

SECTION II.—PERFORMANCE OF AUTOPSY

PART I. INTRODUCTION

(27) Throughout the last 15 years, many critics have questioned the competency and validity of the autopsy of President Kennedy. The efforts of the U.S. Department of the Navy and other Government sources to insure privacy with respect to the autopsy procedures and other events that took place at Bethesda Naval Hospital have contributed in part to much of the uncertainty and skepticism. Included in these efforts was an order of silence issued to the participants in the autopsy.(1)

(28) Because of this skepticism and in accordance with its mandate to conduct a full and complete investigation into the circumstances surrounding the death of President Kennedy, the committee decided to investigate the performance of the autopsy. The focus was to be on the following issues:

1. The possibility that someone ordered or otherwise strongly suggested that the autopsy doctors perform a limited or incomplete autopsy;
2. The question of the competency and validity of the autopsy; and
3. The documentation of the events that occurred, how they occurred, and when they occurred.

(29) The committee conducted a review of all documentary evidence and contacted almost all persons still alive who had attended the autopsy. The Department of the Navy agreed to rescind the orders of silence issued to the autopsy personnel.

(30) The following material relates the issues and corresponding facts chronologically (part II) and then presents the conclusions of the committee.

(31) The evidence indicates that while the pathologists were given authority to perform a complete autopsy, the autopsy was not complete according to established medicolegal standards.

PART II. FACTS AND ISSUES

Background

(32) At 1:30 p.m., eastern standard time (e.s.t.), on November 22, 1963, President Kennedy and Governor Connally were shot while riding in a Presidential motorcade through the streets of Dallas, Tex. The driver of the Presidential limousine, Secret Service Agent William Grier, immediately drove the limousine at high speed to Parkland Memorial Hospital, Dallas, Tex., arriving at approximately 1:35 p.m., e.s.t.(2) Having been alerted to the emergency by radio, Parkland Hospital personnel quickly escorted the wounded President and Governor into the emergency treatment facilities.

(33) Drs. Malcolm Perry and Charles J. Carrico were two of the first doctors to attend the President. In addition to a massive head wound,

both observed a small, circular wound situated in the region of the neck below the adam's apple, which they subsequently characterized as an entry wound.(3) To combat the President's failure to breathe, Dr. Perry decided to perform a tracheotomy.(4) In doing so, he cut through the small, circular neck wound, making it difficult to identify the missile wound.(5)

(34) With respect to the head wound, Dr. Robert McClelland, another of the doctors who attended the President, said in his testimony before the Warren Commission, that the right posterior section of the skull had been blasted.(6) Dr. Kemp Clark, who also assisted with the President, similarly described the wound as being in the back of the President's head—in the right posterior part.(7)

(35) The Parkland doctors soon realized their efforts to save President Kennedy were fruitless. Dr. Clark pronounced him dead at 2 p.m., e.s.t.(8)

(36) The total time that the doctors had observed or treated the President was approximately 20 minutes. They had been concerned only with administering emergency treatment. Their primary concern was to restore the breathing and stop the bleeding. None examined the President's back—and so did not discover any wound there. Further, none observed any wound to the head other than the one massive wound. Nor was their job to measure precisely the location of the wounds or to examine the body for all possible wounds. When the President died, the Parkland doctors' functions also ended.(9)

(37) Drs. Robert Shaw, Charles Gregory, and George Shires treated the wounds of Governor Connally.(10) In their medical reports, they described wounds to his chest, wrist, and thigh.

(38) Soon after Dr. Kemp Clark of Parkland Hospital, Dallas, Tex., pronounced the President dead, the Secret Service and other personnel proceeded to transport the body from Texas to Washington, D.C. While in flight, Mrs. Kennedy chose Bethesda Naval Hospital in Bethesda, Md., as the site for the autopsy, since the President had served in the Navy.(11)

(39) The Secret Service and the Navy Department made arrangements for the performance of the autopsy.(12) The surgeon general of the Navy and the commanding officer of the Naval Medical School advised Comdr. James J. Humes, the director of laboratories of the National Medical School,(13) Naval Medical Center, Bethesda, Md., that the Secret Service was transporting the body of the President to Bethesda and that he was to ascertain the cause of death.(14)

(40) The FBI authorities contacted their Baltimore field office and advised that arrangements should be made for Bureau agents to proceed to Andrews Air Force Base, Camp Springs, Md., to meet Air Force One and to handle any matters that would fall within FBI jurisdiction.(15) Consequently, Special Agents Francis X. O'Neill, Jr., and James W. Sibert proceeded to Andrews Air Force Base. Their specific instructions were to accompany the body at all times, ride in the motorcade to Bethesda Naval Hospital, witness the autopsy, preserve the chain of custody of any evidentiary material, and transport any bullets that might be recovered to the FBI Laboratory.(16)

(41) On arrival at Andrews Air Force Base, a motorcade transported the body of the President to the Bethesda Naval Hospital, (17) with Special Agents Sibert and O'Neill traveling in the third car. (18) At

Bethesda, the ambulance first stopped at the main entrance; Mrs. Jacqueline Kennedy and Attorney General Robert F. Kennedy got out (19) and joined other members of the Kennedy family on the 17th floor of the hospital to await the conclusion of the autopsy. (20) The ambulance then proceeded to the rear of the building, arriving at approximately 7:35 p.m. (21). Personnel carried the body into the hospital. (22)

