

Stenographic Transcript Of

HEARINGS

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Before The

MEDICAL PANEL

of the

SELECT COMMITTEE ON ASSASSINATIONS

# HOUSE OF REPRESENTATIVES

MEDICAL PANEL MEETING

Washington, D.C.

March 11, 1978

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1 House of Representatives  
2 Medical Panel of the Select Committee on Assassinations  
3 Washington, D. C.  
4 Saturday, March 11, 1978

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5 Testimony of John H. Ebersole, M.D.

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6 Testimony of Pierre A. Finck, Retired Pathologist  
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SHORT

## MEDICAL PANEL MEETING

SATURDAY, MARCH 11, 1978

House of Representatives,  
Medical Panel of the Select  
Committee on Assassinations,  
Washington, D. C.

The meeting convened at 10:20 a.m., pursuant to notice,  
in room 503, Archives Building, Seventh Street and Pennsyl-  
vania Avenue, N. W., Washington, D. C.

Present: Marian Johnson, Archivist; Thomas Canning,  
Photographer; D. A. (Andy) Purdy and F. Mark Flanagan, Staff;  
Michael Baden, M.D., Charles S. Petty, M.D., Werner U. Spitz,  
M.D., George L. Loquvam, M.D., Cyril H. Wecht, M.D., John I.  
Coe, M.D., Earl F. Rose, M.D., James T. Weston, M.D., and  
Joseph H. Davis, M.D.

Mr. Purdy. This is the meeting of the Medical Panel of  
the House Select Committee on Assassinations, Saturday, March  
11, 1978, and the time is 10:20 a.m. Our witness before the  
Medical Panel will be Dr. John Ebersole.

Dr. Ebersole, will you take the following oath, please.  
Do you swear that the testimony you are about to give is true  
to the best of your knowledge, information and belief?

Dr. Ebersole. I do.

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## TESTIMONY OF JOHN H. EBERSOLE, M.D.

Mr. Purdy. Please state your full name and address.

Dr. Ebersole. John Henry Ebersole, 1440 Hunsicker Road, Lancaster, Pennsylvania.

Mr. Purdy. What is your present employment?

Dr. Ebersole. I am Chief of the Radiation Therapy Section, Radiation Department, at Lancaster General Hospital, Lancaster, Pennsylvania.

Mr. Purdy. Thank you.

Dr. Ebersole. The primary questioner, or the initial questioner at least, for the Medical Panel will be Dr. Michael Baden.

Dr. Baden.

Dr. Baden. Dr. Ebersole, we would like to thank you for coming down. As we explained, the group here represents the Medical Review Panel evaluating the medical aspects of the death of President Kennedy. We appreciate your coming down to help us in evaluating these medical aspects.

Could you give us any recollections that you have now of the condition of the President's body when you first saw it and how your relationship to the dead body -- what your function was, what your time in the area there was?

Dr. Ebersole. On the day of the assassination I was Acting Chief of Radiology at the Naval Hospital, Bethesda. The Chief Radiologist was away on official orders and as

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1 Assistant Chief I was in fact the Acting Chief. I was  
2 requested by the Commanding Officer at about six thirty to  
3 remain in or near the autopsy room to give any assistance  
4 that might be required in the way of X rays. I was present  
5 in the autopsy room from the time the coffin arrived, the  
6 portable X ray equipment and two X ray technicians.

7 With the exception of the periods when I personally  
8 carried the cassettes containing the X rays to the X ray  
9 Department which was on the fourth floor of the hospital --  
10 with the exception of those periods I was in the autopsy  
11 room from the time the coffin arrived to approximately three  
12 o'clock in the morning at which time my services were  
13 obviously no longer necessary and I left the hospital.

14 Upon removing the body from the coffin, the anterior  
15 aspect, the only things noticeable were a small irregular  
16 ecumonic area above the super ecolobular ridge and a neatly  
17 sutured transverse surgical wound across the low neck. As  
18 we turned the body on the autopsy table there was a textbook  
19 classical wound of entrance upper right back to the right of  
20 the midline three or four centimeters to the right of the  
21 midline just perhaps inside the medial board to the upper  
22 scapula.

23 Again I would like to emphasize this was a textbook  
24 wound -- round, smooth, pure pellish, no raised margins.  
25 The back of the head was missing and the regular messy wound.

1 At that point we had a wound of entrance, i.e., the back  
2 wound, and no known wound of exit.

3 So prior to starting the autopsy we were asked to X ray  
4 the body to determine the presence of a bullet. We took  
5 several X rays of the skull, chest, trunk. These were taken  
6 in the autopsy room on the autopsy table. They were hand  
7 carried by me in their cassettes to what we designate as  
8 Tower Four, the forth floor of the hospital, handled by a  
9 dark room technician, given back to me and hand carried by  
10 me to the autopsy room.

11 The initial films showed the usual metallic fragments  
12 in the skull but no evidence of a slug, a bullet. This was  
13 a little bit disconcerting. We were asked by the Secret  
14 Service agents present to repeat the films and did so. Once  
15 again there was no evidence of a bullet.

16 I assume you are familiar with portable X ray equipment.  
17 It is not the kind that gives a fine diagnostic  
18 but it is helpful in picking up metallic fragments. It would  
19 stand out like a sore thumb either intact or shattered.

20 The autopsy proceeded and at this point I am simply an  
21 observer. Dr. Humes in probing the wound of entrance found  
22 it to extend perhaps over the apex of the right lung bruising  
23 the pleura and appeared to go toward or near the midline of  
24 the lower neck.

25 I believe by ten or ten thirty approximately a communi-

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1 cation had been established with Dallas and it was learned  
2 that there had been a wound of exit in the lower neck that  
3 had been surgically repaired. I don't know if this was  
4 premortem or postmortem but at that point the confusion as  
5 far as we were concerned stopped.

6 The only function that I had was later in the evening,  
7 early in the morning, perhaps about twelve thirty a large  
8 fragment of the occipital bone was received from Dallas and  
9 at Dr. Finck's request I X rayed these. These were the last  
10 X rays I took. The X rays were taken by the Secret Service  
11 that evening; I did not see them again.

12 I must be a little bit vague on this but sometime within  
13 a month of the assassination I received a call from the White  
14 House medical staff -- a member of the White House medical  
15 staff, Captain James Young. Dr. Young asked me if I could  
16 review the skull X rays for the purpose of getting some  
17 measurements for a sculpture. I said, yes, I thought that  
18 was feasible.

19 I was driven to the White House Annex where I did see  
20 the skull films and took certain measurements and in taking  
21 those measurements may well have drawn lines on the film.  
22 It was then necessary for me to go back to Bethesda and  
23 determine some magnification or subtraction factors. I  
24 understand in the use of the portable X ray equipment the  
25 structures depicted are not necessarily related to actual

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1 size and life.

2 Now if one duplicates the conditions with the skull,  
3 you can establish a magnification factor or a subtraction  
4 factor. So after seeing the films at the White House Annex,  
5 going back to Bethesda and using a human skull to determine  
6 magnification factors, actually they were substantive factors.  
7 The image on the film was larger than in life one would  
8 expect from the physical setup. I then phoned Dr. Young on  
9 open telephone using the expression like, something to the  
10 effect that Aunt Margaret's skirts needed the following  
11 change, and gave him the numbers to multiply the numbers I  
12 had previously provided from examining the X rays at the  
13 White House Annex.

14 The third and last time that I saw these films was here  
15 in this building when they were placed in the Archives with  
16 Dr. Humes present and Dr. Finck present, also the photographer  
17 who took the picture.

18 In summary I would like to emphasize one thing. These  
19 films, these X rays were taken solely for the purpose of  
20 finding what at that time was thought to be a bullet that  
21 had entered the body and not exited. If we were looking for  
22 fine bone detail, the type of diagnostic exquisite detail we  
23 want in life, we could have taken the pictures in the X ray  
24 Department, made the films there, but we felt that the portable  
25 X ray equipment was adequate for the purpose; i.e., locating a



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1 metallic fragment.

2 In examining those films such fine things were obvious  
3 as millogram difficulty from a previous millogram with traces  
4 still present in the spinal canal. I did not testify at the  
5 Warren Commission. I have not testified or given witness to  
6 any official body except this one. I have been contacted by  
7 the usual sensation seekers and authors during the years but  
8 have not made any comment except on one occasion when a  
9 fellow radiologist at the Rocky Mountain Annual Meeting in  
10 Denver made the statement that a radiologist was not present  
11 at the time of the autopsy. This was Dr. Morgan from Johns  
12 Hopkins. In writing to Dr. Morgan I stated that I certainly  
13 was present and gave him my qualifications. I did not receive  
14 an answer.

15 Mr. Purdy. Thank you, Dr. Ebersole.

16 Dr. Baden. A couple of questions relative to the X rays.

17 We have with us the X rays numbered 1 to 4. Do you  
18 recall that those are the numbers of X rays that you had  
19 placed in the Archives?

20 Dr. Ebersole. Yes.

21 Dr. Baden. When you placed the X rays in the Archives  
22 were you satisfied that they were each and every X ray that  
23 you took? Is there a possibility that there were additional  
24 X rays that you did not see when you put the X rays in the  
25 Archives?

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1 Dr. Ebersole. No. Those were the numbers which we took  
2 of which there were images.

3 Dr. Baden. Did you take X rays on which there were not  
4 images?

5 Dr. Ebersole. That may be possible. One film had no  
6 image and it was destroyed.

7 Dr. Baden. But there were no X rays other than the ones  
8 that were put into the Archives?

9 Dr. Ebersole. That is right.

10 Dr. Baden. Do you recall when you took the X rays in  
11 the sequence of taking X rays and you took the X rays initially  
12 before any incision was made in the body?

13 Dr. Ebersole. That is right.

14 Dr. Baden. You took the head, chest, abdomen, extremities?

15 Dr. Ebersole. The order was skull first, then chest, then  
16 trunk.

17 Dr. Baden. I see. When Colonel Finck came in these had  
18 already been taken?

19 Dr. Ebersole. Yes, and repeated once.

20 Dr. Baden. Now when you say repeated, were X rays  
21 repeated after the autopsy had started? Do you have an  
22 independent recollection of that?

23 Dr. Ebersole. The second group of X rays were taken  
24 either before the incision was made or very shortly there-  
25 after.

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1 Dr. Baden. Maybe your memory will be refreshed as we  
2 go through the X rays.

