

Murder in Dealey Plaza: A Critical Mass of Evidence*

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There has always been strong evidence of multiple gunmen in the assassination of President Kennedy—strong evidence that the official story presented in *The Warren Report* [1], and in large measure ratified by the report of the House Select Committee on Assassinations (HSCA) [2], is false. Conspiracy evidence, however, has always run up against autopsy evidence that substantiates the official story that shots hit the President only from behind [3]. Ordinarily, the autopsy is the best evidence of how a murder was accomplished, but the Kennedy assassination has proven to be the exception to the rule. *Murder in Dealey Plaza* pulls the props from under the autopsy report, and gives us good reason to believe that the report, along with accompanying X-rays and photos, was falsified to hide evidence of frontal shots.

Murder in Dealey Plaza is aptly subtitled “What We Know Now that We Didn’t Know Then About the Death of JFK”. For years, key evidence in the case was kept secret by the federal government. Thanks to the work of the Assassination Records Review Board (ARRB), however, we now have much more information than we did before about the assassination of President Kennedy, and about the cover-up orchestrated from within the government [4]. Thanks to the dedication and persistence of people like Professor James Fetzer, Dr. Gary Aguilar, Dr. David Mantik, and Douglas Horne—contributors to *Murder in Dealey Plaza*—we now have a better idea about what really happened.

Soon after the ARRB released its report in 1998, supporters of the Warren Commission’s conclusion that Lee Harvey Oswald was the lone assassin were quick to provide sound bites proclaiming that there were no “smoking guns” in the released files. This was true only in the very literal sense that the actual murder weapons and assassins were not identified [5]. There is explosive material in the newly released files—evidence that helps establish that the autopsy report was misleading on critical points, that supporting X-rays and photographs relied upon by the HSCA were falsified, and that the government has never revealed the true nature of the President’s wounds.

Murder in Dealey Plaza, building on knowledge that has been gained over the years [6], sets forth much of the new information and explains its import [7]. The principal focus is on the medical evidence, but there are also interesting

chapters on the Presidential limousine, the failure of Secret Service protection, the authenticity of the Zapruder film, the failure of professional historians to probe behind the cover-up, and Dallas Police Chief Jesse Curry's files on the case. A perceptive 1964 essay by Bertrand Russell rounds out the book [8].

Among the book's findings are the following:

- Contrary to conclusions in the HSCA's report, witnesses to the Bethesda autopsy confirmed, rather than contradicted, the Dallas doctors' assertions that there was a large hole in the back of the President's head [9]. Such a hole would ordinarily signify an exit wound, not an entrance wound, and is therefore indicative of a shot from the front.
- Autopsy X-rays were forged, probably shortly after the autopsy, to make it appear that there was a round metallic object, 6.5 mm in diameter, lodged in the back of the President's skull near the alleged bullet entry site identified by the HSCA. (Accused assassin Lee Harvey Oswald's rifle used 6.5 mm ammunition.)
- Not all of the photos and X-rays taken at the autopsy remain in the collection at the National Archives. ARRB interviews with autopsy doctors, photographers, and X-ray technicians reveal that some photographs and X-rays taken during the autopsy are missing from the collection at the National Archives, and that some of the photographs now in that collection were not taken during the autopsy.
- As a follow-up to the autopsy there were two separate brain examinations of two different brains. The first examination, evidently of President Kennedy's brain, was probably conducted on the morning of Monday 25 November, prior to the President's funeral. The second examination, conducted about a week later, was of a different brain—a brain that showed damage consistent with the official story of a head shot from the rear.

Among the conclusions that can be drawn from these and other findings are the following:

- President Kennedy was shot at least twice in the head. At least one shot to the head came from the front.
- Autopsy photos and X-rays were falsified to conceal the true nature of President Kennedy's wounds, and to create images consistent with the official version of the shooting. The autopsy report was deliberately misleading.
- The second brain examination, evidently of a brain not the President's, was conducted in order to create a record of a brain specimen that was consistent with the official story that President Kennedy had been shot from behind.
- All of the official investigations of President Kennedy's assassination relied on falsified or misleading medical data to reach their conclusions.

The new findings about the medical evidence cannot be set forth in full detail in a book review of this length. Some elaboration here, however, should help convince the reader that the medical essays in *Murder in Dealey Plaza* are both thorough and persuasive with respect to their principal findings, and that the book merits serious attention.