(42) Dr. Humes chose J. Thornton Boswell, M.D., chief of pathology at Bethesda, (23) and Pierre A. Finck, M.D., chief of the military environmental pathology division and chief of the wound ballistics pathology branch at the Armed Forces Institute of Pathology at Walter Reed Medical Center, (24) to assist him in performing the autopsy. During the autopsy, Special Agents Sibert and O'Neill recorded the names of what they believed were all the persons in attendance at any time. (25) In a report they submitted subsequent to the autopsy, they included: (26)

1. Adm. Calvin B. Galloway, commanding officer of the U.N. National Naval Medical Center;
2. Adm. George C. Burkley, White House physician to the President;
3. Comdr. James J. Humes, director of the laboratories of the National Medical School, Naval Medical Center, Bethesda, Md.;
4. Capt. James H. Stover, Jr., commanding officer of the Naval Medical School;
5. John Thomas Stringer, Jr., medical photographer;
6. James H. Ebersole, assistant chief radiologist at the Bethesda Naval Medical Center;
7. Floyd Albert Riebe, medical photographer;
8. J. Thornton Boswell, chief of pathology at Bethesda;
9. Jan Gail Rudnicki, laboratory technologist, assisting Dr. Boswell;
10. Pierre A. Finck, M.D., chief of the military environmental pathology division and chief of the wound ballistics pathology branch at Walter Reed Medical Center; (27)
11. Paul K. O'Conner, laboratory technologist;
12. Jerrol F. Custer, X-ray technician;
13. James Curtis Jenkins, laboratory technologist;
14. Edward F. Reed, X-ray technician;
15. James E. Metzler, hospital corpsman third-class;
16. Capt. David Osborne, chief of surgery;
17. Brig. Gen. Godfrey McHugh, Air Force aide to the President;
18. Lt. Comdr. Gregory H. Cross, resident in surgery;
19. Gen. Philip C. Wehle, commanding officer of the U.S. Military District, Washington, D.C.;
20. Chester H. Boyers, chief petty officer in charge of the pathology division;
21. Dr. George Bakeman, U.S. Navy (the committee could not locate this person);
22. Secret Service Agent Roy Kellerman;
23. Secret Service Agent William Greer; and
24. Secret Service Agent John J. O'Leary. (28)

(43) Through its own investigation, the committee determined that the following persons also attended the autopsy:

1. Richard A. Lipsey, personal aide to General Wehle;(29) and
 2. Samuel Bird,(30) in 1963, a lieutenant stationed at the ceremonial duties office, Fort Myers, Va., 3d Infantry Division.
 (44) Additionally, Sibert and O'Neill reported that, following the autopsy, four persons from Gawler's Funeral Home in Washington, D.C., entered the autopsy room to prepare the President's body for burial. They were:

1. John Van Haeson;
2. Edwin Stroble;
3. Thomas Robinson; and
4. Mr. Hagen.(31)

(45) These persons, together with Sibert and O'Neill, were the only ones present at any time in the autopsy room with the body of the President.

(46) In their report, Sibert and O'Neill noted that the body of the President was removed from the casket in which it arrived and placed on the autopsy table.(32) They said that a sheet covered the entire body; an additional wrapping, saturated in blood, surrounded the head.(33)

(47) Dr. Humes had testified previously to the Warren Commission that the body was received in a casket, was wrapped in a sheet, and was unclothed.(34) James Jenkins, a student laboratory technician, whose normal duties included admitting a body to the morgue and conducting an initial examination, likewise stated that the body of the President was unclothed and that it may have been wrapped in a sheet.(35)

(48) A major issue in the initial stages of the autopsy was whether Dr. Humes had authority to perform a full or partial autopsy.*

(49) The belief that Dr. Humes had authority for only a partial autopsy derived from several factors. Special Agent O'Neill told the committee that he recalled that Mrs. Kennedy had given permission for a partial autopsy and that Dr. Burkley, the President's physician, reiterated her remarks in the autopsy room.(36) He believed there was no question that Dr. Burkley was conveying the wishes of the Kennedy family regarding a full-versus-partial autopsy.(37) Special Agent Sibert told the committee that he, too, had the impression the Kennedy family was somehow transmitting step-by-step clearances to the pathologists.(38)

(50) John Stringer, the medical photographer, likewise recalled some discussion at the beginning of the autopsy concerning the scope of the autopsy. He said he believed Dr. Burkley played a central role in the discussions and seemed to be acting on behalf of the Kennedy family.(39) He specifically recalled Dr. Burkley indicating to the doctors that they should not conduct a full autopsy, saying, " * * * (you) shouldn't do a complete one if (you) don't have to."(40)

(51) Adm. David Osborne (then captain) stated that at the beginning of the autopsy there was tremendous pressure to perform a "quick post" and to leave the hospital.(41)

(52) The evidence supports the above recollections. They reflect the general nature of the initial stages of the autopsy: somewhat confused at the beginning with discussions concerning the extent and nature of

*The scope of Dr. Humes' authority and the scope of the performance are two distinct issues. Dr. Humes may have had authority to perform a full or complete autopsy, but may have performed a partial one.

the autopsy to be performed. The evidence also indicates, however, that these observations do not reflect the total picture and that Dr. Humes ultimately received permission to perform a complete autopsy. The following memorandum is a primary source:

DATE: NOVEMBER 26, 1963.

To: SAC, Baltimore.

From: SA's James W. Sibert and Francis X. O'Neill, Jr.

Subject: Assassination of President John F. Kennedy.

Following arrival at the Naval Medical Center and preparation of the President's body for inspection and autopsy, to be performed by Dr. Humes, chief pathologist and commander, U.S. Navy, Admiral Burkley, the President's personal physician advised that Mrs. Kennedy had granted permission for a limited autopsy and he questioned any feasibility for a complete autopsy to obtain the bullet which had entered the President's back.

