospital as vice president for medical affairs and director of laboratories; and served from 1986 through 1989 as a field inspector for the Accreditation Council for Graduate Medical Education. In 1980, he was awarded the Distinguished Service Award presented jointly by the College of American Pathologists and the American Society of Clinical Pathologists (ASCP). He was president of ASCP from 1974 to 1975; president of the Michigan Society of Pathologists in 1974; the first president of the American Registry of Pathology from 1976 through 1978; and a member of the AMA House of Delegates from 1978 through 1988. Now semiretired, he is a clinical professor of pathology at the University of Florida School of Medicine, Jacksonville, and lives in nearby Ponte Vedra, Fla. where he has his choice of playing 105 golf holes, including the Tournament Players Championship course at Sawgrass. Boswell retired from the Navy in 1965, with the rank of commander, and worked in supervisory pathology positions at Suburban Hospital, Bethesda, Md. from 1965 through 1972; and with a large pathology group in Fairfax, Va. from 1972 to 1983. Now retired, he lives in Bethesda.

Humes stops the interview where he started. "The President was killed by a devastating gunshot wound to the head fired from above and behind by a high-velocity rifle. The second bullet that struck him in the back of the neck was also fired from above and behind. That's it. Everything else is adventitious."

It is an apt description. The adventitia, of course, are the external coatings of the blood vessels, giving rise to the adjective, "adventitious," for "added from another source and not inherent or innate . . . arising or occurring sporadically or in other than the usual location."

It is the perfect description for the growing industry of conspiracy theories from people who are ignorant of the essential facts and yet purport to know how President Kennedy must have been killed, at least in their minds. □

JFK's death, part II— Dallas MDs recall their memories

Only 90 minutes passed in Dallas from the time Lee Harvey Oswald raised his rifle at 12:30 PM until the slain body of President John F. Kennedy was escorted aboard Air Force One for the 1500-mile flight to Andrews Air Force Base in Maryland and the autopsy at the US Naval Medical Center in Bethesda. The medical team at Dallas' Parkland Memorial Hospital spent only 25 frenzied minutes in their futile effort to resuscitate Kennedy, but that whirlwind of events and emotions produced indelible personal memories.

In truth, though, there were no examinations, measurements, or photographs performed in Parkland's Trauma Room 1 that in any way, shape, or form allowed any of the physicians attending the President to make any meaningful evaluation of the entry and exit gunshot wounds and the forensic circumstances of death. That assignment was left to the autopsy pathologists at the Naval Medical Center, and their comments in the preceding story stand as the definitive version that Kennedy was struck by only two bullets fired from behind and above from a high-velocity rifle.

This is the unanimous appraisal of four Dallas physicians who have broken their 29-year silence to speak with this reporter about their famous 1963 case. Malcolm Perry, MD, a surgeon, worked the hardest to try to save the patient and performed a tracheostomy in an attempt to create an airway for the dying Kennedy. Jim Carrico, MD, a first-year surgical resident, was the first physician to treat Kennedy, at 12:35 PM, and the first to notice the small bubbling wound in the front of the neck that necessitated the tracheostomy. M. T. "Pepper" Jenkins, MD, the hospital's long-time chief of anesthesiology, rushed to the scene to try to help ventilate the patient. Charles Baxter, MD, a surgeon, assisted in the resuscitation attempt. These were the four key players on the Parkland medical team of November 22, 1963.

Previously, the four have kept their memories private, but they agreed to be interviewed by JAMA in the wake of a new book written by one of their former Parkland Hospital colleagues, Charles Crenshaw, MD, that has bolstered conspiracy theorists because of Crenshaw's incredible 1992 claim that the bullets "struck Kennedy from the front" and that the autopsy photos must have been altered, proving "there was something rotten in America in 1963." Crenshaw attributes these statements and others to his alleged intense eyewitness observations of the dying President.

Although the other four Parkland physicians have some doubt about whether Dr Crenshaw wrote most of the sensationalistic book or deferred to his two coauthors, both of whom are conspiracy theorists, and although they are reluctant to publicly condemn Crenshaw's claims, they emphasize that they believe Crenshaw is wrong.

Since it is hard to prove a negative, no one can say with certainty what some suspect—that Crenshaw was *not* even in the trauma room; none of the four recalls ever seeing him at the scene.