The Autopsy Witnesses

One of the most shocking revelations in the ARRB's releases is the fact that the HSCA misrepresented the basic thrust of statements made to Committee staff by witnesses to President Kennedy's autopsy at Bethesda [10]. According to the HSCA report,

In disagreement with the observations of the Parkland doctors are the 26 people present at the autopsy. All of those interviewed who attended the autopsy corroborated the general location of the wounds as depicted in the photographs; none had differing accounts ... [I]t appears more probable that the observations of the Parkland doctors are incorrect [11].

The autopsy photographs referred to by the HSCA report show the back of the head apparently intact, the hair free of blood, with only a small red spot near the cowlick [12]. By contrast, doctors at Parkland Hospital in Dallas who treated the mortally wounded President, including neurosurgeons, described a large, gaping wound in the back of the head, with brain tissue from the cerebellum as well as the cerebrum extruding. (The cerebellum, located low in the back of the brain, has a very distinctive appearance that no doctor should mistake for the cerebrum.)

The autopsy report, although it wrongly concluded that President Kennedy was shot only from behind, also clashed directly with these photographs. The report describes a large hole "involving chiefly the parietal bone, but extending somewhat into the temporal and occipital regions" [13]. This is a description of a hole that extends well into the back of the head [14]. Any large hole in both the parietal and occipital bones should have been readily apparent in a photograph of the back of the head, at least if there was a corresponding loss of scalp.

According to Dr. Aguilar, it is simply not true that the autopsy witnesses interviewed by the HSCA staff corroborated the autopsy photos. Staff summaries of the witnesses' statements, locked up for thirty years until being released through the ARRB, reveal that all thirteen of those interviewed (only half of those present at the autopsy) corroborated the observations of the Parkland doctors that there was a large wound in the back of the head. Many Warren Commission witnesses had also described a large wound in the back of the head. Dr. Aguilar reports that, between Parkland and Bethesda, there were more than forty witnesses—including the autopsists themselves—whose original observations attested to a right-rearward skull wound [15].

Thus, it is no longer a matter of Parkland doctors and other Dallas witnesses being contradicted by the autopsy photographs and all of the autopsy witnesses. Rather, it appears that the current autopsy photographs were contra-

dicted by virtually all interviewed witnesses at the Bethesda autopsy as well as at Parkland. As Dr. Aguilar contends, it is difficult to imagine how there could have been near unanimity among so many people—many of them highly trained professionals—and how all of them could have been wrong about so basic a matter as the location of a large head wound recognized by all as the fatal wound.

Incomplete and Altered Autopsy Photos

How can it be that the autopsy photographs conflict so starkly with the observations of the thirteen autopsy witnesses who described a large hole in the back of the President's head? With the exception of one confusing photo of the inside of the skull [16], the collection of autopsy photographs at the National Archives does not verify a large defect in the back of the head. In fact, as mentioned above, the extant photos of the exterior of the back of the head show it to be intact. The explanation appears to be that the original autopsy photos were replaced with subsequently made and probably fabricated photos that were intended to be consistent with the official story of shots from behind.

Through interviews with the autopsy doctors, photographers, X-ray technicians, autopsy witnesses, and a technician who developed autopsy pictures, the ARRB helped to establish that there were key photographs taken during the autopsy that are not now present in the collection at the National Archives. Various discrepancies emerged. For example, particular angles and views that were photographed during the autopsy are not now represented (e.g., the inside of the chest cavity, the inside and outside of the skull where the beveling of a bullet entry is revealed). The number of exposures supposedly taken during the autopsy exceeds the number of pictures in the collection. Photos now in the collection were taken with film that was not used by the autopsy photographer, and that was not developed at the Naval Photographic Center, where apparently the original autopsy photos were developed.

Another strong indictment of the authenticity of the extant photo showing a blood-free and intact back of the head is the reaction to this photo by the two FBI agents present at the autopsy: “this looks like it's been doctored in some way” and “it looks like it could have been reconstructed or something” [17].

The HSCA's account of authentication of the photographs is almost as troubling as its misrepresentation of the statements of the autopsy witnesses. The Committee reported that the autopsy photographs were authenticated, although it claimed that the Department of Defense “had been unable to locate” the camera and lens that had been used at the autopsy. HSCA files released in 1997, however, revealed that DOD had indeed identified the camera and sent it to the Committee, but that the Committee's photographic experts, rather than raising embarrassing questions of authenticity, chose instead to conclude that the camera and lens had not been the one used to take the autopsy photographs existing in 1977 [18].

