The single-bullet theory (SBT) is unequivocally repudiated by an objective, thorough evaluation and analysis of all the medical, scientific, and physical data in the assassination of President John F. Kennedy (JFK).

Despite the semantical sophistry and intellectual gymnastics of the forensic pathology panel report (FPPR), it is clear that the SBT can no longer be maintained as an explanation for the bullet wounds in JFK's back and neck, and all the bullet wounds in Gov. John B. Connally (JBC). The angles at which these two men were hit do not permit a straight line trajectory (or near straight line trajectory) of Commission exhibit 399 (the so-called magic bullet) to be established. Indeed, quite the opposite is true. In order to accept the SBT, it is necessary to have the bullet move at different vertical and horizontal angles, a path of flight that has never been experienced or suggested for any bullet known to mankind. I am submitting a sketch, marked Wecht exhibit 11, to demonstrate this point in graphic fashion.

An examination of the physical relationship between JFK and JBC immediately prior to and immediately following the moment that their wounds are alleged to have been inflicted by Commission exhibit 399 (as required by the SBT) provides unquestionable evidence that the bullet could not have moved in the direction claimed by the FPPR. I am submitting several photographs, marked Wecht exhibits 1 through 6, which demonstrate this relationship.

Wecht exhibit 6 shows JBC firmly clutching his hat. This is approximately 1 1/2 seconds after he is alleged to have been shot through the chest, right wrist, and into his left thigh. Indeed, the FPPR states that they were surprised that although he leads suffered the injury to his wrist, he did not drop his hat. The panel should not only be surprised, but incredulous. If they were not so slavishly dedicated to defending the Warren Commission report (WCR), and the previous opinions submitted by two of the panel members, Dr. James Weston and Dr. Werner Spitz, they would have interpreted this picture correctly and accepted it for what it obviously and clearly demonstrates—namely, that JBC was not struck in the chest, wrist, or thigh by CE 399, and the SBT is, therefore, indefensible.

I do not accept the conclusion of the FPPR that the configuration of the gunshot wound on JBC's back indicates that the bullet that struck him at that location had to have been tumbling, and that such tumbling was most probably caused by the bullet (CE 399) having first gone through JFK's back and neck. There is strong evidence to indicate that the elongation of the wound on JBC's back was in the horizontal plane, and not in the vertical plane, which would be

*References to or quotes from the Forensic Pathology Report refer to drafts of the report.

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consistent with the shot having struck JBC on a tangential angle from the right rear. Furthermore, if, in fact, the bullet that struck JBC was tumbling, such tumbling could just as easily have been caused by the bullet nipping a small tree branch or leaves during the course of its preimpact trajectory.

(563) With regard to this portion of the discussion, I should like to note for the record that the FPP and HSCA staff placed much emphasis on and gave a great deal of credence to so-called ballistics studies performed by Dr. John Lattimer, a urologist with no training, experience, or expertise whatsoever in forensic pathology. At the same time, the FPP and HSCA paid no attention whatsoever to the ballistics studies performed by Dr. John Nichols, a board-certified pathologist and full-time professor of pathology on the faculty of the University of Kansas School of Medicine. This is additional evidence of clearcut bias on the part of both the HSCA staff and the FPP.

(564) Examination of CE 399, correlated with various studies previously performed with identical ammunition fired from a Mannlicher-Carcano rifle, definitely proves that this bullet could not have inflicted all the damage attributed to it under the SBT to JFK and JBC. Specifically, there is no way that this bullet could have caused all the bone damage to JBC's right fifth rib and right radius, without having sustained more physical deformity.

(565) I am submitting pictures of CE 399 (Wecht exhibits 7, 8 and 9) to show that the only deformity of this bullet was minimal indentation at the base, with absolutely no damage to the nose of the bullet and no defects in the copper jacket.

(566) I am also submitting another picture (Wecht exhibit 10), which is a composite photograph of identical ammunition fired under the auspices of the Warren Commission in 1964. These other bullets were fired into cotton wadding, a goat carcass (breaking one rib of the goat), and the wrist of a human cadaver (breaking the distal end of the radius), respectively. They all showed more deformity than CE 399, especially the bullet that was fired through a human wrist. And yet, we are asked to accept the fact that CE 399 broke both a rib and a radius in JBC and emerged intact and only minimally deformed at the base. This finding alone destroys the SBT in an objective, scientific manner.