At this point, it will be noted Dr. Humes, as the physician conducting the autopsy, stated it was his opinion that the bullet was still in the President's body and could only be extracted through a complete autopsy, which he proposed to do.

Special Agent Roy Kellerman, Secret Service, in conference with Special Agents Sibert and O'Neill, from an investigative and protective standpoint, advised Admiral Burkley that it was felt the bullet should be located.

At this point, Adm. C. B. Galloway, Commanding Officer of the National Naval Medical Center, Bethesda, Md., told Commander Humes to perform a complete autopsy.

(53) Special Agent O'Neill corroborated the information in this memorandum in an affidavit and in his interview with the committee.(42) In addition, Admiral Osborne (the Captain) stated in a committee interview that Dr. Humes was successful in resisting pressure to perform an incomplete autopsy and that no one issued any orders limiting it.(43) Admiral Galloway also stated that no one transmitted any orders to limit the autopsy in any manner and that this memorandum was consistent with his recollections.(44)

(54) For these reasons, it may be concluded that Dr. Humes possessed authority to perform a complete autopsy.

(55) During the initial stages of the autopsy, when the discussion over a full-versus-partial autopsy occurred, the pathologists conducted an examination of the exterior of the body and took photographs and X-rays before making any incisions.(45) This is when the pathologists observed that a tracheostomy had been performed on the President.(46)

(56) Stringer(47) and Riebe(48) took the autopsy photographs under the direction of Dr. Humes. Stringer told the committee that his equipment included a 4- by 5-inch graphic view camera that had a standard lens and used film holders which contained one segment of film on each side.(49) He also stated that as he photographed the body, he would give the film to a Secret Service agent standing adjacent to him who later signed a receipt to Captain Stover to obtain formal custody of the film.(50) Such a receipt—from Capt. J. H. Stover, Jr., commanding officer of the U.S. Naval Medical School to Roy H. Kellerman, assistant special agent in charge, U.S. Secret Service—does exist.(51)

(57) Stringer also stated that a Federal agent took a camera from Riebe and exposed the film.(52) This apparently occurred because the agent felt Stringer was the only person authorized to photograph the body and that Riebe was only to assist Stringer and not take photographs on his own initiative.

(58) Special Agents Sibert and O'Neill confirmed that the pathologists had X-rays taken before and after making incisions.(53) Dr. Ebersole, the acting chief of the radiology department that evening, stated in a deposition to the committee that prior to commencing the autopsy he took several X-rays of the skull, chest and trunk of the body.(54) He stated that he used portable X-ray equipment (55) and did not take X-rays of the hands and feet.(56) Dr. Ebersole further told the committee that he hand carried these films in their cassettes to the fourth floor of the hospital, where a darkroom technician developed them and then returned them to him. Ebersole then hand carried them back to the autopsy room.(57)

(59) After completion of the autopsy, before releasing the X-rays, Dr. Ebersole received a receipt from Roy H. Kellerman acknowledging possession of them.(58)

(60) Sibert and O'Neill observed that, on the basis of the preliminary X-rays, the pathologists concluded that:

* * * no complete bullet of any size could be located in the brain area and likewise no bullet could be located in the back or any other area of the body as determined by total body X-rays.(59)

(61) At approximately 8:15 p.m., e.s.t, Dr. Humes made the first incision.(60) In his Warren Commission testimony, he stated that he used a routine incision:

Which is a Y-shaped incision from the shoulders over the lower portion of the breastbone and over to the opposite shoulder and reflected the skin and tissues from the interior portion of the chest.(61)

(62) Dr. Humes then began examining the missile wounds. Sibert and O'Neill noted that he located the track of a missile that appeared to enter the rear of the head and progress forward.(62) The X-rays of the skull revealed numerous minute fragments widely distributed throughout the skull, as well as two larger fragments. The pathologists commented that this indicated the missile had fragmented on passing through the skull.(63)

(63) Dr. Humes located the entrance of the missile track in the head as approximately 2.5 centimeters laterally to the right and slightly above the external occipital protuberance.(64)

(64) In the autopsy report, Dr. Humes described the exist as:

A large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions.(65)

He further stated that:

[i]n this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 centimeters in greatest diameter.(66).

(65) Sibert and O'Neill observed that Dr. Humes removed two fragments from the right side of the skull; one 7 by 2 millimeters in size, the other 1 by 3 millimeters.(67) Special Agents Sibert and O'Neill signed a receipt for custody of these fragments and immedi-

ately following the autopsy transported them to Special Agent Kurt Frazier at the FBI Laboratory.(68)

(66) The receipt for the fragments has been a continuing source of controversy. It states that Bureau agents received a "missile,"(69) as opposed to two fragments. Chester H. Boyers, the corpsman who typed the receipt,(70) submitted an affidavit to the committee which stated that the receipt was for two fragments that Dr. Humes removed from the skull, despite the receipt's caption of "a missile."(71) Boyers emphasized that he gave Sibert and O'Neill only missile fragments.(72) In affidavits and committee interviews, Sibert and O'Neill also stated that Dr. Humes had retrieved two fragments and that they received these fragments and not a missile.(73)

(67) The evidence indicates that the receipt was in error and that Boyers transferred only fragments to Sibert and O'Neill.