'Dreams of notoriety'

Dr Perry says, "In 1963, Chuck Crenshaw was a junior resident and he absolutely did not participate in a meaningful way in the attempt to resuscitate the President and in the medical decision making. I do not remember even seeing him in the room." Dr Jenkins says, "He may have been in the room, but he was not among the inner circle attending to the patient." Dr Carrico says, "Charles has extended his conclusions far beyond his direct examinations. Everyone in that room was trying to save a life, not figure out forensics." Baxter adds, "Jim [Carrico] has just made a very astute observation."

Why, then, would Crenshaw make such claims and write a book representing himself as being in the forefront of the resuscitation effort?

Baxter says, "Charles and I grew up in Paris, Texas, and I've known him since he was three years old. His claims are ridiculous. The only motive I can see is a desire for personal recognition and monetary gain."

Thumbing rapidly through Crenshaw's slender paperback book, Carrico stops at page 15 and quotes Crenshaw's words, "Many of us have dreamed that history's grand scheme will involve us in some far-reaching role or experience thrusting us into notoriety and dramatically changing our lives." Carrico concludes, "There's your answer, in Charles's own words. I don't have those kind of dreams."

Jenkins says simply, "Crenshaw's conclusions are dead wrong."

Perry concludes, "When I first heard about Crenshaw's claims, I was considering a lawsuit, but after I saw Charles on TV one day all my anger melted. It was so pathetic to see him on TV saying this bogus stuff to reach out for his day in the sun that I ended up feeling sorry for him." He adds, "Crenshaw says that the rest of us are part of a conspiracy of silence and that he withheld his information for 29 years because of a fear his career would be ruined. Well, if he really felt he had valuable information and kept it secret for all those years, I find that despicable."

Crenshaw's book insinuates that the Bethesda autopsy pathologists altered Kennedy's wounds and it specifically charges that "the incision Perry had made in his [Kennedy's] throat at Parkland for the tracheostomy had been enlarged and mangled, as if someone had conducted another procedure. It looked to be the work of a butcher. No doubt, someone had gone to a great deal of trouble to show a different story than we had seen at Parkland."

Well, the physician who did that work at Parkland—Dr Perry—and three physicians who observed the tracheostomy—Drs Baxter, Carrico, and Jenkins—all say that the autopsy photos of

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the throat wound are "very compatible" with what they saw in Parkland Trauma Room 1. Dr Baxter says, "I was right there and the tracheostomy I observed and the autopsy photos look the same—very compatible." Dr Carrico says, "I've seen the autopsy photos and they are very compatible to the actual tracheostomy." Dr Jenkins adds, "They're the same." Dr Perry concludes, "Of course, tissues sag and stretch after death, but any suggestion that this wound was intentionally enlarged is wrong. When I talked to Commander Humes the morning after the assassination and told him we had done a tracheostomy, he said, 'That explains it—the bullet exited through the throat.'"

Drs Baxter, Carrico, Jenkins, and Perry emphasize that their experiences in the trauma room do not qualify them to reach conclusions about the direction from which the fatal missiles were fired. In fact, Dr Jenkins doubts if any of the Parkland physicians even had a good look at the President's head, explaining, "I was standing at the head of the table in the position the anesthesiologist most often assumes closest to the patient's head. My presence there and the President's great shock of hair and the location of the head wound were such that it was not visible to those standing down each side of the gurney where they were carrying out their resuscitative maneuvers." However, all four agree, in Carrico's words, that, "Nothing we observed contradicts the autopsy finding that the bullets were fired from above and behind by a high-velocity rifle."

As a result of Crenshaw's media allegations, the four other Dallas physicians have been besieged with calls from other members of the Parkland medical team that was on the scene on November 22, 1963. Baxter says, "I can assure you that these calls are uniformly in disagreement with Crenshaw's claims. Most of those who know the facts express disgust at Crenshaw's actions and question if he was involved in the care of the President at all. There has not been one call supporting his position."

Crenshaw also claims in his book to have received a telephone call from President Lyndon B. Johnson, asking him to extract a confession from the dying Lee Harvey Oswald. Baxter responds, "Did that happen? Heavens no . . . imagine that, the President of the United States personally calls for Chuck Crenshaw." Another Crenshaw claim is that he was the last to view President Kennedy's body as he closed the casket and that it was at this point that he observed the head wound. Dr Jenkins responds, "It is highly unlikely that any physician would have closed that casket."