3 Dr. Ebersole. Yes.

4 Dr. Baden. Some comment had been made in the past about  
5 total body X rays being taken and the fact that the hands and  
6 feet aren't on these X rays.

7 Dr. Ebersole. Correct.

8 Dr. Baden. Did you take X rays of the hands, feet,  
9 extremities?

10 Dr. Ebersole. No, we thought the films we took were  
11 adequate for the purpose for which they were taken.

12 Dr. Baden. When you first saw the body on the X ray  
13 table, apart from yourself and Drs. Humes and Boswell were  
14 there any other physicians who in any way participated or  
15 officially observed the autopsy?

16 Dr. Ebersole. No. At that time to the best of my  
17 knowledge only myself, Dr. Boswell, Dr. Humes were present.  
18 Dr. Finck was to arrive later.

19 Dr. Baden. Dr. Finck arrived later.

20 Now you have mentioned that the tracheostomy was sutured  
21 when you first saw it.

22 Dr. Ebersole. There was a sutured wound, a transverse  
23 wound at the base of the neck.

24 Dr. Baden. Do you remember any other sutured wounds?

25 Dr. Ebersole. No, I do not.

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1 Dr. Baden. Sutured incisions that might have been --

2 Dr. Ebersole. No.

3 Dr. Baden. Do you know how Dr. Finck came to the autopsy  
4 room?

5 Dr. Ebersole. I believe Dr. Humes contacted him by  
6 telephone after things had started and asked him to be there.

7 Dr. Baden. And do you know or did you discuss or did  
8 you have personal knowledge at the time of doing the examina-  
9 tion whether there were any strictures as to the extent of the  
10 autopsy or was the manner in which the autopsy was done purely  
11 a decision made by the physicians there?

12 Dr. Ebersole. To the best of my knowledge there were  
13 absolutely no restrictions and it was Dr. Humes' decision as  
14 to the extent of the autopsy.

15 Dr. Baden. When the body arrived and was taken out of  
16 the casket, do you recall, was there a plastic bag around the  
17 head or --

18 Dr. Ebersole. I don't recall. I was there when it was  
19 opened. I don't recall a plastic bag, no.

20 Dr. Baden. Do you have any impressions or concerns  
21 about soft tissue, possible soft tissue movements in taking  
22 the X rays of the scalp tissues?

23 Dr. Ebersole. No. I personally held the head or the  
24 scalp. The physician then kept my hands in place.

25 Dr. Baden. Okay. I will show you some of the X rays

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1 and we will go on then one by one.

2 Does anybody have any questions?

3 Dr. Weston.

4 Dr. Weston. I would like to go back to the conversation  
5 you had with Captain James Young in which you indicated that  
6 you went back to Bethesda and when back there you had reason  
7 to correct your measurements. What was the basis for that  
8 correction?

9 Dr. Ebersole. X ray beams are divergent on an X ray  
10 tube.

11 Dr. Weston. Yes, I understand that.

12 Dr. Ebersole. All X ray beams from a tube diverge. An  
13 object placed here with a film underneath it is going to be  
14 distorted unless that object is placed at least six feet away  
15 from the tube. At that point the divergence has become almost  
16 non-existent. This is why in X raying the chest and measuring  
17 the heart size we want a distance of at least six feet. We  
18 can measure the heart reasonably accurately. In the use of a  
19 portable X ray equipment the source of radiation is very close  
20 to the object; therefore, there is a good deal of distortion.  
21 Second, there are two diversions.

22 Now all one has to do is to duplicate that setup with a  
23 known steel ruler, what have you.

24 Dr. Weston. I see.

25 Dr. Ebersole. A known distance. Repeat the performance,

1 measure it on the new X ray and you have a factor. Perhaps  
2 your diameter from liaison to the occipital bone might  
3 have been 12 centimeters. As a result of the calibration of  
4 the setup you might have to multiply this by something like  
5 .9 to have greater accuracy or .8. It was that number that  
6 I had to go back and determine and then phone to the White  
7 House to apply to the numbers that I had furnished Dr. Young.

8 Dr. Weston. Do you have any independent recollection  
9 or do you have any record that would indicate what that factor  
10 was as you related?

11 Dr. Ebersole. No. I remember that one of the key  
12 measurements that we wanted to make was from on the base of  
13 the nose to the estimated point of the exit. The measurement  
14 I made was through the middle of the orbitals.

15 Dr. Weston. When you do this do you take a mean distance  
16 of thickness? In other words, above the cassette would you  
17 take, for example, like in the middle of the head as an  
18 average or do you take the closest point?

19 Dr. Ebersole. You try to take some anatomical  
20 that would be constant.

21 Dr. Weston. I am thinking about where you put your ruler.

22 Dr. Ebersole. On the film or some mean distance from the  
23 film.

24 Dr. Weston. In other words, do you recall what you did  
25 in that instance?

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1 Dr. Ebersole. I used a skull.

2 Dr. Weston. Oh, you used a skull.

3 Dr. Ebersole. I said ruler here for this example but I  
4 used a skull, a human skull when I went back to Bethesda.  
5 You know, an anatomic specimen that we had in the department.

6 Dr. Weston. And you set the portable -- the portable  
7 moves up and down, doesn't it?

8 Dr. Ebersole. Yes.

9 Dr. Weston. How do you know you set it exactly the  
10 same distance?

11 Dr. Ebersole. We had a distance that we used the night  
12 of the autopsy. We used that distance, we used that machine.

13 Dr. Weston. I see.

14 Dr. Ebersole. And a human skull.

15 Dr. Weston. So you did make a record somewhere of how  
16 far above the body the X ray --

17 Dr. Ebersole. Yes. That is the standard distance of a  
18 portable X ray. While it may be varied, it is a standard.

19 Dr. Baden. Incidentally for the record, at the time that  
20 you did this what was your position at Bethesda officially?

21 Dr. Ebersole. I was a Commander of the United States  
22 Navy, Assistant Chief of Radiology and head of the Radiology  
23 Division.

24 Dr. Baden. Where had you gone to college?

25 Dr. Ebersole. University of Indiana; graduated in 1948.

1 Dr. Baden. Then you had been in the military for how  
2 long?

3 Dr. Ebersole. I entered the naval service July 1948.

4 Dr. Baden. And your position was as you described at  
5 the time of the shooting of President Kennedy.

6 Dr. Ebersole. From 1949 to 1959 I was associated with  
7 nuclear submarines and had special training in nuclear  
8 physics, Duke University, and Oak Ridge, Tennessee. I was  
9 commissioned and served on the USS NAUTILUS and the USS SEA  
10 WOLF, the first two nuclear submarines. When the SEA WOLF  
11 was decommissioned I started a residency in radiology in  
12 Bethesda. I completed that residency in July 1963. At that  
13 time I became Chief of Radiation Therapy in the Medicine  
14 Section. In December 1963 I was board certified by the  
15 American Board of Radiology at the Cincinnati examination.

16 Dr. Baden. Now one other point before we get to the  
17 X rays which are on the view box. Some mention has been made  
18 to our committee about Dr. Humes asking "Who is in charge?" at  
19 the time of the autopsy when he started the autopsy to the  
20 persons in the autopsy room. Do you recall that specifically  
21 or anything like that, a comment that might have been made of  
22 that nature?

23 Dr. Ebersole. No, I don't recall, Dr. Baden, any specific  
24 question. Dr. Humes might well have directed that to the many  
25 people who were milling around the autopsy room who were Secret

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1 Service agents of the White House staff.

2 Dr. Baden. But there was no clear impression that you  
3 had that somebody in that room was in any way giving orders  
4 as to how the autopsy should be done?

5 Dr. Ebersole. Absolutely not. If I may add now, there  
6 was a specific Secret Service agent who did ask me to repeat  
7 some of these X rays when the first set showed no bullet.

8 Dr. Baden. Perhaps we can identify these as we go along.

9 Any other comments, questions?

10 Dr. Weston. Before he gets to actually reading the X rays  
11 I would like to ask -- and this is not a reflection on your  
12 experience or anything, I just would like to know for the  
13 record approximately how many gunshot cases you have had  
14 occasion to examine the X rays of and how many of them were  
15 in the velocity range of this kind of a missile and in these  
16 particular locations.

17 Dr. Ebersole. This has to be a rough estimate, Doctor.  
18 I suppose in the field of radiology I have had to read or  
19 interpret X rays during my residency and subsequent to that  
20 in perhaps 20 to 25 cases. Now this ranges all the way from  
21 the shotgun wounds to self-inflicted revolver wounds and so  
22 on. I would not say that any of those 20 or 25 cases would  
23 be exactly the same as this one.

24 Dr. Weston. That is 20 to 25 cases all together in any  
25 location?

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1 Dr. Ebersole. All together.

2 Dr. Baden. All locations.

3 Dr. Weston brought up the point about interpreting X rays.  
4 Hopefully you will be able to provide us two functions. One  
5 is discussions about technically what was happening when you  
6 were taking these X rays, and in fact these are the X rays you  
7 have taken as well as any insight you might give us as a  
8 radiologist as to the findings.

9 Now, number one, you have not seen these for a while.

10 Dr. Ebersole. No.

11 Dr. Baden. When was the last time you saw these?

12 Dr. Ebersole. The last time I saw these, and then it  
13 was not in a nice view box but it was here in this building  
14 in the Archives. When was that, 1966?

15 Dr. Baden. We will shift your position a little bit.

16 Number one, what is this long rectangular object at the  
17 lower portion of the X rays of the head? That question has  
18 come about just if you recall. Was that a measuring device  
19 or a radial opaque?

20 Dr. Ebersole. It is a rectangular metal object. It  
21 looks as if it could be used as a measuring device, yes.

22 Dr. Baden. All right.

23 Mr. Purdy. Dr. Baden, which X ray?

24 Dr. Baden. X rays 1 and 2 and it is also present on  
25 X ray No. 3.

Now, number one, do you recognize the three skull X rays, 1, 2 and 3, as the ones you had taken?

Dr. Ebersole. When I last saw these I personally affixed some metal tape to them. Was that on these at any time?

Dr. Baden. The red metal tape numbered 1, 2 and 3.

Dr. Ebersole. These are the films.

Dr. Baden. These are the films that you took?

Dr. Ebersole. Yes.

Dr. Baden. And that you put into the Archives later?

Dr. Ebersole. Right.

Dr. Baden. Now in fact on No. 2 there are some penciled lines.

Dr. Ebersole. Yes.