(68) Sibert and O'Neill next observed in their report that Dr. Humes examined a wound situated below the shoulders and 2 inches to the right of the middle line of the spinal column.(74) In the autopsy report, Dr. Humes characterized this wound as an entrance wound and located it 14 centimeters from the tip of the right acromion process and 14 centimeters below the tip of the right mastoid process.(75) Dr. Humes probed this wound with his finger and concluded that the missile had only traveled a short distance because he could feel the end of the track with his finger.(76) During the autopsy, Dr. Humes stated that he and his colleagues opened the chest cavity and carefully examined the lining of the chest cavity and both lungs.(77) Admiral Galloway told the committee that the pathologists examined the brain and all of the internal organs and structures. These included the liver, heart, lungs, spleen, kidneys, and adrenal glands.(78) The autopsy protocol and supplemental report state that the doctors examined the chest cavity, lungs, heart, abdominal cavity, skeletal system, liver, spleen, kidneys, and brain, but did not list the adrenal glands.(79)

(69) In regard to the examination of the chest cavity, Dr. Humes told the Warren Commission and the committee that he specifically remembered the photographers taking Kodachrome photographs of the interior of the President's chest.(80) Stringer, one of the photographers, stated that he also thought he had taken some interior photographs of the President's chest.(81) Dr. Burkley, however, told the committee that no one took any photographs of the interior of the chest.(82) There is no evidence that such photographs exist.

(70) By this point in the autopsy, the pathologists had closely examined the body and had still not located any missile, particularly the one which entered the back. They could not explain why they could not find any bullets.(83) They then began speculating about bullets which fragment. Special Agent Sibert decided to call Special Agent Charles L. Killion at the firearms section of the FBI laboratory to inquire about fragmenting bullets.(84) On receiving this call, Killion informed Sibert that Secret Service Agent Richard Johnson had forwarded to the laboratory a bullet which reportedly had been found on a stretcher in the emergency room of Parkland Memorial Hospital in Dallas, Tex.(85) Killion described the bullet as a 6.5-millimeter rifle missile with a copper-alloy full jacket.(86)

(71) Sibert and O'Neill stated in their report that during the autopsy Dr. Humes, concluded on the basis of this information and knowing that the Parkland doctors had performed cardiac massage that they may have forced the bullet out of the President's back.(87) This theory would account for a missile track with no bullet.

(72) During the latter stages of the autopsy, authorities sent from Dallas three separate fragments of skull bone(88) found in the Presidential limousine. There is no evidence to show who sent these fragments to Bethesda. The pathologists concluded they were from the skull. Dr. Humes directed the X-raying of these fragments(89) and observed that one of the fragments contained minute metallic fragments along a line which corresponded with the large defect in the skull of the President.(90) This particular bone fragment alone exhibited bevelling of the outer table which Pierre Finck said indicated that a missile existed at that point.(91) Both Dr. Humes and Dr. Burkley informed the committee that these fragments were placed back in the skull of the President.(92)

(73) By the termination of the autopsy at approximately 11 p.m., (93) the pathologist had formulated the following general conclusions:

1. One missile entered in the rear of the skull of the President and exited in the front of the skull; and
2. One missile entered the back of the President and was apparently dislodged during cardiac massage at Parkland Hospital.(94)

(74) Admiral Galloway corroborated these statements before the committee, saying that an assassin or assassins shot the President from behind with two shots.(95)

(75) After completing the autopsy, Dr. Humes remained to assist the morticians in preparing the President's body.(96) Secret Service Agent Kellerman said that after the morticians had prepared the body, the Secret Service agents and the Kennedy family left the hospital at 3:56 a.m. and went to the White House.(97)

Additional issues arising from the performance of the autopsy

(76) Although Dr. Humes had authority to perform a complete autopsy, the committee still had to resolve the issue of the actual scope of the autopsy. Specifically, Dr. Humes may have decided on his own initiative to limit the autopsy in certain respects or, despite the initial grant of authority, some factors may possibly have surfaced during the course of the autopsy which may have impinged on the independent decisionmaking of Dr. Humes.

(77) Dr. Pierre Finck, one of the pathologists, asserted in a sworn statement to the committee that he believed the autopsy was incomplete:

Because of the restrictions I suggested or said I felt it was not complete, but Dr. Humes then said that the autopsy had accomplished the purposes as stated—the number of wounds, the direction of the projectiles and the cause of death—so I was actually satisfied.(98)

Dr. Finck later stated that restrictions from the family (were)the

reason for limiting our actions. (99) Specifically, Dr. Finck contends that someone ordered them (the pathologists) not to dissect the missile track that began in the upper back and progressed forward into the neck region. When questioned about the source of this order, Dr. Finck stated:

I cannot say that it was this army general, I can't recall that precisely. I remember the prosecutors and Admiral Galloway. As far as saying now so and so told me that or didn't tell me that, it is extremely difficult. There was an army general in that room and I cannot readily pinpoint the origin of those instructions to comply with those family wishes. (100)

(78) The committee determined that it was Dr. Humes and not any army general or other person who made the decision not to dissect the back entry wound. The following exchange between one of the medical consultants for the committee and Dr. Humes supports this conclusion:

Dr. BADEN. Now, for example, not exploring the wound from the back to the neck, that was not done. I mean, cutting it open completely. That wasn't done specifically; was that because somebody said, "Don't do it"?

Dr. HUMES. Now wait a minute, that wound was excised.

Dr. BADEN. The back wound?

Dr. HUMES. Yes, sir. The back of the neck, and there are microscopic slides of that wound.

Dr. BADEN. I see. The skin was taken out. And then was it——

Dr. HUMES. It was probed.

Dr. BADEN. Was it opened up?

Dr. HUMES. It was not laid open.

Dr. BADEN. Now that was your decision as opposed to somebody else's decision?

