

INVESTIGATION OF THE ASSASSINATION OF PRESIDENT JOHN F. KENNEDY

THURSDAY, SEPTEMBER 7, 1978

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON ASSASSINATIONS,
Washington, D.C.

The committee met at 9:09 a.m., pursuant to recess, in room 2172, Rayburn House Office Building, Hon. Louis Stokes (chairman of the committee) presiding.

Present: Representatives Stokes, Preyer, Fauntroy, Dodd, Fithian, Edgar, Ford, Devine, McKinney, and Sawyer.

Staff present: Clifford A. Fenton, Jr., chief investigator; Kenneth D. Klein, assistant deputy chief counsel; G. Robert Blakey, chief counsel; Donald A. Purdy, Jr., staff counsel; and Elizabeth Berning, chief clerk.

Chairman STOKES. A quorum being present, the committee will now come to order.

The Chair recognizes the chief counsel, Professor Blakey.

NARRATION BY G. ROBERT BLAKEY, CHIEF COUNSEL AND STAFF DIRECTOR

Mr. BLAKEY. Thank you, Mr. Chairman.

John F. Kennedy was the fourth American President to be assassinated, the first in 60 years. It is somewhat remarkable, therefore, that despite major advances in medical technology, his autopsy created the most controversy, though in two earlier murders there was a dispute over the fine points of the post mortem examination.

In Lincoln's case in 1865, the autopsy surgeons disagreed over the path of the bullet through the President's head. X-ray techniques that could have settled the question had not yet been invented.

Ironically, when William McKinley was shot in 1901, his wife ordered the autopsy terminated before the fatal bullet could be located, and although X-ray equipment was available—Thomas Edison had sent his newly invented machine to the pathologists—it wasn't used.

The one assassination not to raise an autopsy controversy was that of James Garfield in 1881.

The handling of President Kennedy's treatment and autopsy—first in Texas and then in Washington—by the doctors, the Warren Commission, and by the President's family, has given rise to more questions touching on his assassination than any other single aspect of the investigation. The facts of what happened and the

questions that have arisen out of those facts merit the closest attention.

The first doctors to attend the President at Parkland Hospital were Malcolm Perry and Charles J. Carrico. According to each, they observed a massive head wound and a small, circular wound in the neck just below the Adam's apple. Later, they referred to it as an "entry wound." Dr. Perry performed a tracheotomy to help the President breathe. The incision was made at the throat wound, making it subsequently difficult to determine the nature of the wound or even to notice its existence.

Other Parkland doctors have differed dramatically in their descriptions of the head wound. Dr. Robert McClelland, in a written report dated November 22, 1963, described it as "a massive head and brain injury from a gunshot wound of the left temple." Dr. William Kemp Clark said he observed a large gaping hole in the rear of the President's head.

The Parkland doctors worked on the President for about 20 minutes. They did not examine his back, so they could not have been aware of a wound there. The only head wound they say they saw was the massive one they described. Their job, of course, was to administer emergency treatment, not to measure the location of wounds or to determine that all wounds had been accounted for. The Parkland doctors' duties extended only up until the time of the death of the President.

Efforts to save the President were futile; Dr. Clark pronounced him dead at 1 p.m., central standard time. It was a formality. The President was beyond help before he arrived at the hospital.

The doctors who examined Governor Connally were Robert Shaw, Charles Gregory, and George Shires. They described the wounds to his back, chest, wrist, and thigh. The Governor, at first listed as critical, fully recovered.

After the President was declared dead, his body was taken to Air Force One for the flight back to Washington. On the return flight, Mrs. Kennedy decided to have the autopsy performed at Bethesda Naval Hospital, since the President had served in the Navy. Comdr. James J. Humes was appointed chief autopsy surgeon. He, in turn, chose Drs. J. Thornton Boswell and Pierre A. Finck to assist him. The autopsy began at 8 p.m. eastern standard time. Other doctors, laboratory technicians, Secret Service and FBI agents and military personnel were in attendance. Members of the Kennedy family and friends remained in the tower suite of the hospital.

Preliminary X-rays failed to detect the presence of a missile in the President's body. Commander Humes was then given authority to conduct a full autopsy by Adm. Calvin B. Galloway and Dr. George Burkley, the White House physician.

Dr. Humes first determined that a missile had entered the rear of the head and exited at the top right side of the skull, resulting in a large exit wound and leaving tiny metallic particles throughout the brain.

Next, he found a wound he determined had entered the upper back. Pathologists tried to probe this wound, but they could only detect a pathway that extended a few inches. They could not find a

point of exit. Despite the uncertainty over the missile track, Dr. Humes decided not to dissect the track through the neck.

At about this time, Dr. Humes was informed by FBI agents that a bullet had been discovered on a stretcher in the emergency room at Parkland. He and the other pathologists tentatively decided the bullet had penetrated a few inches into the President's back and had been dislodged during emergency treatment at the hospital.