Photos: Dennis L. Bino



Parkland Hospital physicians who tried unsuccessfully to resuscitate President John F. Kennedy included (clockwise from top left) anesthesiologist Pepper Jenkins, surgeon Malcolm Perry, surgical resident Jim Carrico, and surgeon Charles Baxter.

Carrico emphasizes, "We were trying to save a life, not worrying about entry and exit wounds." Perry says, "The President's pupils were widely dilated, his face was a deep blue, and he was in agonal respiration, with his chin jerking. Jim [Carrico] was having trouble inserting the endotracheal tube because of the wound to the trachea and I didn't even wipe off the blood before doing the 'trach.' I grabbed a knife and made a quick and large incision; it only took two or three minutes." He adds, "So many people have theories about the assassination, but I have yet to meet one who has read the entire 26 volumes of the Warren Commission report."

The continuing controversy over the assassination and the refusal to believe

the 26-volume, elephantinely documented Warren Commission report obscure the real human tragedy of the event. Pepper Jenkins recalls one poignant anecdote:

"The President was a bigger man than I recalled from seeing him on TV. He must have had really severe back pain, judging by the size of the back brace we cut off. He was tightly laced into this brace with wide Ace bandages making figure-of-eight loops around his trunk and around his thighs. His feet were sticking off one end of the gurney and his head was at the other end, cradled in my arms. I was standing with the front of my jacket against his head wound, an alignment that put me in the best position to carry out artificial ventilation.

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I was getting gushes of blood down my jacket and onto my shoes.

"Jacqueline Kennedy was circling the room, walking behind my back. The Secret Service could not keep her out of the room. She looked shell-shocked. As she circled and circled, I noticed that her hands were cupped in front of her, as if she were cradling something. As she passed by, she nudged me with an elbow and handed me what she had been nursing in her hands—a large chunk of her husband's brain tissues. I quickly handed it to a nurse."

'It's too late, Mac'

It was Dr William Kemp Clark, a Parkland Hospital neurosurgeon, who most closely observed Kennedy's massive head wound. He told Dr Perry, "It's too late, Mac. There's nothing more to be done." It was Dr Clark who pronounced the President dead at 1 PM, only 25 minutes after he was wheeled into the emergency room.

By this time, the Secret Service had allowed a Catholic priest to enter the room to administer the last rites. Jenkins recalls, "All of the medical staff seemed to disappear, dissolve, fade from the room, except, I believe, for me and Dr Baxter. I was busy disconnecting the electrocardiographic leads, removing the IVs, and extracting the endotracheal tube. However, before I could finish these duties, Mrs Kennedy returned to the President's side and I retreated to a corner of the room. She kissed the President on the foot, on the leg, on the thigh, on the abdomen, on the chest, and then on the face. She still looked drawn, pale, shocked, and remote. I doubt if she remembers any part of this. Then the priest began the last rites in deliberate, resonant, and slow tones, and then it was over."

Jenkins recalls that Secret Service agents then "grabbed the President's gurney on each side and wheeled it out of the room, all but running over Dr Earl Rose, the Dallas medical examiner [whose office was right across the hall from the emergency room]."

Dr Rose, who is now retired in Iowa City, also gave *JAMA* a rare interview to pick up the narrative. "I was in their way," Rose recalls. "I was face to face with Secret Service Agent Roy H. Kellerman, and I was trying to explain to him that Texas law applied in the instant case of the death of the President and that the law required an autopsy to be performed in Texas."

"Agent Kellerman had experienced a tragedy on his watch and, although he had no legal authority, he believed that his primary responsibility was to transport the body back to Washington, DC.



Photo: Dennis L. Reno

Ignoring the autopsy evidence, Dallas surgeon Robert McClelland maintains a "strong opinion" that the bullets that struck Kennedy came from the front. He bases this conclusion on his viewing of the Zapruder film of the assassination.

He was very distressed, apparently taking the death as a personal affront, and he and I were not communicating. It was not a hostile discussion, but he and I were expressing differing views on what was appropriate."

A standoff over removing the body

Theron Ward, a Dallas Justice of the Peace, was at the hospital to assert the applicable Texas law, but, in Rose's words, "he did nothing... he was frozen with fear. In effect, no one was in charge of the situation. Agent Kellerman tried three tactics to have his way—he asserted his identity as representing the Secret Service; he appealed for sympathy to Mrs Kennedy; and he used body language to attempt to bully, or, should I say, intimidate. I don't recall the exact words, but he and I exchanged firm and emotionally charged words. At no time did I feel I was in physical danger because he and the others were armed. I was not looking at Agent Kellerman's gun, I was looking at his eyes, and they were very intense. His eyes said that he meant to get the President's body back to Washington."