Dr. HUMES. Yes. It was mine. (101)

(79) The committee also investigated the possibility that the Kennedy family may have unduly influenced the pathologists once the autopsy began, possibly by transmitting messages by telephone into the autopsy room.* Brig. Gen. Godfrey McHugh, then an Air Force military aide to the President, informed the committee that Attorney General Robert F. Kennedy and Kenneth O'Donnell, a presidential aide, frequently telephoned him during the autopsy from the 17th floor suite. (102) McHugh said that on all occasions, Kennedy and O'Donnell asked only to speak with him. (103) They inquired about the results, why the autopsy was consuming so much time, and the need for speed and efficiency, while still performing the required examinations. (104) McHugh said he forwarded this information to the pathologists, never stating or implying that the doctors should limit the autopsy in any manner, but merely reminding them to work as efficiently and quickly as possible. (105)

(80) While General McHugh or others may not have stated or implied that the doctors should limit the autopsy, their remarks no doubt caused consternation, although they may not have substantively affected the autopsy. The following passage explains this view:

* There was a telephone in the autopsy room.

(81) Dr. HUMES. There were no questions but we were being urged to expedite this examination as quickly as possible, that members of the President's family were in the building, that they refused to leave the premises until the President's body was ready to be moved; and similar remarks of the vein which we made every effort to put aside and approach the investigation in as scientific a manner as we could. But did it harass us and cause difficulty—of course it did, how could it not!

Dr. BOSWELL. I don't think it interfered with the manner in which we did the autopsy.

Dr. HUMES. I don't either. (106)

(82) Dr. Boswell further stated that there were no constraints. (107) Dr. Ebersole, the radiologist, likewise informed the committee that "[t]o the best of my knowledge there were absolutely no restrictions and it was Dr. Humes' decision as to the extent of the autopsy." (108) Stringer, one of the medical photographers, also could not recall anyone issuing any orders. (109) He stated specifically that while McHugh manifested a great deal of emotion, he did not issue any orders. (110)

(83) This evidence indicates that:

1. Commander Humes had full authority to perform a complete autopsy, and indeed, that Admiral Galloway told him to do so;
2. Commander Humes, not anyone else, made any decision that resulted in a deviation from a complete forensic autopsy; and
3. The remarks of others to expedite the autopsy were probably the reason for the decision to perform a less than complete autopsy.

(84) In a committee telephone interview with Admiral Osborne, another issue arose. He stated that he thought he recalled seeing an intact slug roll out from the clothing of President Kennedy and onto the autopsy table when personnel opened the casket and removed the clothing from the body of the President. (111)

(85) The committee reviewed thoroughly all documents and recontacted those persons who moved the body of the President from the casket onto the autopsy table and then prepared the body for examination. Paul K. O'Connor, who along with James Jenkins, had the duty of preparing the body for the autopsy, said the body had arrived at about 8 p.m. and was wrapped in a body bag, the head in a sheet. (112) O'Connor said he assisted in unwrapping the sheet (113) and could not recall any foreign object, specifically a missile, being discovered during the autopsy or while unwrapping the sheets. (114)

(86) Jenkins likewise said he could not recall any foreign objects being discovered or discussed and specifically could not recall any missile or fragments of a missile falling out onto the autopsy table or floor. (115)

(87) Throughout the committee's investigation, no one had ever mentioned the discovery of a missile in Bethesda Naval Hospital. The only bullet recovered was the one discovered at Parkland Memorial Hospital.

(88) Following this investigation, the committee recontacted Admiral Osborne and informed him that the body of the President had not arrived in any clothes, but was wrapped in sheets, (116) and that no one else recalled anything about the discovery of a missile. (117)

Admiral Osborne then said that he could not be sure he actually did see a missile and that it was possible the FBI and Secret Service only spoke about the discovery of a missile. He did say he was positive only one bullet was ever recovered, whether it was discovered at Bethesda Hospital or Parkland Hospital. (118)

Post-autopsy events

(89) On Saturday morning, November 23, Dr. Humes informed the committee that he fulfilled a religious commitment and then met with the other two autopsy pathologists in the late morning (119) to discuss the preparation of the autopsy report. Dr. Humes said he then called Parkland Memorial Hospital in Dallas to speak with the doctors who had administered emergency treatment to President Kennedy. (120) Dr. Perry, one of the first physicians to see and treat the President, told the committee that Dr. Humes called him twice, separated by about a 30-minute interval. (121) During the first call, Dr. Perry told Dr. Humes that due to the President's failure to breathe, he had determined a tracheostomy was necessary, then or never, and therefore made a transverse incision straight through the bullet wound in the anterior aspect of the neck at approximately the second or third tracheal ring. (122) The second call involved a discussion of the chest incisions made on the President at Parkland. (123)

(90) As a result of these telephone calls, Dr. Humes concluded that the missile which had entered the upper back had traversed the body and exited in the anterior portion of the neck, (124) although he had not observed the remains of any such hole during his examination of the body.

(91) Following the telephone calls with Dr. Perry, Dr. Humes went home and rested until late that afternoon and then proceeded to write the autopsy protocol (autopsy report). (125) He told the committee that after writing the report he destroyed the original notes because they were stained with the blood of the President and he felt it would be "inappropriate to retain [them] to turn in to anyone in that condition." (126)

(92) In preparing the autopsy protocol, Dr. Humes did not have access to the autopsy photographs or X-rays. (127) (This was also the case with respect to his Warren Commission testimony.)