Dr. Baden. Are these the lines that you refer to as having --

Dr. Ebersole. Yes. On No. 2 specifically, this is a line that I made to identify definitely the lower line running from the naision . There is a second line at the angle to that first one which I also made. The attempt here was to get a line from the high point of the forehead back to the occipital.

Dr. Baden. And that was for purposes of, as you understood it -- at the sculpture's request?

Dr. Ebersole. As I understood this was information that might be of use to a sculptor in making a bust.

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1 Dr. Baden. On looking at film No. 1 you see there are  
2 two artifact points. Could you describe those and indicate  
3 what you think they are?

4 Dr. Ebersole. These are raised blisters, rounded areas  
5 on the X ray film due to overheating the emulsion and probably  
6 coming about placing it on what we call a hot light. Imagine  
7 a photo flood bulb and this placed too close to it. Associated  
8 with these two areas there is wrinkling in the film base which  
9 also happens when it is applied to too hot a source.

10 Dr. Baden. Do you have any knowledge when and how they  
11 occurred?

12 Dr. Ebersole. I don't know. It may have happened that  
13 night and I may have been the guilty party as well as under  
14 standard view boxes.

15 Dr. Baden. Do you on examination of these films have an  
16 opinion as to where the gunshot wound of entrance was in the  
17 head radiologically?

18 Dr. Ebersole. In my opinion it would have come from the  
19 side and the basis of the films. I guess that is all that  
20 can be said about the films at this time.

21 Dr. Baden. Have you had occasion in the past to review  
22 the films for the purpose of determining --

23 Dr. Ebersole. No, sir. Again I would like to emphasize  
24 my purpose of taking the films, and my interpretation that  
25 night was solely to locate a bullet that at that time we

1 thought was still in the body.

2 Dr. Baden. And your subsequent exposures to the film  
3 were in no way related to trying to identify or to interpret  
4 the films?

5 Dr. Ebersole. That is correct. They were to identify  
6 the films for insertion into the Archives and on the interim  
7 occasion to get some measurement for the sculpture.

8 Dr. Baden. These three films in particular, were they  
9 all taken before the autopsy was begun?

10 Dr. Ebersole. Yes. The skull films were definitely  
11 taken before the autopsy.

12 Dr. Baden. Did you repeat the skull films?

13 Dr. Ebersole. To my knowledge.

14 Dr. Wecht. What are the numbers?

15 Dr. Baden. One, two and three are the skull.

16 Now if anybody has any subsequent questions or comments,  
17 please do not hesitate to raise them.

18 The X rays labeled 4, 5 and 6 are the fragments. Who  
19 assigned the numbering to the film?

20 Dr. Ebersole. I think I probably did at the time they  
21 were put in the Archives but temporally speaking this was the  
22 last to be taken, No. 4.

23 Dr. Baden. To rephrase the question, does the numbering  
24 in any way indicate the sequence in which they were taken?

25 Dr. Ebersole. No, it is not the time sequence.

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1 Dr. Baden. So 4, 5 and 6 which are X rays of bone  
2 fragments were the last films that you took?

3 Dr. Ebersole. Yes.

4 Dr. Baden. Now the response to that was yes?

5 Dr. Ebersole. Yes.

6 Dr. Baden. Do you recall seeing those three fragments  
7 and X raying the bones?

8 Dr. Ebersole. Yes. This was maybe midnight to one  
9 o'clock when these fragments arrived from Dallas.

10 Dr. Baden. After the autopsy?

11 Dr. Ebersole. The autopsy was still going on during  
12 that period.

13 Dr. Baden. And it is your impression that before the  
14 autopsy was finished at ten thirty at night contact had been  
15 made between Dr. Humes and --

16 Dr. Ebersole. I must say these times are approximate  
17 but I would say in the range of ten to eleven p.m. Dr. Humes  
18 had determined that a procedure had been carried out in the  
19 anterior neck covering the wound of exit. Subsequent to that  
20 the fragments arrived. At the time the fragments were X rayed  
21 Dr. Finck was present.

22 Dr. Baden. Do you have any idea, what did you do with  
23 the fragments after you finished X raying them?

24 Dr. Ebersole. Returned to the autopsy room. They were  
25 kept in the autopsy room.

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1 Dr. Baden. Do you have any independent recollection as  
2 to whether or not they were retained or interred with the  
3 body?

4 Dr. Ebersole. No recollection after giving them back to  
5 Dr. --

6 Dr. Loquvam. Were these taken with the portable?

7 Dr. Ebersole. No, I believe these were taken in the  
8 main X ray department. If you notice, the bone detail on  
9 these is really much better than on the other films and I  
10 think these I carried to the X ray department and took them  
11 in the X ray department.

12 Dr. Baden. All three X rays?

13 Dr. Ebersole. Yes.

14 Dr. Baden. Four, five and six?

15 Dr. Ebersole. Yes. I would particularly like to call  
16 your attention to 6 as being a finer quality film than you  
17 see in the other ones. That is more typical of the type of  
18 film that you obtain with a stationery or regular diagnostic  
19 equipment rather than portable.

20 Dr. Baden. When you were taking these in the course of  
21 the X rays, was there an attending physician, a radiologist  
22 about?

23 Dr. Ebersole. No, there was not.

24 Dr. Baden. And you consulted essentially with Dr. Humes  
25 and Dr. Boswell?

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1 Dr. Ebersole. Yes.

2 Dr. Baden. Now do you recall also when you took the  
3 X rays 4, 5 and 6 whether you turned the bones or were they  
4 all taken at three different exposures in the same position?

5 Dr. Ebersole. I cannot recall that. I think the  
6 repeated films were necessary because we didn't feel that  
7 these early ones were properly exposed.

8 Dr. Baden. Was any attempt made that you recall to  
9 reconstruct the defect in the skull utilizing these three  
10 bones?

11 Dr. Ebersole. Not to my knowledge.

12 Dr. Baden. Do you recall discussion as to the signifi-  
13 cance of the radio opaque material in the one margin of the  
14 largest fragment?

15 Dr. Ebersole. I felt they were metallic fragments from  
16 the bullet.

17 Dr. Baden. Entrance or exit?

18 Dr. Ebersole. I don't believe I could tell..

19 Dr. Baden. Do you recall discussing that with the other  
20 doctors in the autopsy room?

21 Dr. Ebersole. No.

22 Dr. Baden. Now do you recall discussing them specifically  
23 with Dr. Finck?

24 Dr. Ebersole. We discussed it, yes. I don't know that  
25 there was any conclusion reached.



1 Dr. Baden. Was Dr. Finck at this point or after he came  
2 actively involved in the autopsy?

3 Dr. Ebersole. Yes, particularly in looking at the frag-  
4 ments and looking at the X rays.

5 Dr. Baden. Did he have gloves on and was he actually  
6 dissecting?

7 Dr. Ebersole. No, he was not dissecting. As I remember,  
8 he was not gowned during the time I was present and was not  
9 actively dissecting the body.

10 Dr. Baden. I take it then he was observing and talking.

11 Dr. Ebersole. In the background.

12 Dr. Baden. To the prosecutors?

13 Dr. Ebersole. Did see the fragments, did handle the  
14 fragments and then saw the X ray.

15 Dr. Baden. On the largest fragment with the metal  
16 fragments present, the radio opaque fragment present, would  
17 you have any comment on that serrated margin on that fragment?

18 Dr. Ebersole. No, not from that angle.

19 Dr. Baden. Do you have any independent recollection of  
20 what the fragments looked like apart from the X rays?

21 Dr. Ebersole. No, except that I was rather surprised on  
22 the X rays to see the metallic fragments because I could not  
23 see them by naked eye. The piece that I remember was a larger  
24 piece, it was handed to me in the Commanding Officer's office  
25 and was wrapped in gauze. It looked like ordinary fresh bone.

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1 They were then taken to the main X ray department from the  
2 fourth floor and X rayed there and then taken to the autopsy  
3 room.

4 Dr. Baden. Do you recall, were you told from whence they  
5 had been obtained?

6 Dr. Ebersole. I think Dr. Finck had told me they had  
7 just arrived from Dallas.

8 Dr. Baden. Where?

9 Dr. Ebersole. No, just arrived from Dallas, period.

10 Dr. Baden. Do you recall seeing beveling on the bone  
11 on the largest fragment?

12 Dr. Ebersole. No.

13 Dr. Baden. No, you don't see it or no, you don't recall?

14 Dr. Ebersole. I don't recall the degree of beveling we  
15 had. This would have been something that Dr. Finck would  
16 have been very interested in and they were turned over to him.

17 Dr. Baden. If in the course of our discussion you have  
18 any other recollections of anything that you think might be  
19 of value to the physicians here in evaluating all the medical  
20 findings, please don't hesitate to volunteer.

21 Dr. Ebersole. I have none ~~at~~ this point.

22 Dr. Baden. If anything comes to mind.

23 Now X ray No. 7 labeled 7 is of the abdomen. Do you  
24 recall that X ray?

25 Dr. Ebersole. Other than the marker there is nothing to

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1 identify it as a specific X ray. Do you have one lower of  
2 the pelvis that you can show me and I can be a little bit  
3 more sure of the identification here?

4 Dr. Baden. Yes. X ray No. 14 is of the pelvis.

5 Dr. Ebersole. Although I don't see it now, in the course  
6 of taking these X rays there was some myelographic media  
7 present in the spinal canal and this caused one of the Secret  
8 Service people to question if that might not be a -- here we  
9 are.

10 Dr. Baden. Dr. Ebersole is now looking at X ray No. 13  
11 which is also the pelvis but has a more superior view.

12 Dr. Ebersole. At the time of the autopsy I felt that  
13 this metallic fragment to the right of the midline represented  
14 myelographic media. I think what this really represents is a  
15 buckshot since it is well to the right of the canal. This is  
16 the other possibility. It represents a buckshot or a myelo-  
17 graphic media. This can be very positively identified as  
18 taken that night. This was the rounded material. The  
19 myelographic media would be in or near the midline of the  
20 spinal canal where this appears to be near the right. It  
21 could represent either thing although I expect from its  
22 density and its rounded appearance it means buckshot.

23 Dr. Wecht. What do you mean by buckshot there?

24 Dr. Ebersole. A pellet from the shell fired by a shotgun.

25 Dr. Baden. Are you implying that this would have been a

1 pellet fired into the body at some previous time?

2 Dr. Ebersole. I am saying at some previous time he ate  
3 a duck or a rabbit and this is either in the appendix or the  
4 -- I expect out in the street we would find something like 15  
5 or 20 percent of the population to have that.