In 1963, Rose was 6-feet, 2-inches tall and solidly built. He was not the kind to back down from a fight if he believed he was right. "I was raised in western South Dakota," he said, "and I carried that baggage with me. People raised in western South Dakota may lose a fight, but they don't get bullied or intimidated." The standoff, however, was soon over. Rose says, "Finally, without saying any more, I simply stood aside. I felt that it was unwise to do anything more to ac-

celerate or exacerbate the tension. There was nothing more I could do to keep the body in Dallas. I had no minions, no armies to enforce the will of the medical examiner."

Later that day, Rose autopsied patrolman J. D. Tippit, who was killed by Oswald; two days later, he autopsied Oswald himself, who was killed by Jack Ruby; a few years later, he autopsied Ruby.

It is 29 years later and Rose, who has a law degree as well as a medical degree, still feels strongly that the Kennedy autopsy should have been performed in Dallas. "The law was broken," Rose says, "and it is very disquieting to me to sacrifice the law as it exists for any individual, including the President. Having one set of rules for the rich and famous and another for the poor is antithetical to justice. There have been many arguments to try to justify the removal of the body, but to me they all seem like retrospective and self-serving theories. People are governed by rules and in a time of crisis it is even more important to uphold the rules, as this case amply demonstrates."

Rose believes that a Dallas autopsy, which he would have performed, "would have been free of any perceptions of outside influences to compromise the results. After all, if Oswald had lived, his trial would have been held in Texas and a Texas autopsy would have assured a tight chain of custody on all the evidence. In Dallas, we had access to the President's clothing and to the medical team who had treated him, and these are very important considerations."

Further, Rose believes that the removal of the body was the first step in creating disbelief about what had happened. "Silence and concealment are the mother's milk of conspiracy theories," he says. "If we have learned anything in the 29 years since the President was shot, it is that silence and concealment breed theories of conspiracy and the only answer is to open up the records, without self-serving rules of secrecy, and let the American people judge for themselves."

Rose, who is a board-certified forensic pathologist and who has personally examined Kennedy's autopsy materials and records, next turned his attention to the claims made by Dr Crenshaw, who is a surgeon. "I believe that Dr Crenshaw believes what he is saying when he argues that the shots came from the front," Rose says, "but he is mistaken." Pressed on his degree of confidence in this statement, Rose finally says, "I am absolutely sure that he is in error."

Rose was a member of the 1977 House

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Select Committee on Assassinations that had access to the entire autopsy file of President Kennedy and that supported the autopsy conclusions. Though he thinks the Bethesda autopsy was "less than optimal," Rose has no argument with the central fact, saying, "I agree that the two wounds to the neck and head came from behind and above and that there is no room for doubt on this finding. The physical evidence corroborates this without question." He concludes, "Do not attribute to conspiracy what can be explained by distrust, inexperience, or ineptitude." Offering his own appraisal of who killed Kennedy, Rose says, "Oswald is the prime suspect and there is no credible evidence for any other suspect. However, there will always be reservations until all the evidence is disclosed. Only this morning the US Justice Department again opposed on the grounds of national security a Congressional resolution to open the Kennedy files."

Mistakes and conspiracies

One might think that all this demonstration of facts and expression of expert medical opinion would end the controversy over the President's autopsy, but one would probably be wrong. Even in that Parkland Hospital trauma room there was one other physician who still disbelieves the President's autopsy report. Robert McClelland, MD, is a respected surgeon who assisted in the last steps of the tracheostomy on President Kennedy. Interviewed in Dallas, he told this reporter that he maintains a "strong opinion" that the fatal head wound came from the front. Pressed on his reasons, he says, "After I saw the Zapruder film in 1969, I became convinced that the backward lurch of the head had to have come from a shot from the front. Unlike Crenshaw, I do not believe that one can tell the direction from which the bullet came simply by looking at the head wound, as I did, but the wound I observed did appear consistent with a shot from the front. That observation is secondary to my viewing of the Zapruder film, which convinced me that the shots were from the front." Reminded that at least 16 pathologists have also studied the Zapruder film and *also* examined the autopsy clothing, notes, photos, and x-rays and have concluded the opposite, McClelland remains unshaken. "I can't speak for them," he says, "and although I am not an expert in ballistics, pathology, or physics, I still have a strong opinion that the head shot came from the front."