During the autopsy, pieces of bone discovered in the Presidential limousine were brought to Bethesda, where they were determined to have been part of the President's skull.

Dr. Humes made note of the tracheotomy incision. The pathologists examined most major organs of the President's body. X-rays and photographs were taken. The brain was retained for future examination; slides were extracted from tissue organs and sections. The autopsy ended at about 11 p.m. eastern standard time.

On the morning of Saturday, November 23, Dr. Humes spoke by telephone with Dr. Perry in Dallas, who explained that he had made the tracheotomy incision through a small, circular throat wound. Dr. Humes then theorized it was an exit corresponding to the entry wound in the upper back, and he reflected this belief in his autopsy report filed November 24.

All participants in the autopsy were under naval orders—to be lifted until the select committee began its investigation—to be silent as to its results, but rumors began to fly anyway, and confusing news accounts soon began to appear. The effect of these erroneous news accounts on public perceptions is important to emphasize. Here is a sampling from the *New York Times*:

November 23: The President suffered an entrance wound in the Adam's apple and a massive head wound in the head.

December 17: The FBI had concluded one bullet had struck the President in the right temple and another had hit where the right shoulder joins the neck.

December 19: The pathologists had determined a bullet had lodged in the back, a second had struck the right rear of the head.

J. Edgar Hoover, the Director of the FBI, submitted the Bureau's report of the assassination to the Warren Commission on December 9, and a supplement to it was filed on January 13, 1964. They reflected the preliminary observations of the FBI agents, who had attended the autopsy.

By early February, the theory that one bullet had traversed President Kennedy's back and throat wounds and caused Governor Connally's wounds—the so-called single bullet theory—began to emerge. At this time, and for several months to come, members of the Warren Commission and its staff were taking testimony from the doctors who had attended the President and who had participated in the autopsy. The Warren Commission and its staff had also viewed the Zapruder film. As far as is known, however, no member of the Commission, or its staff, ever carefully examined the autopsy X-rays or photos, although Chief Justice Warren is reported to have seen them.

In September 1964, the Warren Commission issued its report, in which it concluded the President had been struck by two bullets, one in the back and one in the rear of the skull, as the autopsy report had indicated. Although it used carefully guarded language,

the Commission concluded that the bullet that exited the President's throat also caused all of Governor Connally's wounds.

Finally, the Commission said the bullet that was found on the stretcher at Parkland Hospital was the one that hit both the President and Governor Connally. This bullet, known by its exhibit number, CE-399, has come to be known as the pristine bullet.

Not long after publication of the Warren report, criticisms of its findings began to appear. In 1966, Edward Jay Epstein, in *Inquest*, revealed that the FBI report of December 9, 1963, stated that the missile that entered the President's back did not exit—this, in spite of the fact that the FBI had access to Dr. Humes' written report indicating otherwise.

In addition, in 1966, Mark Lane published his "Rush to Judgment." He quoted the early comments of several doctors at Parkland, in which they described the throat wound "as one of entry." Lane then argued that if the President was hit both from the front and back, there had to be more than one assassin. Lane also criticized the "single bullet" theory, suggesting that it had been devised by the Warren Commission to explain how one assassin could have inflicted all the wounds in the requisite time period. As the "single bullet" theory fell, so, argued Lane, the specter of two gunmen rose.

In 1967, Josiah Thompson, in "Six Seconds in Dallas," proposed that the President had been struck simultaneously by two shots, one from the rear and one from the front.

In October 1966, the autopsy materials, which had been, up until that time, retained by the Kennedy family, were transferred to the custody of the National Archives under a restrictive deed of gift that sharply limited public access to them. In November 1966, the autopsy pathologists were asked by the Department of Justice to review the X-rays and photographs. This was the first time they had ever reviewed the photographs. Nevertheless, they concluded they were consistent with their original autopsy findings.

In 1968, Acting Attorney General Ramsey Clark convened a panel of medical experts for the purpose of making an independent review of the X-rays and photos. The panel confirmed the autopsy findings as to the number of wounds and the general direction from which the shots came, but it differed with the pathologists at Bethesda on one important point: it said that the wound in the rear or the President's head was 10 centimeters above where it had been placed by the autopsy.

In 1975, the Rockefeller Commission asked still another panel of experts to review the photographic evidence. The findings concurred with those of the panel appointed by Clark.

In 1976, the select committee was, of course, charged by the House of Representatives to undertake its investigation into the assassination of President Kennedy. The committee recognized that it, too, was obligated to examine all of the medical issues that had arisen over the years.