(567) Despite repeated requests by me that further studies be performed on animal carcasses and human cadavers with 6.5-millimeter ammunition (copper jacket, lead core), the FPP members refused to go along with this very reasonable and logical request. It is clear to me that their reluctance was based upon their knowledge that such studies would further destroy the SBT.

(568) Similarly, I repeatedly requested that our panel be given access to JFK's brain, so that it could be properly examined. Although some members of the FPP did give affirmative lip service to this request, it was quite clear from their deliberations in the FPPR that they did not choose to emphasize and pursue properly this scientifically logical and reasonable demand.

(569) In this regard, with reference to both of my requests concerning test-firings through animal carcasses and human cadavers, and an attempt to locate and gain access to JFK's brain, I should like to note that there was also great reticence on the part of Prof. G. Robert
Blakey, chief counsel and director of the House Select Committee on Assassinations (HSCA), to undertake these pursuits. As a matter of fact, Professor Blakey did not seem the least bit interested in undertaking such studies. I wish to emphasize the fact that such controlled test-firings were performed at the request of the Warren Commission in 1964, and undoubtedly could have been repeated at this time with a reasonable expenditure of time, effort, and money.

The FPPR states that: The panel considered the question that the residual defect might conceivably have been the location for an additional inshoot wound, but noted that there was no radiographic evidence of such a missile within the skull, nor any observation or description of the effects of such a missile on the skin flaps, within the brain, or interior of the skull.

In my opinion, the medical evidence and other physical evidence and investigative data in this case do not rule out the possibility of an additional gunshot wound of JFK's head. This shot could have been fired in synchronization with the other shot that struck JFK in the back of the head, and would most probably have been fired from the right side (in relationship to the Presidential limousine).

A soft-nose bullet, or some other type of relatively frangible ammunition, that would have disintegrated upon impact, could have struck the right side of JFK's head in the parietal region. Inasmuch as there is a large defect of JFK's skull in this area, it is not possible to rule out the existence of a separate entrance wound at the site. Since this kind of ammunition would not have penetrated deeply into the brain, there would be no evidence of damage to the left cerebral hemisphere, nor would there be fragments of such a missile deposited in the left side of the brain. Also, there would not be a separate exit wound if this kind of ammunition had been used.

Again, it must be reemphasized that examination of JFK's brain is a critical element of this assassination investigation. It is truly incredible that appropriate dissection and examination of JFK's brain was not performed by the pathologists who did this autopsy on November 22, 1963, or at the time of their supplemental examination of the brain 2 weeks later on December 6, 1963. It is equally incredible, and most unfortunate, that the members of the FPP and HSCA staff have cursorily dismissed my frequent requests that JFK's brain be recovered and properly examined at this time. Their perfunctory dismissal of this obviously important and medically critical aspect of the investigation demonstrates without question their preconceived bias and professionally injudicious attitude vis-a-vis this case.

The FPPR engages in a lengthy discussion to explain the basis for their conclusion that " Solely on the basis of others' descriptions of the wounds in Governor Connally's wrist and thigh, the panel could not rule out the possibility that these were caused by a fragment of the bullet striking the President's head, although the panel felt that the ability to align the wounds in the chest, wrist, and thigh, offered strong presumptive evidence that they were caused by one missile." I wish to take strong exception to this conclusion and express my unequivocal disclaimer to this so-called "presumptive evidence."
The FPPR goes to great lengths to explain why it is not possible to draw straight lines through JFK and JBC in an attempt either to corroborate or disprove the SBT. Then, with incredible, intellectual inconsistency, the report nevertheless goes on to conclude that the SBT is physically possible and plausible. This blatant disregard of medical and scientific evidence and deliberate distortion and misrepresentation of analytical studies demonstrate more vividly than anything else the bias of my colleagues on the FPP.

As further evidence of my allegation that the FPP began its deliberations with a preconceived bias vis-a-vis the WCR, I should like to point out in its report (first page of part 1), the statement that following its very first meeting at the National Archives on September 18, 1977, “it was disclosed that subpanel 1 was in unanimous agreement with respect to the interpretation of the evidence.” (Subpanel 1 consisted of all the FPP members except Spitz, Wecht, and Weston.) And yet, when subpanel 1 met with subpanel 2 (Spitz, Wecht, and Weston), I pointed out many problems and emphasized various specific issues, other members of the overall FPP also expressed strong differences of opinion. This clearly demonstrates the strong, premature desire on the part of the FPP to rush headlong into another superficial whitewash of the WCR.