So it goes. McClelland had originally mistakenly written in his hospital chart



Photo: Dennis L. Rice

Dr Earl Rose: "The law was broken, but I had no minions, no armies to enforce the will of the medical examiner and perform the autopsy in Dallas."

that the wound to Kennedy's head struck the *left* temple. This error, as published in the Warren report, later prompted a call from the office of New Orleans District Attorney Jim Garrison, who wanted to bring him to New Orleans in 1969 to testify in the conspiracy trial of Clay Shaw. McClelland recalls, "Well, when I told the investigator that I had made a mistake in 1963, there was a sudden silence at the other end of the line."

Mistakes do happen and contribute to conspiracy theories. Similarly, Dr Jenkins wrote in a 1963 report that Kennedy's "cerebellum" had been blown out, when he meant "cerebrum." Dr Perry appeared at a riotous press conference on the day of the assassination and said that the fatal shot "might have come" from the front. All have become grist for the rumor mill.

Jenkins was a technical consultant to the making of the film *JFK*, advising on the layout and equipment of the Parkland Hospital trauma room. Assured of director Oliver Stone's passion for authenticity, Jenkins was able to help re-create the

1963 room right down to the last detail and also to re-create the original Parkland emergency room entrance, which in subsequent decades has been engulfed by the complex of new buildings constructed at the parent University of Texas Southwestern Medical Center, Dallas. When Jenkins showed up at the set for a day of shooting, he noticed that the actors representing the medical team were all being issued blood-soaked scrub suits. Advising Stone that only he and Mrs Kennedy were splattered with blood, Jenkins was told by the director, "Oh, doc, people expect to see blood!" Jenkins notes, "So much for authenticity." Jenkins himself made a cameo appearance in the film, but says, "I was so bored with the film that I fell asleep and missed my two seconds on camera!"

People expect to read about conspiracy theories and this probably will not change. Earl Rose concludes, "The defamers of the truth can only be confronted and defeated by the truth."

This special report is our attempt to confront the defamers of the truth. □

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25 November 1963

From: Commanding Officer, National Naval Medical Center
To: The White House Physician

Subj: Autopsy protocol in the case of John F. Kennedy, Late President
of the United States

1. Transmitted herewith by hand is the sole remaining copy (number eight) of the completed protocol in the case of John F. Kennedy. Attached are the work papers used by the Prosecutor and his assistant.
2. This command holds no additional documents in connection with this case.
3. Please acknowledge receipt.

G. B. GALLOWAY

1 - 25-63 0945
Received

George B. Burkley

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THE WHITE HOUSE
WASHINGTON

Nov 24, 1963

6⁴⁵ PM I hereby acknowledge receipt of the original and six copies of the autopsy report on the body of President John F. Kennedy.

Delivered to me by Mr. James J. Humes MC 215N pathologist at 215N H Bethesda Md. who performed the examination.

One copy and the original draft notes are retained in a sealed envelope in Terminal Building at 215N H Bethesda Md.

George B. Buckley

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WJXT / TV 4
A POST-NEWSWEEK STATION

November 30, 1988

Dear Dr. Humes:

Here's the tape I promised. There are two stories. One ran at 6:00 P.M., the other ran on our 11:00 newscast.

I hope you find them interesting and worthwhile. I certainly do. I'm very proud of the work and I want to tell you again how much I appreciated the chance to meet and talk with you.

Happy holidays,


Nancy Rubin

Dr. James Humes
5 Spy Glass Lane
Ponte Vedra Beach, FL 32082

NR:jb

THE ATTENDING PHYSICIAN

UNITED STATES CAPITOL

WASHINGTON, D.C.

RUFUS JUDSON PEARSON, JR.
M.D., F.A.C.P.

18 October 1967

James J. Humes, M.D.
Director of Laboratories
Saint John Hospital
22101 Moross Road
Detroit, Michigan 48236


Dear Jim:

Thank you for your letter of October 4th, and forgive my slowness in answering your letter with the suggestions as to other people who might participate in this conference. Your suggestions are imminently satisfactory with me since I highly respect your judgement in this area. Ben Hunter would seem to be a particularly wise choice.