(93) After completion of the autopsy protocol (128). Dr. Humes hand-carried the document to the Office of the White House Physician at approximately 6 p.m. that evening. (129) The general conclusions were that:

1. One missile entered in the rear of the skull of the President and exited in the front of the skull; and
2. One missile entered the back of the President and exited in the front of the neck. (130)

(94) The pathologists completed a supplementary report approximately 11½ weeks later and delivered it to the White House Physician on December 6, 1963. (131)

PART III. CONCLUSIONS

(95) The two major issues connected with the autopsy are its scope—full versus partial—and the competency with which the prosecutors

performed it. Despite allegations that the Kennedy family or other authorities ordered a partial or limited autopsy, evidence shows that the pathologists were given authority to perform a complete autopsy. The autopsy was not complete, however, according to established medicolegal standards. A combination of strong Kennedy family desires to finish the autopsy quickly, a military environment that hindered independent action, a lack of experience in forensic pathology among the prosecutors, and a lack of established jurisdictional and procedural guidelines all contributed to the pathologists' failure to take certain measures essential to the completion of a thorough medicolegal autopsy and to competently perform the autopsy.

(96) The measures essential to a thorough medicolegal autopsy that the pathologists failed to take are:

1. Conducting the autopsy in an atmosphere free from the presence of individuals not necessary to any medical or investigative aspects of the autopsy. Aside from the Secret Service and FBI agents, it was not necessary for other military personnel to be in the autopsy room who were not performing a medical function.
2. Consulting the Parkland Hospital doctors who administered emergency treatment to the President before initiating the autopsy. According to the medical panel of the committee, such consultation is normal procedure.
3. Acquiring the assistance of an experienced pathologist engaged in the full-time practice of forensic pathology, as opposed to the consulting capacity Dr. Finck possessed. Such experienced assistance might have prevented several errors.
4. Recording precisely the locations of the wounds according to anatomical landmarks routinely used in forensic pathology. The medical panel of the committee stated that the reference points used to document the location of the wound in the upper back—the mastoid process and the acromion—are movable points and should not have been used.
5. Dissecting the wound that traversed the upper back of the President. The medical panel stated that probing a wound with a finger is hardly sufficient; to ascertain the actual track, the wound must be dissected.
6. Examining all organs and documenting the results of such examinations. Although the pathologists did examine most organs, they made no reference to the adrenal glands, part of the anatomy routinely examined during the autopsy.
7. Sectioning the brain coronally. Such documentation could have provided additional insight into the destructive impact of the missile in the brain.

(97) The committee recognizes that the inadequacies of the autopsy originated in part from the unique and hectic circumstances surrounding the death of the President, and not with any one source. Whatever the cause, however, these inadequacies have continued to feed the confusion and mistrust so long associated with the autopsy of President Kennedy and have reduced the effectiveness of the committee's review of the medical evidence. These problems reinforce the necessity for establishing substantive and procedural guidelines to be followed in the

performance of any autopsy stemming from the assassination of a national political official.

REFERENCES

(1) Letter from Capt. H. P. Miller, Medical Service Corps, U.S. Navy, Director, Administrative Services, to the House Select Committee on Assassinations, Sept. 22, 1977 (JFK Document No. 002590).

(2) Report of the President's Commission on the Assassination of President Kennedy (Washington, D.C.: U.S. Government Printing Office, 1964), p. 53 (hereinafter "Warren Report").

(3) Id. at p. 54.

(4) Ibid.

(5) Interview of Malcolm O. Perry, Jan. 11, 1978, House Select Committee on Assassinations, p. 2 (JFK Document No. 006186). See addendum I of sec. V of this volume for this document.

(6) Testimony of Robert Nelson McClelland, Hearings before the President's Commission on the Assassination of President Kennedy (Washington, D.C.: U.S. Government Printing Office, 1964), vol. VI, p. 33 (hereinafter McClelland testimony, VI Warren Commission hearings, p. 33).

(7) Testimony of William Kemp Clark, VI Warren Commission hearings, p. 20.

(8) Warren Report, p. 55.

(9) The Parkland doctors were providing emergency treatment to the President. Once the President died, their functions ceased. Further, after the President died, they believed it was beyond the scope of their duties to conduct any further action. (Warren Report, pp. 55-56).

(10) Id at p. 56.

(11) Warren Report, p. 59.

(12) FBI report, Bureau No. BA 89-30, Nov. 26, 1963, p. 3 (JFK Document No. 013618) (hereinafter cited as Sibert and O'Neill).

(13) Testimony of Dr. James J. Humes, Sept. 7, 1978, hearings before the Select Committee on Assassinations, U.S. House of Representatives, 95th Cong., 2d Sess. (Washington, D.C.: U.S. Government Printing Office, 1979), vol. I, p. 323ff (hereinafter Humes testimony, Sept. 7, 1978, I HSCA-JFK hearings, 323ff).

(14) Id. at p. 324.

(15) Sibert and O'Neill, p. 1. See also staff interview of James W. Sibert, Aug. 29, 1977, House Select Committee on Assassinations, p. 1 (JFK Document No. 002191).

(16) Ibid., Sibert interview.

(17) Sibert and O'Neill, p. 1.

(18) Ibid.

(19) Ibid.

(20) Warren Report, p. 59.

(21) Ibid. See also Humes testimony, II Warren Commission hearings, p. 349.

(22) Sibert and O'Neill, p. 1.

(23) Staff interview of J. Thornton Boswell, Aug. 16, 1977, House Select Committee on Assassinations, p. 1 (JFK document No. 002071).

(24) Deposition of Pierre A. Finck, Mar. 11, 1978, House Select Committee on Assassinations, pp. 70-71 (JFK Document No. 013617).

(25) Sibert and O'Neill, p. 3.

(26) Id. at p. 2.