They include: (1) The number of bullets that struck President Kennedy and Governor Connally; (2) the number of wounds each man received, their locations and whether they were wounds of entry or exit; (3) the 10-centimeter discrepancy in the location of the wound to the rear of the President's head; (4) the course of the

so-called pristine bullet through both President Kennedy and Governor Connally; (5) the apparent backward motion of the President's head, as shown in the Zapruder film, as he is hit by the fatal bullet; (6) the possibility that the President was struck in both the rear and the front of the head; (7) the statements of the Parkland doctors concerning President Kennedy's wounds; (8) the authenticity of the autopsy X-rays and photographs; (9) the competence and the validity of the autopsy, including an allegation that the pathologists were ordered to perform an incomplete examination.

The committee has convened a panel of forensic pathologists to evaluate and interpret the medical evidence. It consists of two groups of doctors—one that had previously reviewed the autopsy photographs and X-rays and one that had not.

Panel members who had previously reviewed the evidence are: Dr. Werner Spitz, medical examiner of Detroit, Mich.

Dr. Cyril H. Wecht, coroner of Allegheny County, Pa.

Dr. James T. Weston, chief medical investigator, University of New Mexico School of Medicine, Albuquerque, N. Mex.

Panel members who had not previously reviewed the evidence are:

Dr. John I. Coe, chief medical examiner of Hennepin County, Minn.

Dr. Joseph H. Davis, chief medical examiner of Dade County, Fla.

Dr. Joseph S. Loquvam, director of the Institute of Forensic Sciences, Oakland, Calif.

Dr. Charles S. Petty, chief medical examiner, Dallas County, Tex.

Dr. Earl Rose, professor of pathology, University of Iowa, Iowa City, Iowa.

The moderator of the panel is Dr. Michael M. Baden, chief medical examiner of New York City.

The panel was asked by the committee to undertake four fundamental assignments:

One, to determine whether there are basic conclusions in the field of forensic pathology on which most, or all, of the panel members could agree.

Two, to perform a detailed critique of the autopsy of President Kennedy.

Three, to write a report of its findings.

Four, to make recommendations for pursuing matters outside the expertise of forensic pathologists.

The committee has arranged to have the two groups of medical experts express their views in a single report with the stipulation that, should any member hold a dissenting opinion, it would be stated in the body of the report.

The committee has also conducted a comprehensive investigation in an attempt to locate missing materials, that is, materials missing from the National Archives, including a steel container alleged to have contained the President's brain which was removed during the autopsy.

All persons, either directly or indirectly, involved in the chain of custody of the autopsy materials have been either interviewed or deposed. The total number of persons interviewed or deposed exceeds 30. The committee has also contacted the Kennedy family.

Despite these efforts, the committee has not been able to determine what precisely happened to the missing materials. A family spokesman, however, did indicate that Attorney General Robert F. Kennedy expressed concern that these materials could conceivably be placed on public display many years from then and that he wished to prevent it.

The spokesman indicated that in his judgment, the materials were destroyed and cannot be recovered. The committee has determined that the materials were not buried with the body of the President at reinterment. The committee has not obtained any other relevant information on this issue.

To illustrate the location of the wounds in the President, the committee has engaged Ms. Ida Dox, an experienced medical illustrator, to render drawings. Ms. Dox graduated from the Johns Hopkins Medical School, Department of Art as applied to Medicine.

Presently, she is the medical illustrator for the Department of Medical-Dental Communication at the Georgetown University Schools of Medicine and Dentistry.

Mr. Chairman, it will be appropriate now to call Ms. Dox.

Chairman STOKES. The committee calls Ms. Dox as a witness.

Would you stand, please, and raise your right hand. Do you solemnly swear the testimony you are about to give before this committee is the truth, the whole truth and nothing but the truth, so help you God?

Ms. DOX. I do.

Chairman STOKES. Thank you. You may be seated.

The Chair recognizes staff counsel, Donald A. Purdy, Jr. for questioning of the witness.

TESTIMONY OF IDA DOX, PROFESSIONAL MEDICAL ILLUSTRATOR

Mr. PURDY. Thank you, Mr. Chairman.

Ms. Dox, please state your full name.

Ms. DOX. Ida Dox.

Mr. PURDY. What is your occupation?

Ms. DOX. I am a professional medical illustrator.

Mr. PURDY. How did you come to work for the select committee?

Ms. DOX. The committee contacted the medical school, the Georgetown Medical School, and I was recommended.

Mr. PURDY. How did you determine what to illustrate for the select committee?

Ms. DOX. This was done by consultation, the staff of the committee, the medical panel, and myself, and it was decided that the photographs taken at autopsy should be copied to illustrate the position of the wounds. The photographs that were selected were the ones that best showed the injuries.

Also, a series of illustrations was needed that would illustrate the findings of the medical panel.

Mr. PURDY. What photographs did you attempt to copy?

Ms. DOX. Four photographs. One shows the back of the head, another one shows the upper back, then the side of the head, and the front of the neck.

Mr. PURDY. How did you copy the autopsy photographs?