6 Mr. Flanagan. I would like to switch the tape and also  
7 to document the tape momentarily stopped at 3:13 when the  
8 cord come out of the wall.

9 Dr. Baden. Why did you take the two X rays of the pelvis  
10 that are similar? Were these taken at the same time or one  
11 later?

12 Dr. Ebersole. I believe that represents the second go  
13 around.

14 Dr. Baden. One represents the second go around because  
15 there does appear to be fecal in the large intestines on both.

16 Dr. Ebersole. Right.

17 Dr. Baden. The second go around was after the autopsy  
18 had been done.

19 Dr. Ebersole. No, certainly the autopsy was not completed  
20 at the time of the second one. It would have possibly been  
21 started but all X rays with the exception of fragments were  
22 taken fairly early in the evening.

23 Dr. Baden. Do you recall independently whether the pelvic  
24 organs were looked at and examined in the course of the autopsy?

25 Dr. Ebersole. Yes, they were.

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1 Dr. Baden. They were. We have just completed reviewing  
2 X rays 13 and 14.

3 Dr. Rose. Could I ask clarification of that last ques-  
4 tion.

5 Dr. Baden. Yes.

6 Dr. Rose. The clarification of the previous question is  
7 the abdominal organs were looked at and reviewed. My question  
8 is removed or not removed to your knowledge?

9 Dr. Ebersole. To my knowledge they were removed. I  
10 specifically remember seeing the kidneys being laid outside  
11 the body.

12 Dr. Rose. Thank you, sir.

13 Dr. Ebersole. Doctor, let me clarify this. Remember at  
14 times I was outside the autopsy room for the purpose of  
15 getting these films and then on one occasion called to the  
16 Commanding Officer's office to pick up the fragments sent in  
17 from Dallas so there would be things I would not be aware of  
18 but I do remember specifically the kidneys being removed.

19 Dr. Rose. Thank you.

20 Dr. Weston. Before you go on with this, for the record  
21 I would like to have a little better handle on what you feel  
22 that you are qualified to testify about based on those X ray  
23 films and your expertise. In other words, I don't want to  
24 pose questions to you which --

25 Dr. Ebersole. I think your question is a very good one.

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1 Although I was trained in diagnostic radiology, I am not a  
2 diagnostic radiologist and have not been since 1963 at which  
3 time I started doing radiation therapy and have engaged in  
4 that full time since. As far as my expertise that night, I  
5 don't think it should be questioned because what was being  
6 asked of my expertise was, is there a slug in the body?

7 Dr. Weston. I understand that. I am coming back to your  
8 expertise now.

9 Looking at those skull films, you would feel comfortable  
10 in saying there were fractures there?

11 Dr. Ebersole. Yes.

12 Dr. Weston. And yet I understood you to say that I think,  
13 would you not, and yet I understood you to say that you felt  
14 like there had been a bullet wound on the right side of the  
15 head, is that correct?

16 Dr. Ebersole. No. I would say on the basis of those  
17 X rays and X rays only one might say one would have to estimate  
18 there that the wound of entrance was somewhere to the side or  
19 to the posterior quadrant.

20 Dr. Weston. To the side or to the posterior quadrant.

21 Dr. Ebersole. This is 180 degree.

22 Dr. Weston. Okay. Fine. That is all I have.

23 Dr. Baden. We did not --

24 Mr. Petty. May I interject a comment. Experience in  
25 reviewing X ray films taken of the pelvic area and abdominal

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1 area of individuals, perhaps 15 or 20 percent of these indi-  
2 viduals have shot in them?

3 Dr. Ebersole. Yes, sir. This depends a little bit on  
4 the part of the country but certainly seeing a single buckshot  
5 in a pelvic X ray.

6 Mr. Petty. May I also ask you what your definition of a  
7 buckshot is?

8 Dr. Ebersole. This is a rounded metallic pellet of a  
9 shotgun shell.

10 Mr. Petty. Have you ever seen a bird or a rabbit shot  
11 with buckshot?

12 Dr. Ebersole. Yes.

13 Mr. Petty. I just wanted to bring out one thing. I  
14 believe it is birdshot, not buckshot. Let's say pellet.

15 I am not trying to cast any aspersions on this, I merely  
16 want to get it correct for the record. This is a birdshot,  
17 not buckshot.

18 Dr. Ebersole. That is correct.

19 Dr. Baden. Birdshot as opposed to buckshot.

20 I take it also from your initial responses pursuant to  
21 Dr. Weston's comment just a few minutes ago to the evaluation  
22 of the injury to the head that you had not evaluated the skull  
23 films for points of entrance or entry at the time of the autopsy  
24 or subsequently.

25 Dr. Ebersole. That is correct, sir.

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1 Dr. Baden. And that you were hesitant to give us an  
2 opinion as to entrance and I am also bringing up exit now  
3 from your background training and expertise.

4 Dr. Ebersole. That is correct.

5 Dr. Baden. Continuing with the X rays we have in the  
6 view set, we have X rays on the viewer now 7 and 9 by your  
7 notation but not necessarily in order of having been taken.  
8 Nine is a chest X ray. Was this taken with a portable X ray?

9 Dr. Ebersole. Yes.

10 Dr. Baden. And that was prior to the autopsy?

11 Dr. Ebersole. Yes.

12 Dr. Baden. And 7 is lower chest and abdomin.

13 Dr. Ebersole. Yes.

14 Dr. Baden. Now there are white spots present on the  
15 right lower part of No. 7, left upper scapular area of No. 9,  
16 small tiny spots. Would you have an opinion on what these are?

17 Dr. Ebersole. On No. 9, the chest X ray, all of these  
18 irregular pinpoint capacities appear to be strictly film  
19 artifact. They are brought about by dirt in the cassette and  
20 other things. On film No. 7, the AP abdomin, these are similar  
21 artifacts, unfortunately relatively common with portable  
22 technique and dirty cassettes.

23 Dr. Baden. Seven and nine. Do you recall, was any  
24 special care taken in taking the X rays as far as artifacts  
25 or potential artifacts being caused by dirt?



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1 Dr. Ebersole. No. An experienced radiologist can do  
2 that very rapidly.

3 Dr. Baden. You are satisfied.

4 Dr. Ebersole. Yes, on those two films, 7 and 9, all  
5 irregular pinpoint density type seen are artifacts most  
6 likely due to almost microscopic specs of dirt on the cassettes  
7 that held the emulsion, the film.

8 Dr. Baden. And as we look at each of these X rays,  
9 implicit in your discussion of the X rays are that these are  
10 the X rays that you took at the time of the autopsy and that  
11 you later labeled and put into the Archives?

12 Dr. Ebersole. Yes.

13 Dr. Baden. Have you seen anything that would suggest  
14 any alteration of the X rays in any way, shape or form as you  
15 have viewed them apart from the heat artifacts you have dis-  
16 cussed on the skull X ray?

17 Dr. Ebersole. No. Apart from the heat artifact, no.

18 Mr. Petty. May I ask a question.

19 Dr. Baden. Certainly.

20 Mr. Petty. I have seen a lot of portable X ray films  
21 exposed in the autopsy room and not infrequently one protects  
22 the cassette by wrapping it in something. Were these  
23 cassettes so protected at the time they were placed under the  
24 body of the victim?

25 Dr. Ebersole. I really don't recollect. I have known of

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1 the case in the skull X rays -- no, they were not protected.  
2 I cannot recollect any special precautions taken with the  
3 body cassettes. You must remember at that point we had not  
4 made the incision and I think that is the primary purpose of  
5 doing that, is to avoid the fluids and so on getting on to  
6 the cassettes.

7 Mr. Petty. The only reason I ask that is that I wondered  
8 in regard to the artifacts if some might not have come from  
9 particles of metal or whatever on the plastic or sheets or  
10 whatever the cassetts might have been wrapped in. That is  
11 the only reason I ask.

12 Dr. Ebersole. That is a possibility. To the best of  
13 my knowledge they were not protected in any special way.  
14 This becomes a different situation because the body has to  
15 be washed or there are body fluids that might contaminate it.  
16 Then we would take steps to protect it.

17 Mr. Petty. Dr. Weston.

18 Dr. Weston. I would like to call your attention to one  
19 particular pattern, Dr. Ebersole, which is -- well, for the  
20 record appears to be located over the second rib. You will  
21 note here that there is a triangular thing and then there  
22 seems to be trailing off of three little things in that  
23 direction as if -- do you see that commonly as an artifact?

24 Dr. Baden. Let the record reflect Dr. Ebersole and  
25 Dr. Weston are discussing film No. 9, chest X ray.

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1 Dr. Ebersole. I feel this is really no different from  
2 this type of thing seen here.

3 Dr. Weston. The only difference is that they seem to  
4 be lined up as if there were something there and then some-  
5 thing --

6 Dr. Ebersole. These also appear to be lined up but this  
7 is seen, yes, with artifacts. It is if it is due to dirt.

8 Dr. Weston. You feel more comfortable talking about  
9 artifactual material in an X ray than you do about some of  
10 the other things. I mean certainly you have seen many, many  
11 X rays.

12 Dr. Ebersole. I feel these are really too bright. Here  
13 is a very typical dirt mark.

14 Dr. Weston. What about these?


15 Dr. Ebersole. These are the same.

16 Dr. Weston. Thank you, sir.

17 Dr. Ebersole. I think it might be well for you as you  
18 look at these to put up a film that we have of a known  
19 metallic density such as that birdshot.

20 Dr. Baden. Can we have some decorum, please.

21 Off the record.



22 Now we will proceed. We are almost finished with the  
23 X rays. As we get to X ray No. 9 -- correction, X ray No. 8.  
24 This is of the right upper chest and right upper extremity.  
25 Do you recall specifically taking this X ray and anything you

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1 might comment about it.

2 Dr. Ebersole. This is one of the X rays taken.

3 Dr. Baden. There is prominent radio lucency on the  
4 right side. Could this have been taken after the lung/heart  
5 viscera had been removed, and do you remember taking X rays  
6 of the chest after the viscera had been removed?

7 Dr. Ebersole. This X ray labeled No. 8, normal lung  
8 markings, even normal postmortem lung markings, are not  
9 present and we see no shadow so I have to assume that these  
10 were taken after the viscera had been removed.

11 Dr. Baden. Do you have an independent recollection of  
12 -- correction. Is that what you meant when you referred to  
13 earlier repeating the X rays?