(27) The Sibert and O'Neill report documented that Finck arrived after the autopsy had begun. Sibert and O'Neill, p. 2.

(28) The Sibert and O'Neill report documented that O'Leary only remained in the autopsy room for a short time. Sibert and O'Neill, p. 2.

(29) Staff interview of Richard A. Lipsey, Jan. 18, 1978, House Select Committee on Assassinations (JFK Document No. 014469).

(30) Outside contact report, Samuel Bird, Feb. 17, 1978, House Select Committee on Assassinations (JFK Document No. 005541).

(31) Sibert and O'Neill, p. 3.

(32) Sibert and O'Neill, p. 1.

(33) Ibid.

(34) Humes testimony, II Warren Commission hearings, 349.

(35) Outside contact report, James Curtiss Jenkins, June 27, 1978, House Select Committee on Assassinations, p. 1 (JFK Document No. 009526).

(36) Staff interview of Francis X. O'Neill, Jan. 10, 1978, House Select Committee on Assassination, p. 3 (JFK Document 006185).

- (37) Ibid.
- (38) See reference 15, Sibert interview, p. 5.
- (39) Outside contact report, John Thomas Stringer, Aug. 17, 1977, House Select Committee on Assassinations, p. 13 (JFK Document No. 003070).
- (40) Staff interview of John Thomas Stringer, Aug. 17, 1977, House Select Committee on Assassinations, p. 17 (JFK Document No. 002070). See also affidavit of Dr. George C. Burkley, Nov. 28, 1978, House Select Committee on Assassinations, p. 2, in which Dr. Burkley said that the autopsy was to be a complete autopsy, with no limitations.
- (41) Outside contact report, Capt. David Osborne, June 20, 1978, House Select Committee on Assassinations (JFK Document No. 013623).
- (42) Affidavit of Francis X. O'Neill, Nov. 8, 1978, House Select Committee on Assassinations, p. 4 (JFK Document No. 013073). See reference 36, O'Neill interview, p. 3 (JFK Document No. 006185). See also p. 7, O'Neill affidavit, where he stated that he prepared this memorandum.
- (43) See reference 41.
- (44) Staff interview of Adm. Calvin B. Galloway, May 17, 1978, House Select Committee on Assassinations, p. 1 (JFK Document No. 009409).
- (45) Humes testimony, I HSCA-JFK hearings, p. 324.
- (46) Sibert and O'Neill, p. 3.
- (47) See reference 40, Stringer interview.
- (48) Outside contact report, Floyd Albert Riebe, Apr. 20, 1978, House Select Committee on Assassinations (JFK Document No. 007339).
- (49) See reference 40, Stringer interview, p. 10.
- (50) Id. at p. 11. Also blank letterhead memorandum, Nov. 22, 1963 (JFK Document No. 002504).
- (51) The original number of film exposures listed on the receipt was in error and was changed by crossing out the typed notation and writing in the correct number. See U.S. Secret Service document, Dec. 5, 1963, which reflects this change.
- (52) See reference 40, Stringer interview, p. 10.
- (53) Sibert and O'Neill, p. 3.
- (54) Deposition of James H. Ebersole, Mar. 11, 1978, House Select Committee on Assassinations, p. 4 (JFK Document No. 013617).
- (55) Ibid.
- (56) Id. at p. 9.
- (57) Ibid.
- (58) Receipt from Comdr. John H. Ebersole, MC, USN, acting chief of radiology, USNH, National Naval Medical Center, Bethesda, Md., to Roy H. Kellerman, agent, U.S. Secret Service, Nov. 22, 1963 (JFK Document No. 002504).
- (59) Sibert and O'Neill, p. 4.
- (60) Ibid., p. 3.
- (61) Humes testimony, II Warren Commission hearings, 363.
- (62) Sibert and O'Neill, p. 3. In their report, Sibert and O'Neill also stated that surgery had been performed on the head area prior to the arrival of the body at Bethesda Naval Hospital. The committee concludes that this report was in error. In an affidavit to the committee, Sibert acknowledged that the statement that head surgery was performed was determined "not to be correct following detailed inspection." See affidavit of James Sibert, Oct. 24, 1978, House Select Committee on Assassinations (JFK Document No. 012806).
- (63) Sibert and O'Neill, p. 3.
- (64) Autopsy protocol of President John F. Kennedy, Naval Medical School, Bethesda, Md., autopsy No. A63-272, Nov. 22, 1963, p. 4 (hereinafter cited as autopsy protocol).
- (65) Id. at p. 3.
- (66) Ibid.
- (67) Sibert and O'Neill, p. 3.
- (68) Ibid., p. 5.
- (69) See a copy of the receipt which is attached to the affidavit of Chester H. Boyers, Dec. 4, 1978, House Select Committee on Assassinations (JFK Document No. 014834).
- (70) Ibid., Boyers affidavit, p. 3. See also staff interview of Chester H. Boyers, April 25, 1978, House Select Committee on Assassinations (JFK Documents Nos. 013614 and 014462).
- (71) Ibid.