Forgery of the Autopsy X-Rays

There are two aspects of the extant autopsy X-rays that Dr. Mantik believes are forged. One is the round, 6.5 mm fragment mentioned above, apparently lodged in the back of the skull and visible on the frontal X-ray. The other is the intact back of the skull seen on the lateral X-rays. Dr. Mantik, a radiation oncologist who is board-certified by the American College of Radiology and who also has a Ph.D. in physics, relies on optical densitometry measurements to confirm the forgeries.

The round 6.5 mm object that appears to be lodged in the back of the skull was apparently not present on the X-rays taken the night of the autopsy [19]. When questioned under oath by the ARRB, the three autopsy doctors had no recollection of the object, and no witness to the autopsy has ever described it. A major objective of autopsy X-rays is to identify bullets and bullet fragments present in the body so that they can be removed and preserved as evidence. Other much smaller bullet fragments were removed from the President's head during the autopsy, and it stands to reason that this largest of all objects would also have been spotted and removed. The fact that this object was not identified and removed the night of the autopsy is by itself strong evidence that it was not there. In addition, irregularities in optical density measurements led Dr. Mantik to conclude that the object was not a bullet fragment at all, but had been placed on the X-ray film through use of a composite [20].

The lateral X-ray shows an impossibly dense area within the posterior skull—so dense, in fact, that Dr. Mantik concluded that if it were bone it would have to be nearly solid bone from one side of the skull to the other. Also indicative of forgery is the fact that there is no corresponding dense area visible on the frontal X-ray, as one would expect if there were something that dense within the skull [21]. Dr. Mantik concludes that this X-ray also appears to be a composite created by double exposure [22].

Another aspect of the skull X-rays bears emphasis, although it is not indicative of forgery. Visible on the lateral X-ray is a trail of tiny metallic particles extending from near the hair line on the right forehead most of the way back across the top of the skull. This trail of particles does not line up with either of the bullet entry sites identified by government inquiries. The trail clearly could not have resulted from a bullet that entered low on the back of the skull near the external occipital protuberance (the site identified by the autopsy pathologists). In fact, the autopsy report misplaces this trail by over 10 cm, an astonishing error that the pathologists could not explain to the ARRB. Nor does the trail line up with the much higher site posited by the HSCA. The trail of particles does align, however, with a possible bullet entry site near the hairline on the forehead [23].

The Two Brain Examinations

If the discovery by ARRB staffer Douglas Horne that there were two brain examinations of two different brains following President Kennedy's autopsy does

not constitute a “smoking gun”, it is hard to imagine what would. Horne set forth his findings in a staff memorandum released to the public in 1998, and summarized by Horne in a chapter in *Murder in Dealey Plaza* [24].

Horne based his conclusions on “three sets of indicia”: (1) conflicting evidence, drawn mostly from ARRB interviews with participants, as to the timing of what was initially assumed to be one brain examination; (2) conflicting evidence as to the type of film and photographic techniques used to photograph the brain(s); and (3) differences between the appearance of the brain at autopsy and in photographs of the (second) brain examination.

As for the timing, both autopsy doctor J. Thornton Boswell and autopsy photographer John Stringer told both the HSCA and the ARRB that the brain exam was conducted two or three days after the autopsy. President Kennedy was killed in the early afternoon of Friday, 22 November 1963, his body was flown back to Washington that afternoon, and the autopsy was conducted that evening. The brain exam that was conducted two or three days after the autopsy most likely occurred on the morning of Monday, 25 November, the day of the funeral, there having been pressure to complete the autopsy procedures in time to bury the brain with the body.

There was other evidence, however, of a later brain exam. Dr. Pierre Finck of the Armed Forces Institute of Pathology, the third doctor present at the autopsy (and a meticulous record keeper), wrote in a 1965 memo to his superior that Dr. Humes had called him on 29 November 1963 about the need to examine the President’s brain, and that he had subsequently attended such an examination. Dr. Finck reaffirmed to the ARRB that the brain examination he attended could not have been as soon as two or three days after the autopsy. Relying on this information as well as interviews with other key people, Horne concluded that Dr. Finck had been excluded from the first brain exam, and was then called in to observe the second [25].