As you might suspect from the vein of my other letters, my chief concern is that some leak of information might occur about the conference prematurely. One of the areas which needs badly to be discussed, I think, is how the ultimate proposal should be presented as well as implemented. I would like very much to make whatever arrangements you would like made for the meeting on Thursday, November 2, at whatever place you designate. My office here in the Capitol would be available and there is a relatively large room which would furnish us privacy. I would suggest any time early in the afternoon on, which is convenient to the rest of you. I think probably it would be wiser to have you make the initial contact with these men that you know so well, but on the other hand if you think it more appropriate, please let me know and I will call them either before or after you contact them.

With kindest regards - looking forward to seeing you next month,

Yours sincerely,


R. J. PEARSON, JR., M.D.

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James J. Humes, M.D.
5 Spy Glass Lane
Ponte Vedra Beach, FL 32082
(904) 285-6541
Fax (904) 273-8571

Curriculum Vitae

Undergraduate Education

1942-43 St. Joseph's University, Phila., Pa.
1943-44 Villanova University, Villanova, Pa.

Medical Education

Jefferson Medical College of Thomas Jefferson University, Phila., Pa. M.D. Degree.

Military Career

United States Navy - 1943-67 Served in various Military Hospitals including Coco Solo, C.Z., Philadelphia, Hawaii, San Diego, Naval Medical Center, Bethesda, and Armed Forces Institute of Pathology, Washington, D.C. Retired 1967 in rank of Captain, Awarded Legion of Merit.

Professional assignments 1967-1989.

Vice-president for Medical Affairs and Director of Laboratories, St. John Hospital, Detroit, MI.
1967-87
Field Site Surveyor, Accreditation Council for Graduate Medical Education 1987-89

Certification

Certified by American Board of Pathology in Anatomic and Clinical Pathology - 1955.

Academic Appointments

Clinical Professor of Pathology,
Georgetown University School of Medicine - 1961-67.
Wayne State University School of Medicine - 1968-86.
University of Florida Health Science Center, Jacksonville, 1988 - Present

Professional Organizations

American Society of Clinical Pathologists - President, 1974-75
Association of Clinical Scientists - President, 1968-69
American Registry of Pathology - First President, 1976-78
Michigan Society of Pathologists - President 1974-75.

State Medical Licensure

California, Maryland, Michigan, Pennsylvania, Florida

Club Affiliations

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Lochmoor Club, Grosse Pointe, MI - 1973-86

Sawgrass Country Club, Ponte Vedra Beach, FL - 1986- Present

Sawgrass Property Owners Association - Past President

Mayport Chapter, The Retired Officers Association - Past Prersident

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George G. Burkley, 88, Dies; Physician for JFK and LBJ

George G. Burkley, 88, a retired vice admiral in the Navy Medical Corps who was the White House physician under Presidents John F. Kennedy and Lyndon B. Johnson, died of pneumonia Jan. 2 at Nazareth House, a nursing home in Los Angeles.

Adm. Burkley, whose medical specialties were internal medicine and cardiology, began his Navy career in 1941 as a lieutenant commander. During World War II, he served in the South Pacific. Subsequent assignments took him to various Naval hospitals in this country, and in 1957 he was ordered to Washington as commander of the Naval Dispensary.

For the next decade, his life turned largely on the comings and goings of the occupants of the White House. In addition to his regular duties, he was named physician to Camp David, the presidential retreat in the Catoctin Mountains, and in 1959 he accompanied President Dwight D. Eisenhower on his tour of the Far East.

In 1961, with the advent of the Kennedy administration, Adm. Burkley was named assistant White House physician under Janet Travell. He later succeeded Travell as White House physician, and he was appointed Kennedy's personal physician. He held the same posts under Johnson.

Adm. Burkley was in the motorcade when Kennedy was assassinated on Nov. 22, 1963. He was riding several cars behind the president when the shooting occurred, and emergency measures already had been started when he arrived at the hospital. He accompanied the body back to Washington. On later presidential trips, he made sure he was always closer to the president.

In 1968, at the end of the Johnson administration, Adm. Burkley retired. He lived in Chevy Chase until 1970, when he moved to Blairsville, Pa. He had lived in Los Angeles since 1975.

Adm. Burkley was born in Pittsburgh. He graduated from the University of Pittsburgh, and he also received his medical degree there. From 1929 to 1932, he studied at the Mayo Clinic in Rochester, Minn.

He then returned to Pittsburgh, where he practiced medicine and taught at the University of Pittsburgh medical school until he went into the Navy.