I also wish to point out for the record that a meeting was arranged between subpanel 1 of the FPP and Drs. Humes and Boswell in Washington, D.C., during the time of their first meeting in September 1977. There is no question in my mind that this meeting was arranged by the HSCA staff and members of the FPP at that time in order to exclude me from participating in the discussion and interrogation of Humes and Boswell (two of the three pathologists who performed the autopsy on JFK on November 22. 1963).

The FPPR does not adequately and definitively address itself to the numerous procedural and substantive deficiencies of the original autopsy and related medical-scientific investigative studies. The FPPR states that “Rather than proceed step by step with a critical review of the autopsy conducted by these individuals who were acting in response to official military orders under duress, with time and other constraints, the panel felt it wise to delineate some of the basic differences between a ‘hospital autopsy’ and a forensic autopsy performed as a necessary step in an official medicolegal investigation of death.”

I would like to have it noted as a matter of the official record that I never agreed to such an approach. I feel that a constructive, detailed, critical analysis of the JFK autopsy should most definitely be incorporated as a vital part of the FPPR. In fact, this objective was specifically set forth as one of the four charges addressed to the members of the FPP at the outset of the deliberations in September 1977 (see p. 2 of the FPPR). The panel was “to conduct a detailed objective critique of the professional manner in which the autopsy of President Kennedy was conducted.”

Once again, the FPP demonstrates more concern about the feelings, sensitivities and reputations of its personal friends and professional colleagues than it does about uncovering the ultimate truth involving the assassination of President John F. Kennedy. My exclusion from the above-mentioned meeting serves as further evidence of
the bias that existed on the part of Professor Blakey and the FPP toward me personally.

(581) At this time, I have not seen the final proposal prepared by Dr. Weston, but I know from the previous drafts that he was requesting photographs and data from members of the FPP that would corroborate various points that Dr. Weston felt should be emphasized in the FPPR. I cannot accept any such photographs and interpretations without having full details of those respective cases from the jurisdictions of the FPP members who have submitted such materials. In light of the bias and scientific inconsistency that these panel members have demonstrated in various facets of their overall involvement in this undertaking, I am not prepared blindly and naively to accept their representations of what a particular photograph is supposed to demonstrate and prove.

(582) There are numerous other items in the FPPR which are equally incorrect, inconsistent or susceptible to interpretations substantially different from the conclusions drawn by the FPPR. Regrettably, because of the August 11 deadline that has been imposed by Professor Blakey, I simply have not had sufficient time to mention and discuss each of these items in this Addendum report. In this regard, I wish to point out that I consider the time restriction imposed by Professor Blakey to have been extremely short and most unreasonable in light of the great amount of time that was given to Dr. Weston to prepare the FPPR.

(583) Also, I wish to point out for the record that I believe it was quite inappropriate and injudicious to have had the FPPR prepared by Dr. James Weston, in light of his previous involvement in a review of the WCR and his publicly acknowledged and officially recorded stance vis-a-vis the WCR. Once again, the fact that Professor Blakey and his staff either assigned, or permitted this assignment to be made to Dr. Weston is clear evidence of their blatant disregard for an objective, impartial approach to all the evidence in this case.

(584) Furthermore, at this time, I am not aware of the findings, interpretations and conclusions of other specialty panels that had been created by the HSCA to review the evidence in the JFK assassination. I do not understand how the FPP can prepare a final report without knowing what the final deliberations are of these other specialty panels. This is not the way forensic pathologists function, and I am truly amazed that they would have engaged in such an unprofessional approach in a matter of this magnitude.

Cyril H. Wecht, M.D., J.D.,
Coroner of Allegheny County.

Figures used in the dissenting view to the Forensic Pathology Panel Report, submitted by Cyril H. Wecht, M.D., J.D.

Wecht exhibits 1-6. Photographs demonstrating the physical relationship between President Kennedy and Governor Connally.

Wecht exhibits 7, 8, and 9. Photographs demonstrating the degree of deformity of bullet CE 399.

Wecht exhibit 10. Photograph displaying ammunition identical to CE 399, fired under the auspices of the Warren Commission in 1964.

Wecht exhibit 11. Photograph of a sketch illustrating the positions of the occupants in the presidential limousine.
Clear of sign, Connally is unhurt, he say
Kennedy, emerging from behind sign, is wo
Figure

Scale schematic illustration of passenger compartment of Presidential limousine showing most likely approximate bullet path. Sideways angle shown is 35 degrees.