- (72) Ibid.
- (73) See reference 42, O'Neill affidavit, p. 5, and reference 62, Sibert interview, p. 5. See also reference 36, p. 5; and reference 38, Sibert interview, p. 4.
- (74) Sibert and O'Neill, p. 4.
- (75) Autopsy protocol, p. 3.
- (76) Sibert and O'Neill, p. 4.
- (77) Humes testimony, II Warren Commission hearings, 363.
- (78) See reference 44, p. 2.
- (79) Autopsy protocol; supplemental autopsy report of President John F. Kennedy, Dec. 6, 1963 (hereinafter cited as supplemental autopsy report).
- (80) Humes testimony, II Warren Commission hearings, 363. See also interview of Dr. James J. Humes, Aug. 17, 1977, House Select Committee on Assassinations, p. 7 (JFK Document No. 003070).
- (81) See reference 40, Stringer interview, p. 40.
- (82) Interview of Dr. George C. Burkley, Aug. 17, 1977, House Select Committee on Assassinations, p. 4 (JFK Document No. 003070).
- (83) Sibert and O'Neill, p. 4.
- (84) See reference 62, Sibert affidavit, p. 4; and reference 15, Sibert interview, p. 4.
- (85) Sibert and O'Neill, p. 4.
- (86) Ibid.
- (87) Id. at p. 5.
- (88) Autopsy protocol, p. 4.
- (89) Deposition of John H. Ebersole, Mar. 11, 1978, House Select Committee on Assassinations, p. 5 (JFK Document No. 013617).
- (90) Autopsy protocol, p. 4.
- (91) Ibid.; Letter from Pierre A. Finck to Brig. Gen. J. M. Blumberg, MC, USA, director, Armed Forces Institute of Pathology, Feb. 1, 1965, p. 2.
- (92) See reference 80, Humes interview, p. 7; and Burkley interview, p. 4.
- (93) Humes testimony, II Warren Commission hearings, 349.
- (94) Dr. Humes emphasized in his open session testimony before the committee that there was one and only one bullet wound to the back of the President's head that it entered in the rear and that it exited in the front. Humes testimony, Sept. 7, 1978, I HSCA JFK hearings. See also Sibert and O'Neill, p. 5.
- (95) See reference 44, Galloway interview, p. 2. But see staff interview with Richard A. Lipsey, Jan. 18, 1978, House Select Committee on Assassinations (JFK Document No. 014469), in which Lipsey stated that he recalled the doctors concluding that three missiles struck the President from behind. Lipsey said that one bullet entered the upper back of the President and did not exit; one entered in the rear of the head and exited the throat; and one entered and exited in the right, top portion of the head, causing a massive head wound.
- The committee agreed that President Kennedy suffered a wound in the upper back, a wound in the rear of the head, a massive wound in the top, right side of the head, and a wound in the throat. Lipsey was wrong, however, in concluding that three shots struck the President and mistaken if he believed the pathologists reached such a conclusion. Only two shots struck the President: One entered the upper back and exited the throat. Another entered the rear of the head and exited on the top, right side of the head, causing the massive defect.
- Lipsey apparently formulated his conclusions based on observations and not on the conclusions of the doctors. In this regard, he believed the massive defect in the head represented an entrance and exit when it was only an exit. He also concluded that the entrance in the rear of the head corresponded to an exit in the neck. This conclusion could not have originated with the doctors, because during the autopsy they believed the neck defect only represented a tracheostomy incision. Lipsey did properly relate the preliminary conclusion of the doctors during the autopsy that the entrance wound in the upper back had no exit. The doctors later determined that this missile had exited through the throat. Thus, although Lipsey's recollection of the number of defects to the body and the corresponding locations are correct, his conclusions are wrong and are not supported by any other evidence.
- (96) Humes testimony, Sept. 7, 1978, I HSCA-JFK hearing.
- (97) Testimony of Roy H. Kellerman, II Warren Commission hearings, 100.
- (98) Deposition of Pierre A. Finck, Mar. 11, 1978, House Select Committee on Assassinations, p. 110 (JFK Document No. 013617).

- (99) Id. at p. 128.
- (100) Id. at p. 76.
- (101) Interview of James J. Humes, Sept. 16, 1977, HSCA, p. 67 (JFK Document No. 013616), reprinted as part of Addendum I to this report.
- (102) Interview of Gen. Godfrey McHugh, May 11, 1978, House Select Committee on Assassinations, p. 4.
- (103) Ibid.
- (104) Ibid.
- (105) Ibid.
- (106) See reference 101, Humes interview, Sept. 16, 1977, p. 66.
- (107) Id. at p. 73.
- (108) See reference 89, Ebersole deposition, p. 10.
- (109) See reference 40, Stringer interview, p. 13.
- (110) Ibid.
- (111) See reference 41.
- (112) Outside contact report, Paul K. O'Connor, June 28, 1978, House Select Committee on Assassinations (JFK Document No. 013613).
- (113) Ibid.
- (114) Ibid.
- (115) See reference 35.
- (116) Sibert and O'Neill, p. 3; see reference 112; see also reference 35.
- (117) See reference 41.
- (118) Ibid.
- (119) See reference 101, Humes interview, Sept. 16, 1977 p. 49.
- (120) Ibid.
- (121) Interview of Dr. Malcolm Perry, Jan. 11, 1978, House Select Committee on Assassinations, p. 8 (JFK Document No. 006370).
- (122) Id. at p. 2.
- (123) Id. at p. 8.
- (124) Autopsy protocol, p. 6.
- (125) See reference 101, Humes interview, Sept. 16, 1977 p. 51.
- (126) Ibid. See also Humes testimony, Sept. 7, 1978 I HSCA-JFK hearings. p. 330.
- (127) Ibid.. Humes testimony, p. 331.
- (128) Admiral Galloway instructed Elsie B. Closson, his secretary, to type the autopsy report and the supplemental report because he believed he needed a typist with a top secret security clearance. See outside contact report, Elsie B. Closson, May 4, 1978, House Select Committee on Assassinations (JFK Document No. 008135).
- (129) See reference 101, Humes Interview, Sept. 16, 1977, p. 22.
- (130) Autopsy protocol, p. 16.
- (131) Supplemental autopsy report.