14 Dr. Ebersole. Yes, I think these probably represent a  
15 second go around. These are films 8 and 10 for the record,  
16 and my remarks on film No. 8 also extend to film No. 10. There  
17 are no postmortem lung markings and the cardiac shadow is  
18 absent so I think it has to be assumed that these were taken  
19 after the thorax would have been removed.

20 Dr. Baden. As an interesting aside, a question has been  
21 raised on No. 8. There is a normal hospital marking that you  
22 use to identify each X ray, is that correct, with the number  
23 on it 21296, U. S. Naval Hospital?

24 Dr. Ebersole. Correct.

25 Dr. Baden. And that is present.

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1 Is that the same label you used on all the X rays?

2 Dr. Ebersole. Yes.

3 Dr. Baden. That is not present on No. 10.

4 Dr. Ebersole. You don't have a hot light here?

5 Dr. Baden. No, but we have inspected that though. It  
6 is not present.

7 Dr. Ebersole. It is not there.

8 Dr. Baden. Do you recall what might have happened?

9 Dr. Ebersole. The technician may have forgotten to  
10 affix the marker to the cassette. It may have been placed  
11 outside of the beam on the cassette so that it does not show.

12 Dr. Baden. Are you satisfied that this is indeed an  
13 X ray that you took at the time -- you took in the same time  
14 period you took the other X rays?

15 Dr. Ebersole. Yes, sir, I am.

16 Dr. Baden. And the purpose as you have stated of taking  
17 these X rays was entirely to make sure a bullet was not being  
18 overlooked.

19 Dr. Ebersole. That is correct.

20 Dr. Baden. On film No. 8 in the topmost portion of the  
21 film lateral to the lower cervical spine are some radio opaque  
22 material. Would you have an opinion as to what that material  
23 is or have you looked at, noticed or considered that before?

24 Dr. Ebersole. Irregular.

25 Dr. Baden. This might serve as a hot light.

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1 Dr. Ebersole. Yes.

2 Almost immediately lateral to the right lateral mass of  
3 C-7 is a opacity that might represent metal. Far to the  
4 right of that tiny pinpoint opacity is definitely artifacts.  
5 What I am talking about, are these artifactual? This is the  
6 one that I am describing. That may represent a metallic  
7 fragment.

8 Dr. Baden. Dr. Ebersole is referring to the larger  
9 medial most radio opacity as being possibly a metallic  
10 fragment.

11 Dr. Ebersole. This to here are artifacts again but this  
12 may represent --

13 Dr. Baden. Whereas approximately --

14 Dr. Ebersole. This one would have to be questioned also.

15 Dr. Baden. Approximately a centimeter, lateral dust,  
16 light dots being artifactual.

17 Dr. Coe. Could you separate that from a bone fragment?

18 Dr. Ebersole. I think it is somewhat difficult but it  
19 appears to be somewhat more dense than the surrounding bone.

20 Dr. Spitz. Do you see a fracture in the area?

21 Dr. Ebersole. I suspect that ~~that~~ may be a fracture of the  
22 lateral prospect there. I am not being sure on the basis of  
23 these X rays.

24 Dr. Spitz. Of which?

25 Dr. Ebersole. It would be C7-T1. Here is the first rib.

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1 Dr. Weston. I would like to call your attention to the  
2 configuration of this -- This is the fragment that you are  
3 referring to.

4 Dr. Ebersole. This is a fragment that I would suspect  
5 might be metallic in nature.

6 Dr. Wecht. Which?

7 Dr. Ebersole. I think here you can see here some clear  
8 artifacts, dust.

9 Dr. Weston. I would like you to look at it. What I see  
10 -- I don't know, maybe I am seeing more than what is there --  
11 is something that looks like this.

12 Dr. Baden. Dr. Weston is now drawing on the blackboard  
13 and illustrating the X ray material.

14 Dr. Weston. Now you notice how these line up with this  
15 defect here. Could you attach any significance to that?

16 Dr. Ebersole. I don't see -- the punctuation thing  
17 is just a drawing, artifactual.

18 Dr. Weston. You think they are artifactual?

19 Dr. Ebersole. This area here is artifactual.

20 Dr. Weston. No, get up close to it. You will see that  
21 closer to the fragment itself out here there are two or three  
22 little things that line up with that thing there. Does that  
23 help you to determine one way or the other whether it is or is  
24 not an artifact?

25 Dr. Ebersole. I could not say positively. The fragments

1 you are talking about -- there are four or five punctate  
2 desities extending out lateral to the crescent shape fragment  
3 and in line that might well be associated with it but I cannot  
4 say for sure.

5 Dr. Weston. Would they help you to reach a conclusion  
6 whether that was a metallic or a bone fracture?

7 Dr. Ebersole. No.

8 Dr. Weston. No?

9 Dr. Ebersole. No.

10 Dr. Weston. Now would you compare those for just a  
11 moment with the things that we referred to earlier?

12 Dr. Baden. On X ray No. 7.

13 Dr. Weston. In which you indicated at that time that  
14 there are artifacts.

15 Dr. Ebersole. Those I feel strongly and still feel are  
16 artifacts.

17 Dr. Weston. You do. Okay. Thank you.

18 Dr. Ebersole. By shape, appearance.

19 Dr. Rose. Could I ask a question.

20 From the X rays can you make an estimate as to whether  
21 the neck organs were present or were absent?

22 Dr. Ebersole. I don't think a conclusion could be drawn  
23 from these X rays, Doctor. I see on X ray No. 10 -- no, I  
24 cannot be sure from these X rays.

25 Dr. Weston. Thank you.

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1 Dr. Baden. Do you have an independent recollection  
2 whether the neck organs were examined in the course of  
3 autopsies, referring specifically to the trachea and blood  
4 vessels in that area and larynx?

5 Dr. Ebersole. No. My memory is very vivid for seeing  
6 a bruise in the right apex of the visceral pleura in the  
7 service of the right lung but I was not close enough or was  
8 away on one of these X ray runs when that area was examined  
9 or the trachea specifically.

10 Dr. Baden. When you say no, no means you don't have a  
11 recollection or no it was not done?

12 Dr. Ebersole. I don't have a recollection.

13 My problem there, if I may answer Dr. Rose's question,  
14 is I don't see a tracheal air shadow which I do not expect  
15 to see since I don't see lungs either.

16 Dr. Baden. Continuing our discussion with Dr. Ebersole,  
17 X ray No. 11 is of the lower chest and abdomen, also without  
18 an identifying marker in the film but with a red metallic tape  
19 identification No. 11. Could you advise us as to whether or  
20 not you took that X ray and whether that was taken at the  
21 first set of X rays or after the autopsy was in process?

22 Dr. Ebersole. Once again this X ray No. 11 shows a  
23 generous portion of the lower chest. I see no lung markings  
24 or cardiac shadow so I assume this X ray had to have been  
25 taken after at least the initial portion of the autopsy with

1 the thoracic viscera removed.

2 As far as abdominal contents here, I cannot absolutely,  
3 positively identify renal shadows or bowel gas so this may  
4 have been after abdominal viscera had been removed although  
5 I do think we see some bowel gas here. I think it is ques-  
6 tionable as to the status of the subdygramatic content.  
7 Certainly this has been after the thoracic contents had been  
8 removed.

9 Dr. Rose. Can you see a liver shadow?

10 Dr. Ebersole. No, I definitely cannot see a renal or  
11 kidney shadow. A shadow is present on the right, to some  
12 extent on the left.

13 Dr. Rose. So you would conclude from that that both  
14 the liver and the kidney had been removed?

15 Dr. Ebersole. On the basis of the film, yes. I cannot  
16 identify them.

17 Dr. Baden. Do you notice there is some increased  
18 calcification of the lower calo cartilages? Is that more  
19 than you expect for a young man of this age?

20 Dr. Ebersole. No, no conclusion should be drawn from  
21 calcification to my knowledge.

22 Dr. Baden. Do you have an independent recollection of  
23 looking at the kidneys?

24 Dr. Ebersole. No.

25 Dr. Baden. At the autopsy table?

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1 Dr. Ebersole. No, sir, not myself. I saw across the  
2 room the kidneys being weighed.

3 Dr. Baden. Do you have an independent recollection of  
4 seeing the liver, heart, lungs being examined outside the  
5 body?

6 Dr. Ebersole. Yes. I do definitely remember the liver  
7 being weighed outside the body and the kidneys. The reason  
8 for that, if I may explain, I think we are all somewhat  
9 interested in the adrenal status. Standing across the room  
10 with Dr. Finck was, to the best of my recollection, Dr.  
11 Boswell who actually weighed these organs.

12 Dr. Baden. Did you notice on the initial X rays of the  
13 abdomen such as No. 7 where the viscera appear to be present,  
14 is this an X ray taken prior to the visceration?

15 Dr. Ebersole. I believe this was taken before the  
16 incision was made.

17 Dr. Baden. Did you look for any abnormalities such as  
18 adrenal glands, such as calcification?

19 Dr. Ebersole. No.

20 Dr. Baden. If there was calcification?

21 Dr. Ebersole. Yes, but I did not look for them that  
22 night. Once again we were looking for a bullet.

23 Dr. Baden. But relative to the point of the adrenal  
24 glands was some concern about the condition of the adrenal  
25 glands.

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1 Dr. Ebersole. No, sir, I don't see any. I said as a  
2 result of newspaper articles and the media, etc., we all had  
3 heard that he may have had adrenal insufficiency but certainly  
4 this was not discussed or to my knowledge even mentioned the  
5 night of the autopsy. It was in that background that I happen  
6 to remember specifically seeing them the way the viscera was  
7 because the thought that went through my mind with all we have  
8 been hearing about adrenal, what they will find.

9 Dr. Baden. Some question has been raised to the autopsy  
10 personnel being aware of and perhaps concerned about the  
11 wishes of the family as to rapidity in which the autopsy would  
12 be done and as to the extent of the autopsy. Was the impres-  
13 sion you had at the time of the autopsy that there was any  
14 such consideration?

15 Dr. Ebersole. I had no contact with the family nor did  
16 I hear the family mention that that night.

17 Dr. Baden. More specifically do you think in any way,  
18 shape or form there was any specific consideration given to  
19 the wishes of the family in any manner in which the autopsy  
20 was conducted both as to extent and as to rapidity of being  
21 performed?