The brain observed at autopsy and the photographed brain were grossly disparate. The right hemisphere of the photographed brain was disturbed, but virtually all of the brain matter was present. The recorded weight was 1500 grams, near the upper limit for a male brain (the average is reportedly 1350 to 1400 grams) [26]. But by all accounts a significant amount of the President’s brain was blown away when he was shot in the head [27]. Witnesses at Parkland and at the autopsy said that at least a third of the brain was gone, and the extant autopsy X-rays show a complete absence of brain in the front of the head. These major discrepancies alone could have justified Horne’s conclusion that the brain that was photographed and described could not have been that of President Kennedy.

Conclusion

What does all of this mean? Any one of the findings summarized above would be troubling by itself. Together, these findings form a critical mass of evidence indicating that President Kennedy’s autopsy was falsified, and help establish a

compelling case that people within the federal government covered up evidence of frontal shots—and hence of multiple gunmen and conspiracy in the assassination of President Kennedy. Because it pulls this evidence together in one place, *Murder in Dealey Plaza* is one of the most important books to date on the Kennedy assassination.

The new evidence turns the tables. No longer can defenders of the lone assassin theory hide behind the autopsy evidence and claim that it trumps all the other evidence. The weight of this other evidence now trumps the autopsy report. Lone assassin theorists must address and explain the new evidence if they wish to regain credibility.

It is time for people of integrity who were involved in the official investigations—especially the professionals—to take a good-faith look at the new evidence and confront the likelihood that their conclusions were based on falsified data. *Murder in Dealey Plaza* may not be the last word on the medical evidence, but it should be the starting point for a fresh look—not only at the medical evidence, but also at the assassination and its implications.

Endnotes

- [1] *The Warren Report* is the popular name of the *Report of the President's Commission on the Assassination of President John F. Kennedy*. The Warren Commission was established on 29 November 1963 by Executive Order 11130, and charged with evaluating the evidence developed by the FBI, with making such further investigation as the Commission finds desirable, and with reporting findings and conclusions to President Johnson. The Commission's report, delivered to President Johnson on 24 September 1964, concluded that Lee Harvey Oswald, acting alone, and firing three shots from a sixth floor window of the Texas School Book Depository above and behind the presidential limousine, killed President Kennedy and wounded Governor Connolly, and that Jack Ruby, acting alone, killed Oswald two days later.
- [2] The House Select Committee on Assassinations was formed in 1976 to review the evidence relating to the assassinations of President Kennedy and Rev. Martin Luther King, Jr. The Committee devoted much of its limited resources to assembling panels of experts to examine and evaluate the evidence, and conducted only a limited new investigation. See Gaeton Fonzi, *The Last Investigation* (1993). The Committee's report, issued in 1979, agreed with the Warren Commission that the President was killed by Lee Harvey Oswald, who fired three shots from the sixth floor of the Texas School Book Depository. The Committee also, however, found a high probability that a second gunman fired at the motorcade, but missed, from behind the picket fence atop the grassy knoll to the front and right of the Presidential limousine.
- [3] According to the official story formulated by the Warren Commission and agreed to by the HSCA, two of the three shots fired by Lee Harvey Oswald from the sixth floor sniper's nest in the Texas School Book Depository