His wife, the former Isabel Winburn, died in 1973.

Survivors include four children, Isabel Starling of Elkview, W.Va., Nancy Denlea of Los Angeles, George W. Burkley of Volcano, Hawaii, and Richard M. Burkley of Boulder, Colo.; a sister, Teresa Wunderlich of Miami; 19 grandchildren; and three great-grandchildren.

Dr. John Ebersole, 68, cancer center director

Dr. John H. Ebersole, 68, who assisted in the autopsy of President John F. Kennedy, died Saturday at his home, 1440 Hunsecker Road, after a 2½-year illness of cancer. 9-15-73

Ebersole was the retired director of radiation oncology at Lancaster General Hospital.

He was the husband of Marian E. Sherwood Ebersole for 45 years. Born in Sterling, Ill., he was the son of the late Noah and Geraldine McCormick Ebersole.

He graduated from St. Ambrose College and received his medical degree from Indiana University at the age of 23. He completed postdoctoral studies in nuclear physics at Duke University and Oak Ridge National Laboratory.

Ebersole had a 24-year career in the U.S. Navy Medical Corps and was the first officer to serve aboard two different nuclear submarines.

After completing deep-sea diving school and Officer's Submarine School, he was selected by Admiral Hyman Rickover to be the medical officer aboard the world's first nuclear-powered submarine, the USS Nautilus.

Following a two-year tour of duty, he was assigned to the second nuclear sub, the USS Seawolf, which was the first ship to stay submerged for 60 days off the coast of Iceland.

Ebersole next served as a consultant to the National Aeronautics and Space Administration (NASA) for Project Mercury from 1958 to 1961.

He then completed a residency at Bethesda Naval Hospital and was named chief of radiation therapy, director of nuclear medicine training, and acting director of the Radiation Exposure Evaluation Laboratory.

In 1963, as chief of diagnostic radiology, he assisted at President Kennedy's autopsy.

In a 1978 newspaper interview, before leaving to testify in front of Congress about the assassination, Ebersole broke a 15-year silence on the president's death.

"I would say unequivocally the bullet (that killed Kennedy) came from the side or back. The front of the body, except for a very slight bruise above the right eye on the forehead, was absolutely intact."

Ebersole was promoted to chief of radiology at Bethesda in 1968.

Two years later he retired from the U.S. Navy as a captain and moved to Lancaster to create and direct the John Hale Steinman Cancer Center at Lancaster General Hospital, the county's first radiation treatment center.

He guided the center through numerous expansions and lectured throughout the United States and Europe on nuclear technology and the treatment of cancer.

He retired as director of radiation oncology in 1986, after treating more than 10,000 cancer patients.

From 1974 to 1990 he also



Dr. John H. Ebersole

taught in Lancaster General's Clinical Pastoral Education Program.

Following his retirement, Ebersole pursued his interest in crime fiction, which began during his years of internship in the 1960s.

He attended conferences at Oxford University in England and taught a course on detective fiction through Franklin & Marshall College's Et Cetera program.

He also helped form the Orange Street Improbables, a group of mystery enthusiasts.

He was an avid photographer and gardener as well.

Ebersole was a member of the American Medical Association, the Society of Nuclear Medicine, the Health Physics Society, the Association of Military Surgeons of the United States and the Mystery Writers of America.

He was a diplomate and fellow of the American College of Radiology, and served as guest examiner on the American Board of Radiology in 1967, 1970 and 1971.

In 1958 he was awarded the Gorgas Medal for outstanding work in preventive medicine in the field of radio-biology and nuclear submarine development. The next year he was selected one of 10 Outstanding Men of the Year by the U.S. Junior Chamber of Commerce.

In 1959 he also received the Award of Merit from the Illinois State Medical Society, the Merit Citation from the Royal Naval Society of Sweden, and the U.S. Navy Unit Citation.

In 1961 he was awarded the American Medical Association's Aerospace Medicine Honor Citation.

He was a member of St. John Neumann Catholic Church.

In addition to his wife, he is survived by one daughter, Catherine E. Walker, Lititz; five sons, Richard J., Chattanooga, Tenn.; Michael J., Anchorage, Alaska; William P., San Diego, Calif.; John H., Chicago, Ill., and Joseph E., Atlanta, Ga.; seven grandchildren; and one sister, Eleanor Brown, Sterling, Ill.

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