22 Dr. Ebersole. I am aware of no such strictures on the  
23 autopsy protocol.

24 Dr. Weston. I would like to be more specific. Did the  
25 President's personal physician actually indicate any

1 instructions to either Dr. Humes or --

2 Dr. Ebersole. Not that I heard, no, sir.

3 Dr. Weston. And you were there about 80 to 90 percent  
4 of the time, would you say?

5 Dr. Ebersole. Yes, sir.

6 Dr. Weston. And you never heard him say that you ought  
7 to do this or you ought not to do that?

8 Dr. Ebersole. No, sir.

9 Dr. Weston. You didn't?

10 Dr. Ebersole. No.

11 Dr. Wecht. Jim, are you referring to Admiral Berkley?

12 Dr. Weston. Yes.

13 Dr. Baden. Do you have a specific recollection of  
14 who Admiral Berkley is? Do you know who Admiral Berkley is?

15 Dr. Ebersole. Yes, I know who he is.

16 I have to admit at this time I don't recall his presence.

17 Dr. Wecht. I think Dr. Ebersole's answer makes it clear  
18 but I just wanted to complete it as a corollary to Jim's  
19 question.

20 Dr. Ebersole, you don't recall then, I assume, from what  
21 you have already said having heard any other Admiral or General  
22 or Secret Service or FBI agent say to any of the three autopsy  
23 physicians or to anybody else in the autopsy room that because  
24 of requests or instructions from the family or from somebody  
25 else that any particular procedure will or will not be done or

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1 that the autopsy will in any way be limited? Is that what  
2 you have said?

3 Dr. Ebersole. That is correct. I was not aware of any  
4 limitations that we were held to.

5 Dr. Spitz. How many people were present in the autopsy  
6 room?

7 Dr. Ebersole. We have to utilize a fifteen year old  
8 memory now.

9 Dr. Spitz. But you know whether there were 5 or 15.

10 Dr. Ebersole. I think closer to 15 depending on what  
11 time you were there. There was milling back and forth,  
12 Doctor, and as I have said to Mike on occasion if we all had  
13 a chance to rehearse this, I am sure we would have done it  
14 differently but there were White House staff there. I  
15 remember an Air Force Brigadier General there. There were  
16 men that we assumed to be Secret Service agents. Depending  
17 at which slice of time that you want to take, there may have  
18 been six people or there may have been eleven or twelve.

19 Dr. Baden. Now relative to the other discussion about  
20 perceived pressures or potential perceived pressures by the  
21 prosecutors, we have all here been in the position of doing  
22 official autopsies where for one reason or another we are  
23 aware of desires by family members (a) not to do an autopsy  
24 or (b) to do it rapidly or to do it partially, and we have all  
25 been in that position.

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1 Dr. Ebersole. Yes.

2 Dr. Baden. Often this kind of awareness can't be  
3 pinpointed to one person telling another person but just to  
4 a general behavior pattern. Apart from that did anybody say  
5 anything to anybody? Is it your impression as a physician  
6 your role was different from Dr. Humes and Dr. Boswell or  
7 Dr. Finck, that there was a perception, for whatever the  
8 reason, real or imaginary, on the part of anybody doing the  
9 autopsy especially in the light of what you raised about the  
10 adrenal glands in particular and other considerations about  
11 rapidity in which the examination would be done that have not  
12 been raised here that there was any feeling from your impres-  
13 sion on any of your four doctors' parts that any part of the  
14 body should not be examined or it should be done quickly or  
15 it should be limited<sup>i</sup> in any way, shape or form?

16 Dr. Ebersole. I was not then aware of any such pres-  
17 sures. I am aware that they can occur in the course of an  
18 autopsy.

19 Dr. Baden. But to the best of your recollection --

20 Dr. Ebersole. But to the best of my recollection there  
21 was no such pressure on us. I felt a little bit of personal  
22 pressure when the first X rays did not show a bullet and I  
23 was asked by the Secret Service agent to repeat but a little  
24 bit of pressure, certainly nothing overwhelming. I knew what  
25 he was after but I didn't feel myself in repeating the X rays

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1 would show the bullet but we did it.

2 Dr. Baden. Now you repeated the X ray specifically  
3 because what you were after was to find a bullet?

4 Dr. Ebersole. A bullet.

5 Dr. Baden. Because there was an entrance in the back  
6 and no exit?

7 Dr. Ebersole. And at least no exit we could identify.

8 Dr. Baden. Apparent.

9 Any questions?

10 Dr. Weston. Before you leave that could I ask one more  
11 question.

12 Dr. Baden. Certainly.

13 Dr. Weston. I am not clear on the chronology. When  
14 you first started talking you gave the impression that  
15 everybody had the impression that there was a bullet hole  
16 in the back of the neck. You gave me the impression that  
17 they rolled the body over almost immediately. Is that a  
18 correct impression?

19 Dr. Ebersole. I don't know whether we looked at the  
20 anterior or posterior aspect first. I would suspect it was  
21 posterior.

22 Dr. Weston. You looked at the posterior first?

23 Dr. Ebersole. A head wound and a wound of entrance.

24 Dr. Weston. They saw the wound of entrance on the back  
25 of the neck almost immediately?



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1 Dr. Ebersole. Yes. At least immediately, yes. This  
2 again is a question of recollection of whether it was the  
3 posterior or anterior surface.

4 Dr. Weston. But you said they didn't recognize this as  
5 being an exit wound until after the conversation with Dallas  
6 which was ten or ten thirty.

7 Dr. Ebersole. Or later.

8 Dr. Weston. By that time you had already taken two sets.

9 Dr. Ebersole. No, no, no.

10 Dr. Weston. Oh.

11 Dr. Ebersole. When both aspects of the body had been  
12 viewed, and I do not know in what order they were reviewed,  
13 we were faced with the problem of a wound of entrance and not  
14 a known wound of exit, so at that point we perhaps would never  
15 have taken any X rays had we had a wound of entrance and a  
16 wound of exit. Remember, I am standing by waiting for the  
17 prosector to start with my X ray equipment. We had certainly  
18 not to my knowledge planned to take any X rays at this autopsy  
19 but when it became apparent we had a wound of entrance and no  
20 known wound of exit, this is when I was brought into the action.

21 Dr. Weston. Chronologically though relative to when the  
22 body was first undressed and inspected --

23 Dr. Ebersole. My recollection is that we took most of  
24 these pictures before the autopsy started but the film shows  
25 that my recollection is not very good in that respect and I

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1 would have to state that there might have been quite a time  
2 gap between the first films and the later ones that showed  
3 the viscera removed.

4 Dr. Bader. There were three later ones.

5 Do you have any impression or recollections of the  
6 initial decision-making process of what to do prior to your  
7 being asked to take the X ray if there were an exit perfora-  
8 tion apparent as to whether or not you would have taken any  
9 X rays --

10 Dr. Ebersole. I don't know.

11 Dr. Bader. You may not have?

12 Dr. Ebersole. We may not have.

13 Dr. Bader. Do you have any impression as to whether or  
14 not this would have influenced the extent that the autopsy  
15 would have been done, the extent of the autopsy?

16 Dr. Ebersole. No, I don't.

17 Dr. Bader. Was there discussion perhaps or any impres-  
18 sion that if there were an obvious wound of exit that perhaps  
19 an autopsy would not be necessary?

20 Dr. Ebersole. No, sir, that was not my impression.

21 Dr. Bader. What was your impression?

22 Dr. Ebersole. My impression was we have no wound of  
23 exit, we have to proceed with the autopsy, and I would have  
24 stayed in my corner all night.

25 Dr. Bader. Now to finish up, the last of the X rays that

1 we have not seen is No. 12 of the lower thigh and upper  
2 fibula bilateral.

3 Dr. Ebersole. Upper two-thirds.

4 Dr. Bader. Do you recall as to whether or not any  
5 X rays further distal of the lower extremities were taken?

6 Dr. Ebersole. I do not believe we took any further.

7 I would like to call your attention to this. On several  
8 artifacts, those of you who have been asking, here are some  
9 nice punctate ones. Here is a --

10 Dr. Bader. Dr. Ebersole is pointing to the medical  
11 aspect of the left thigh where there are a series of three  
12 prominent radial lucent which is referring to article --

13 Dr. Ebersole. Probably pieces of lint, pieces of dirt,  
14 irregularities. These are certainly artifactual.

15 Dr. Spitz. Radial lucencies.

16 Dr. Baden. Radial opacities.

17 If I may tax your patience, Dr. Ebersole, we have now  
18 reviewed all the X rays that we have and these are all to  
19 your knowledge that were taken, you have stated.

20 Dr. Ebersole. To my knowledge, yes. There were some  
21 fourteen?

22 Dr. Baden. Fourteen different X rays, three of bone  
23 fragments.

24 Specifically you mentioned Dr. Morgan earlier who had  
25 looked at the X rays from the Clark panel.

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1 Dr. Ebersole. Yes.

2 Dr. Wecht. Dr. Ebersole, when Dr. Morgan made that  
3 comment did you at that time know that he had reviewed these  
4 films in 1968?

5 Dr. Ebersole. No, sir. I asked specifically that the  
6 films be reviewed and I do not know who reviewed them. The  
7 Dr. Morgan statement was I became aware of his statement made  
8 in Denver as a result of a newspaper article being forwarded  
9 to me by Dr. Richard King.

10 Dr. Wecht. Oh, you were not there.

11 Dr. Ebersole. No. I still have the newspaper article  
12 in my possession where the statement was that a radiologist  
13 was not present at the Kennedy autopsy.

14 Dr. Petty. May I also ask a question.

15 I am with Dr. Weston here in that I am trying to get  
16 some sequential arrangement to this and perhaps this is  
17 unnecessary, but when the bullet wound of entrance was seen  
18 on the back or the neck, wherever it is, then it was decided  
19 in the absence of a bullet wound of exit that some X rays were  
20 necessary to locate any missiles. These were taken and I  
21 assumed viewed by those who were actually carrying out the  
22 autopsy.

23 Dr. Ebersole. Yes.

24 Dr. Petty. Then as I understand it there was a quandry  
25 where was the bullet and somebody suggested taking a second

1 set of X rays.

2 Dr. Ebersole. Yes. That suggestion came from a non-  
3 medical person, a Secret Service agent.

4 Dr. Petty. All right. So a second set of X rays were  
5 taken.

6 Dr. Ebersole. Yes.

7 Dr. Petty. And, Mike, you say there were three of  
8 these that were taken later?

9 Dr. Baden. Yes. We have three. I believe eight. I  
10 will name them knowing the body partially eviscerated.

11 Dr. Petty. All right. Did anybody suggest to you or  
12 ask you to X ray the viscera that was removed between the  
13 first set of X rays and the second?