- building struck President Kennedy. Under this scenario the first shot to strike the President hit him in the upper back and exited his throat just below the Adam's apple. This same bullet (later dubbed the single bullet or magic bullet), then allegedly struck Governor Connolly, seated in front of the President, and caused all of the Governor's wounds. Both official accounts agreed that the second shot to strike the President was fatal, and entered the back of the head. They strongly disagreed, however, as to the location of the bullet entry hole on the back of the head. The Warren Commission, relying on the findings of the autopsy doctors, concluded that this bullet entered low on the skull slightly above and to the right of the external occipital protuberance. The HSCA, however, relying on autopsy photographs and X-rays, placed the entry hole about four inches higher, near the cowlick.
- [4] The ARRB was established pursuant to the President John F. Kennedy Assassination Records Collection Act of 1992, Pub. L. 102-526. The Board's mission was to obtain all government records relating to the assassination, and to the fullest extent possible release those records to the American people. The Board was not charged with investigating the crime or with making findings as to who was responsible for the President's murder. The Board was authorized, however, to pursue issues related to the completeness of assassination records and the possible destruction of records; relying on this authority, the Board conducted extensive interviews relating to the autopsy and other medical records.
- [5] In the Prologue to *Murder in Dealey Plaza ("MIDP")*, Fetzer identifies sixteen smoking guns revealed by the new evidence.
- [6] A number of researchers have contributed to deciphering the medical evidence. Among the more significant books on the subject have been Harold Weisberg, *Post Mortem* (1975); Charles Wilber, *Medicolegal Investigation of the President John F. Kennedy Murder* (1978); David Lifton, *Best Evidence* (1980); Noel Twyman, *Bloody Treason* (1997); Harrison Livingstone, *High Treason* (1998); and James Fetzer, Editor, *Assassination Science* (1998).
- [7] *MIDP* is a sequel to Fetzer's 1998 book *Assassination Science*. Both books are collections of essays by assassination researchers probing different aspects of the case. The *MIDP* chapters on the medical evidence are thorough summaries that cover the new evidence and bring the essentials together in one place. *MIDP* does not replicate what is found in *Assassination Science*, however, and is well supplemented by the earlier work.
- [8] This review's emphasis on the medical evidence is not intended to minimize the significant contributions of Vince Palamara's analysis of the Secret Service performance in Dallas and its aftermath, of Douglas Weldon's research into the post-assassination disposition of the presidential limousine, or of David Mantik's analysis of the Zapruder film. All of these chapters in *MIDP* are well worth the reader's attention.
- [9] After the shooting in Dealey Plaza, President Kennedy was taken to Parkland Hospital in Dallas, where a team of doctors attempted unsuccessfully to save his life. During the course of treatment, these doctors ob-

- served two wounds: a small puncture wound of the throat and a large hole in the back of the head. After President Kennedy was pronounced dead, his body was forcibly removed from Parkland Hospital, in disregard of Texas law requiring that the autopsy be performed there, and transported to the National Naval Medical Center at Bethesda, Maryland. The autopsy was performed at Bethesda under the direction of Dr. James Humes, of the Naval Medical Center, and with the assistance of Dr. J. Thornton Boswell, also of the Naval Medical Center, and Dr. Pierre Finck, from the Armed Forces Institute of Pathology.
- [10] That HSCA staff kept the witness statements and their import from its own panel of forensic pathology experts is also shocking. When Dr. Aguilar showed these statements in 1995 to Dr. Michael Baden and Dr. Cyril Wecht, both members of the HSCA panel, they both said they had never seen them before [*MIDP*, p. 188].
- [11] *Report of the House Select Committee on Assassinations*, 95th Cong., 2d Sess., vol. 7, at 37–9 (1979), as quoted and emphasized in *MIDP*, pp. 197–8.
- [12] That red spot was later identified by HSCA experts as the bullet entry hole. This represented a major upward shift of about four inches from the entry point identified by the autopsy doctors, just to the right and just above the external occipital protuberance (EOP). With the exception of one occasion when Dr. Humes seemed to waver on the issue under questioning by the HSCA, the three autopsy doctors Humes, Boswell, and Finck have consistently maintained that the bullet entry hole was at the lower site, near the EOP.
- [13] In 1996 Dr. Boswell reconfirmed these observations by drawing just such a large hole on a skull as an illustration for the ARRB [*MIDP*, pp. 235–7].
- [14] The two parietal bones cover much of the top and sides of the skull, from the coronal suture in front, where they meet the frontal bones, to the lambdoid suture in the back, where they meet the occipital bone. The back of the head is thus comprised of parietal bone on top and occipital bone below. Note as well that the occipital bone overlies the area of the brain that contains the cerebellum, and that the Parkland doctors reported seeing tissue from the cerebellum extruding from the wound in the back of the head.
- [15] The emphasis on original statements is important. Soon after the autopsy Secret Service agents visited the Parkland doctors in an effort to get them to revise their statements. Some of them did back off their initial statements, both with respect to the head wound and with respect to the wound in the front of the throat, which they had initially described as a likely entry wound.
- [16] Confusing to the layman, that is. Dr. Mantik contends that this picture, properly oriented and interpreted, shows the damage to the back of the head and also reveals the proper placement of a bone fragment found at the assassination scene in Dealey Plaza.