14 Dr. Ebersole. No, sir.

15 Dr. Petty. All right.

16 Dr. Ebersole. We can put this back on when we get the  
17 tape on but somewhere during the course of the evening the  
18 input came in from Dallas about the wound exit in the neck.  
19 That I think stopped the problem from my aspect of taking the  
20 X rays. I cannot tell you what time that was. The time is  
21 rather vague that night but it was quite late in the evening.

22 Dr. Petty. Do you want him to repeat what he just said?

23 Mr. Flanagan. Yes, if you would, please.

24 Dr. Ebersole. The taking of the X rays again were  
25

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1 stopped to the best of my remembrance once we had communica-  
2 tion with Dallas and Dr. Humes had determined that there was  
3 a wounded exit in the lower neck anterior at the time that  
4 the President arrived at the hospital in Dallas. I think  
5 once that fact had been established that my part in the  
6 proceedings were finished.

7 Dr. Petty. May I ask two questions further.

8 One, did you see the wound in the neck and associate it  
9 with a bullet wound of exit after it had been pointed out  
10 that the tracheostomy had been through that area?

11 Dr. Ebersole. No, sir, I can't say that I did. After  
12 the dissection had started I saw the area that Dr. Humes was  
13 very interested in. He pointed out to us that this was a  
14 track running over the apex of the lung -- I think he used  
15 the term bruising the apex of the lung and pointed to the  
16 middle line. I remember the area was open and he was point-  
17 ing this out to us. I cannot recollect if I saw this area  
18 again after that information was known to him.

19 Dr. Petty. All right.

20 The second question that I have is you said that you  
21 left the autopsy area somewhere around three o'clock in the  
22 morning.

23 Dr. Ebersole. Yes.

24 Dr. Petty. What was the condition of the body when you  
25 left? Was the head reconstructed or was it not?

1 Dr. Ebersole. I can't recollect the condition at that  
2 point.

3 Dr. Petty. Thank you.

4 Dr. Loquvam. In response to Dr. Petty's question you  
5 said the area was laid open. Now do you mean that they ran  
6 an incision from the point of entrance across the shoulder  
7 to demonstrate looking down in a superior fashion into the  
8 apex of the lung or are you merely meaning that the lung was  
9 taken out and you were looking into the apex?

10 Dr. Ebersole. Again I have to rely on a 53 year old  
11 memory and a 15 year old event but as I remember I was  
12 looking from the anterior aspect into the chest after the  
13 viscera had been removed and a probe had been passed from  
14 the wound of entrance and one could see the bruising of the  
15 poridal pleura.

16 Dr. Loquvam. From below?

17 Dr. Ebersole. From below looking up.

18 Dr. Wecht. Dr. Ebersole, hypothesize with me for a  
19 moment, please, that if on the autopsy evening Dr. Humes or  
20 any of the other physicians or people present had not received  
21 information at that time that there had been a bullet entrance  
22 wound in the front of the neck, that no such information was  
23 known by anybody on that evening, what would be your profes-  
24 sional opinion as a radiologist -- what would it have been at  
25 that time concerning the need or desirability for taking

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1 additional X ray pictures?

2 Dr. Ebersole. I think we would have had to -- I would  
3 like to try to keep retrospective thinking out of this but  
4 it is difficult. I think had we not had that information  
5 eventually, I would have wanted to take the body to the main  
6 X ray department and do an honest to God total body radio-  
7 graph. It is remotely possible a bullet entering the back  
8 can end up in the ankle but again the hypothetical case, I  
9 think this is what we would have done.

10 Dr. Baden. Whose decision was it to take portable X rays  
11 rather than have the body initially brought to the main X ray  
12 room?

13 Dr. Ebersole. I think that was probably a joint decision  
14 between myself and Dr. Getins.

15 Dr. Baden. Did you consider bringing the body --

16 Dr. Ebersole. No.

17 Dr. Baden. Had you taken X rays in the autopsy room  
18 before?

19 Dr. Ebersole. I have not, no. I had X rayed bodies in  
20 the department.

21 Dr. Baden. But not in the autopsy room?

22 Dr. Ebersole. No.

23 Dr. Baden. What kind of portable X ray did you have,  
24 the one that is usually used for live patients?

25 Dr. Ebersole. Knowing the equipment we had at Bethesda,



1 it was either a Piker or a General Electric and of 1963  
2 vintage; we have much to be desired in terms of exquisite  
3 detail.

4 Dr. Baden. Again not to belabor the point, did you in  
5 any way feel it would be inappropriate to ask to have the  
6 President's body wheeled down to the X ray room or was that  
7 not really part of your thinking?

8 Dr. Ebersole. That was really not part of my thinking.

9 Dr. Baden. When you left at three in the morning, do  
10 you remember if Dr. Humes, Dr. Boswell was still there?

11 Dr. Ebersole. They were still there, yes.

12 Dr. Baden. Do you remember what they were doing?

13 Dr. Ebersole. I believe this was closure. I asked Dr.  
14 Humes if it was all right for me to leave.

15 Dr. Baden. They were closing. Was there a funeral  
16 director there, do you think?

17 Dr. Ebersole. Not to my knowledge.

18 Dr. Baden. Yes, sir. Dr. Weston.

19 Dr. Weston. I just want to clarify the record.

20 I appreciate that, you know, it has been many, many  
21 years but my understanding of the sequence of events was  
22 somewhat different than what you have said and I want to  
23 refresh your memory and ask you if it is possible that this  
24 version is as consistent as the version you gave, and I am  
25 reading from Special Agents Seaberg and O'Neill's record

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1 which seems to be the most accurate record of what transpired  
2 because they put times in from time to time. On the third  
3 page of their report they say specifically that following the  
4 removal of the wrapping it was ascertained that the President's  
5 clothing had been removed and it was almost apparent that a  
6 tracheotomy had been performed; namely, in the top of his  
7 skull. All personnel, with the exception of medical officers  
8 needed in the taking of photographs and X rays, were requested  
9 to leave the autopsy room and remain in the adjacent room.

10 The implication is then, he goes on to say, upon comple-  
11 tion of X rays and photographs it was my understanding that  
12 from the very beginning it was their intentions to take a  
13 certain number of X rays at least of the head and neck and the  
14 chest which probably represents the first series. Then it  
15 goes on to say X rays of the brain area which was removed,  
16 half of the missile which appeared to enter the back of the  
17 skull and disintegrated fragments could be observed along the  
18 side of the skull.

19 The largest description has to do with the examination  
20 of the skull. Now then he goes on to say during the latter  
21 stages of this autopsy Dr. Humes located an opening which  
22 appeared to be a bullet hole which was below the shoulders  
23 and two inches to the right of the middle line of the spinal  
24 column. This opening was probed by Dr. Humes with the finger  
25 at which time it was determined that the trajectory of the

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1 missile had entered at a downward position for 45 to 60  
2 degrees.

3 Further probing determined that the distance traveled  
4 by this missile was a short distance inasmuch as the end of  
5 the opening could be felt with the finger, inasmuch as a  
6 complete bullet of any size could be located in the brain  
7 area and likewise no bullet could be located in the back or  
8 any other areas. An inspection revealed there was no point  
9 of exit. The individuals performing the autopsy were at a  
10 loss to explain why they could find no bullets.

11 And it was subsequent to that time that I believe you  
12 took the postal visceration autopsies. Now is that consis-  
13 tent?

14 Dr. Ebersole. Does it seem reasonable to you that a  
15 pathologist would carry out an autopsy of this nature without  
16 looking at the front and back of the body? My remembrance is  
17 that we were aware of the wound of entrance relatively early  
18 in the game.

19 Mr. Baden. That is what he said, and that Dr. Humes  
20 probed.

21 Dr. Weston. No, no, no.

22 Dr. Ebersole. I did not say that.

23 Dr. Weston. It is in the latter stages of the procedure.  
24 As a matter of fact, there is another record somewhere that  
25 indicates it was about the time that they were ready to sew

1 the body up that they were washing it and they then discovered  
2 the wound.

3 Dr. Ebersole. No, sir. I would have to take a --

4 Dr. Weston. That is not your recollection?

5 Dr. Ebersole. No, that is not my recollection.

6 Dr. Loquvam. Did we specifically ask Humes that?

7 Dr. Wecht. What did Humes say that he found early on?

8 Dr. Loquvam. The wound in the back.

9 Dr. Wecht. In the back.

10 Dr. Baden. Yes.

11 Dr. Wecht. I am sorry, he is talking about the wound in  
12 the back.

13 Dr. Baden. Another point that comes up relative to your  
14 testimony is there was some mention, as Dr. Weston says, of  
15 the bullet being probed with a finger. Do you remember that  
16 specifically?

17 Dr. Ebersole. No, sir, I don't.

18 Dr. Baden. Do you remember it being probed or looked at  
19 in any way, shape or form?

20 Dr. Ebersole. Yes.

21 Dr. Baden. Do you remember some tentative discussion as  
22 to whether the bullet entered and then dropped out?

23 Dr. Ebersole. Yes, a great deal of discussion of that  
24 type.

25 Dr. Baden. Is your impression at that time during when

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1 the X rays were taken and after the X rays were taken that  
2 this was considered as a possibility?

3 Dr. Ebersole. Yes.

4 Dr. Baden. Is it your impression perhaps, and again as  
5 Dr. Wecht said 15 year old memories get clouded, if we assume  
6 that the information about the tracheostomy through a bullet  
7 hole was not available to the doctors that evening but came  
8 later on, could there have been a tentative conclusion reached,  
9 was there a tentative conclusion reached that evening that in  
10 fact the bullet entering the back region had dropped out and  
11 that is why it was not present and that explained the autopsy  
12 and X ray findings?

13 Dr. Ebersole. I don't remember such conclusion being  
14 reached but assuming it, I suppose it could have.

15 Dr. Petty. May I make a comment, please, in regard to  
16 the statement of the Secret Service agent, FBI agent -- which  
17 one?

18 Dr. Weston. FBI agents, Francis O'Neill and James W.  
19 Seaberg.

20 Dr. Petty. Which one did you read?

21 Dr. Weston. They are both in the same report.

22 Dr. Petty. There is an inconsistency in this because  
23 they state right off that everybody was requested at the time  
24 the photographs and the X rays were taken and yet the photo-  
25 graphs that we have show very clearly a wound in the upper

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1 right back, if that is the way you refer to it, and if that  
2 was not discovered until very late in the autopsy procedure  
3 there must have been a second exposure of film somewhere so  
4 as to illustrate that.

5 Dr. Weston. Well, I am sure the photographs were not  
6 taken all at the same time, there is no question about that,  
7 because some of the photographs were taken after the organs  
8 were removed, some of them were taken after the skin had been  
9 turned back on the skull.

10 Dr. Petty. That is perfectly true but this rendition  
11 bothers me.

12 Dr. Baden. There are certain things that we will have  
13 to discuss later but we would like to get Dr. Ebersole's  
14 opinion on these.

15 Dr. Ebersole. I certainly feel we were aware of the  
16 background, if you want to call it that, very early in the  
17 autopsy.

18 Dr. Spitz. That is what he said when he first started.  
19 The first thing he did is look at the back. When he first  
20 started today he said that.

21 Dr. Weston. I was not questioning, I knew it was at  
22 odds with this report and I wanted to ask. His recollection  
23 has been refreshed.

24 Dr. Baden. One of the factors that would be of some  
25 interest to us is that your X ray taking may have been

1 related to an initial concern that had been expressed and  
2 that you remember being expressed of the back bullet entering  
3 and then dropping out in Dallas, correct?

4 Dr. Ebersole. No.

5 Dr. Baden. I am sorry.

6 Dr. Ebersole. My initial impression is that we have a  
7 wound of entrance and we do not have a wound of exit and I  
8 don't remember any conversation about a bullet dropping out.

9 Dr. Baden. I am sorry.

10 Dr. Ebersole. I don't remember any conversation about  
11 a bullet coming out.

12 Dr. Baden. Do you remember a conversation when this  
13 back wound was probed that it appeared to end in the back?

14 Dr. Ebersole. No, I don't remember any conversation of  
15 that kind.

16 Dr. Petty. Dr. Ebersole, I just want to thank you very  
17 much for exhibiting great patience with all sorts of people.  
18 I for one am through with any questions.

19 Dr. Baden. Just the last thing I want to ask you rela-  
20 tive to the X rays, the radiological interpretation by Dr.  
21 Morgan, and have you had occasion to read the Clark Commission  
22 findings? The entrance bullet wound was placed in the Clark  
23 Commission report which is public record at 10 centimeters.  
24 above the external occipital protuberance which would be about  
25 here on X ray No. 2.

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1 Dr. Ebersole. Right.

2 Dr. Baden. In viewing these X rays at this time would  
3 you have an opinion as to the X ray impression relative to  
4 what you recall when you were there at the time?

5 Dr. Ebersole. I guess very consistent with the X rays  
6 and what I remember grossly.

7 Dr. Baden. You remember grossly that this X ray inter-  
8 pretation is consistent with what you saw at that time?

9 Dr. Ebersole. Yes.

10 Mr. Purdy. Dr. Baden, will you please articulate where  
11 you are pointing to on the skull?

12 Dr. Baden. I am pointing to 10 centimeters above the  
13 external occipital protuberance.

14 Mr. Purdy. Thank you.

15 Dr. Baden. Here<sup>1</sup> on film No. 42, color photograph 42,  
16 taken at the time of the autopsy initialed J.B. on the back  
17 whhich is of the back of the skull.

18 Do you remember or have any independent recollection of  
19 that condition of the President when you were in the autopsy  
20 room?

21 Dr. Ebersole. You know, my recollection is more of a  
22 gaping occipital wound than this but I can certainly not  
23 state that this is the way it looked. Again we are relying  
24 on a 15 year old recollection. But had you asked me without  
25 seeing these or seeing the pictures, you know, I would have



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1 put the gaping wound here rather than more forward.

2 Dr. Baden. There is, just to refresh your recollection,  
3 in photograph No. 32 another view superior list and that is  
4 more of your recollection of how we had --

5 Dr. Ebersole. This is more of a recollection than I  
6 remember.

7 Mr. Purdy. When you compare those two photographs, what  
8 inference do you draw now about the nature of the gaping  
9 wound to the President's head in terms of where it was located?  
10 Earlier you said it was in the back of the head. Looking at  
11 these two views, how would you characterize the location of  
12 that gaping wound?

13 Dr. Ebersole. More lateral. Much more lateral and  
14 superior than I remembered.

15 Dr. Purdy. Did you have the opportunity to see the head  
16 and the view as evidenced by color photograph 42 showing the  
17 back of the head?

18 Dr. Ebersole. No. I would have been more familiar with  
19 this aspect in positioning the head for the X rays. I mean  
20 this requires a forward effort to show this portion of the  
21 head on the part of the prosector, right?

22 Mr. Purdy. Did you have the opportunity -- You stated  
23 you had a better opportunity to see the view of No. 32. Did  
24 you have the opportunity to see the view of No. 42 showing the  
25 back of the head?

1 Dr. Ebersole. Well, assuming that that was done while  
2 I was there, yes, I had the opportunity.

3 Mr. Purdy. Is there a point in that photograph on the  
4 head which you take to be a bullet wound?

5 Dr. Ebersole? Forty-two? No, I would not want to make  
6 a statement on that basis.

7 Mr. Purdy. One other question I have has to do with the  
8 nature of the information you received from other sources on  
9 the night of the autopsy. You mentioned a phone call which  
10 helped clear up confusion.

11 Dr. Ebersole. Somewhere in the course of the evening  
12 Dr. Humes received information from Dallas re the procedures  
13 that had been carried out there, number one. Number two,  
14 somewhere in the course of the evening Dallas sent to us the  
15 bony fragments you saw which were X rayed as to how this was  
16 carried out. The mechanics I don't know. Somewhere in the  
17 course of the autopsy Dr. Humes was made aware of the surgical  
18 procedures at Dallas vis-a-vis the neck.

19 Mr. Purdy. And what was that information?

20 Dr. Ebersole. The information was that there had been  
21 a wound of exit there, a tracheotomy and a suturing done.

22 Mr. Purdy. Do you recall how that information was  
23 conveyed to Dr. Humes?

24 Dr. Ebersole. I don't. I don't recall.

25 Dr. Baden. Dr. Ebersole, is there anything that we have

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1 discussed, said that you feel needs any clarification or any  
2 addition you would like to add, any additional photographs  
3 that you would like to see so that the purpose being with  
4 the Medical Panel getting the most of the information you can  
5 offer relative to the medical aspects of the death of  
6 President Kennedy?

7 Dr. Ebersole. No, except considering your recommenda-  
8 tions that you have a team of forensic pathologists when  
9 this happens next time, God help us.

10 Dr. Wecht. Dr. Ebersole, if I may ask a -- I don't  
11 know, it is not a personal question, I think it is relevant  
12 and I will tell you how I know. A couple news media people  
13 called me in my own community because some news release had  
14 come over some comments that you made. I am not suggesting  
15 for one moment you cannot express your opinions any where  
16 any time, that is entirely your right. I was just curious  
17 as to how it came about two or three days ago that the  
18 comments had been made at that time concerning your forth-  
19 coming testimony today.

20 Dr. Ebersole. A local reporter, Lancaster reporter,  
21 contacted me about an interview. Is it true you are going  
22 to Washington? Yes. It came out. By and large the questions  
23 asked were good ones except the story that I saw and have  
24 heard about carried such things as, "Breaks 15 year vowed  
25 silence."

1 Dr. Wecht, I am half Irish. I cannot hold my mouth  
2 shut for 15 minutes let alone 15 years. I considered gross  
3 distortion in the stories. I did say, and I am sure you read  
4 this, I did not feel that my X rays would change the basic  
5 findings of the Warren Commission.

6 Dr. Wecht. I was not commenting on that.

7 Dr. Ebersole. I was very angry.

8 Dr. Wecht. The local reporter had just called you.  
9 This was one of your local newspaper people.

10 Dr. Ebersole. Yes.

11 Dr. Baden. I would just like to note for the record  
12 that Dr. Joseph Davis, Chief Medical Examiner of Dade County  
13 in Florida, entered the proceedings near the end of the  
14 interview with Dr. Ebersole.

15 Any other questions, comment?

16 Dr. Davis. Due to the fog in Florida.

17 Dr. Weston. I would like to ask one question.

18 You don't consider yourself to be an expert with respect  
19 to interpretation of photographs taken at an autopsy?

20 Dr. Ebersole. No, sir.

21 Dr. Weston. Or in any sense of the word would not want  
22 us to feel that we should consider any opinions that you have  
23 got other than your recollections?

24 Dr. Ebersole. No.

25 Dr. Weston. Of what you said, is that correct?

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1 Dr. Ebersole. As a matter of fact, Doctor, if I may  
2 enlarge on this, I was contacted by someone from this group  
3 several months ago and I indicated I was not willing to  
4 cooperate as far as coming down here but I would be glad to  
5 give a deposition in Lancaster because I felt I had little  
6 or nothing to add to what has already been known. However,  
7 I met Dr. \_\_\_\_\_ a few months ago and he pointed out to me  
8 what to me was a very disconcerting thing, that there had  
9 been some pencil lines drawn on X rays. I realized that,  
10 those were the lines that I drew at the White House Annex,  
11 and I think that more than any other reason made we want to  
12 come here to clarify for you that those were not any attempts  
13 by any ballistics experts to show pass of bullets. I don't  
14 know what happened to those measurements, whether they were  
15 used by the sculptor<sup>1</sup> or not, but that is how in fact they  
16 got on that lateral skull.

17 Dr. Baden. I would like to thank Dr. Ebersole for all  
18 of us for coming up and for the patience and forthrightness  
19 in responding to our concerns and questions and for the aid  
20 you have given us on this panel in the evaluation of the  
21 medical aspects of President Kennedy's death.

22 Dr. Ebersole. Thank you.

23 Mr. Flanagan. I would like to make one other additional  
24 comment. This taping is concluded at 12:07. It began at  
25 10:19 a.m. on March 11, 1978. The place is room 503 of the

1 National Archives, Washington, D. C.

2 Staff members present were Donald A. Purdy, Jr., staff  
3 counsel; F. Mark Flanagan, staff researcher. Our medical  
4 panel of consultants were also present. National Archivists  
5 present were Marian Johnson and Mike Lehey.

6 One of the photographic panels present to the committee,  
7 Tom Canning. We also had a court reporter present.

8 This concludes the taping.

9 (Whereupon, at 12:10 p.m., the meeting recessed, to  
10 reconvene at 1:35 p.m.)

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