- [17] Sworn statements of Francis X. O'Neill and James W. Sibert, respectively, to ARRB counsel Jeremy Gunn, as reproduced in *MIDP*, p. 208. Dr. Robert Grossman, a neurosurgeon who attended President Kennedy at Parkland Hospital, had a similar reaction to the picture when interviewed by ARRB staff. See *MIDP*, p. 201.
- [18] Whether the lens in the camera had been changed between 1963 and the HSCA's examination in 1977 remains unknown.
- [19] It is probably not coincidental that the size of this fragment precisely matched the 6.5 mm ammunition used by Oswald's rifle. Nor is it likely to be coincidental that spatially compatible images of the 6.5 mm object are visible on the lateral and frontal X-rays (the object is round on the frontal view, and narrow on the lateral view, and in both views appears at the same spot on the back of the skull). A random artifact might appear on one or the other views, but not both, or a speck-on-the-lens artifact could appear in identical shape and size on both images, but the odds of the spatially compatible but distinctly differently shaped images appearing by random on two different X-rays at the same spot on the skull are indeed remote.
- [20] Dr. Mantik also quotes Larry Sturdivan, the HSCA's ballistics expert, who states unequivocally that this object could not possibly be a sheared-off cross-section of a bullet or bullet jacket. Never in his experience, Mr. Sturdivan explained, had he seen a bullet that had sheared off in this manner after striking a body.
- [21] A forger's objective would have been to simulate an intact skull, not to create a suspiciously dense area inside the skull, so the need to fabricate the frontal X-ray would probably not have been anticipated.
- [22] This finding is summarized by Dr. Fetzer as Smoking Gun #7 in the Prologue to *MIDP*, and was described in more detail by Dr. Mantik in *Assassination Science*. An effect of the composite was to leave the frontal skull looking unusually dark, a feature that puzzled even Dr. Humes when interviewed by the ARRB.
- [23] No government inquiry has identified a bullet entry hole at this site, but Tom Robinson, the funeral home employee who restored the body after the autopsy, described a wound at that location [*MIDP*, p. 250]. This trail of particles, incidentally, is more characteristic of an exploding bullet than of the full metal jacketed bullets used by Oswald's weapon. See *MIDP*, Prologue, Smoking Gun #4.
- [24] The complete staff memorandum was printed in *Probe*, vol. 7, No.4 (May-June 2000). *Probe*, now discontinued, was a research journal produced by Citizens for Truth About the Kennedy Assassination.
- [25] It may seem incredible that Drs. Humes and Boswell could have participated in such a deception. Note, however, that John Stringer, the autopsy photographer, when asked by the ARRB why he signed a false statement verifying the completeness of the photographic record, responded that he was ordered to. Perhaps Dr. Humes had similar orders. There were instances when Dr. Humes was less than candid about what

transpired the night of the autopsy. For example, Dr. Humes had told the Warren Commission and the HSCA that he had burned his autopsy notes because some of the President's blood was on them and he did not want them to be the subject of morbid curiosity. He also, however, burned a first draft of the autopsy report that could not have been stained with the President's blood. See *Final Report of the ARRB*, p. 122, and *MIDP*, pp. 268–271. Also, Dr. Humes initially claimed that he was not aware that there was a bullet wound in the throat until he talked by phone with Parkland doctors the next morning, and that it was only then that he realized that the throat wound must have been the point of exit for the bullet that entered the back. (The small bullet hole in the throat observed by Parkland doctors had been cut through to insert a breathing tube during resuscitation efforts.) This story was contradicted in 1992 by Dr. Robert B. Livingston, who was Scientific Director for two of the National Institutes of Health in 1963. Dr. Livingston recounted that he had called Dr. Humes the afternoon of the assassination, before the body arrived at Bethesda, and had alerted him that news reports from Dallas indicated there was a bullet entry wound in the throat. See *Assassination Science*, p. 162. Even Dr. Boswell confirmed to the ARRB that the autopsy doctors were aware of the throat wound during the course of the autopsy.

- [26] Oddly, no brain weight was recorded on the autopsy report.
- [27] Occupants of the Presidential limousine, as well as the motorcycle policeman riding to the left rear of the limousine, were splattered by blood and brain matter. (In one of several incredible episodes of destruction of evidence, the limousine was washed down at Parkland Hospital soon after the assassination, prior to the inspection that later took place in the White House garage. As a result, there is no complete photographic record of the limousine crime scene in the collection at the Archives. For a full account, see Douglas Weldon's chapter, "The Kennedy Limousine: 1963", in *Murder in Dealey Plaza*. Weldon also presents evidence suggesting that the original windshield, in which several witnesses saw a through hole, was replaced by one containing no perforation, but only cracks consistent with a hit from the rear.)

* *The Federal Lawyer* (May 2001), pp. 52–6.