



The less experienced forensic pathologists led to errors in the autopsy of Kennedy's body and an inaccurate medico-legal report

[Othman Alfleesy](#)^{1*}

¹Associate Professor of Forensic Medicine, Department of Forensic Medicine and Pathology, Faculty of Medicine and Health Sciences, [Aden University](#), Aden city, South Yemen

Corresponding Author: **Othman Alfleesy**

Address: Associate Professor of Forensic Medicine, Department of Forensic Medicine and Pathology, Faculty of Medicine and Health Sciences, [Aden University](#), Aden city, South Yemen.

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Introduction

Because the assassination of Kennedy was public opinion and from my view, it is an ethical issue, it is time for me to contribute with this scientific and medico-legal opinion (because my age at the assassination was 7 years old). According to the available information I found, nothing about the murder has been as controversial as the nature of Kennedy's Injuries. Kennedy's wounds have been a matter of continuing controversy in regard to their numbers, their directions, their nature and type (either entrance or exit). In most reports, all have mentioned that the injuries of Kennedy as follows: Kennedy's head exploded, Kennedy died as a result of two gunshot wounds, Kennedy has a wound in his back and other in his neck (anterior side) [1]. In many opinions, the forensic pathologists have written about Kennedy's assassination, on 22 Nov. 1963. These opinions in regard to Kennedy's autopsy & report, unfortunately, were confused, contradictory, and often have a lot of professional (malpractice) and practical mistakes.

In reviewing the available information and reports, I found that errors were committed by

forensic pathologists themselves, who performed the autopsy and have written multiple reports and death certificates [2].

Because of open mistakes, here, I ask: Why they did not answer the usual questions directed by the general attorney in any country in the world as:

- Is this is a firearm wound (the nature of the wound)?
- Is it an entrance (inlet) or exit wound (kind of wound)?
- What is the direction of the wounds?
- What is the range (distance) of firing (estimation of distance)?
- And finally, the easiest one: what is the cause of death?

This last question is the only one that American pathologist had explained it with details which were not required. Basing on my review of published reports and opinions, I put the following questions in order to answer the annual frequently asked questions about Kennedy's assassination and to help re-evaluation and rewriting again Kennedy's death and medico legal report.

I. The tragic and famous assassination of

Opinion Article

President Kennedy was documented in videos film (television) and cameras' photos and in front of the mass of people.

- II. There were many errors and shortcomings when dealing with this murder by physicians, police authorities and experts of the autopsy.

Let me say that, in any firearm injury case, the entrance and exit wounds can be differentiated from each other according to the specific features that they pose on clothes, skin, tissues, and bones. So, it is necessary to look for the abraded collar, loss of substance, burns, blackening, tattooing, beveling (internal or external), inverted or everted margins, the appearance and shape of the wound (star-like wound) (satellite), Kronlein wound, explosive wound, etc. All these depend on the distance (range) of the shot and the site of injury, starting from contact wound, close, near and distant shot. But in our case (Kennedy's case), you have to put this in your attention and caution (at the centre of your interest) [3,4,5,6,7,8,9,10].

- I. At the scene of the crime and a place of firing (building). Did you find - in the car or around it- Bullets, fragments or blank cartridges?
- II. Have you determined any injuries in the car and its aspects (internal or external) as a result of the missile hit?
- III. Did forensic pathologists have examined the clothes of the president Kennedy and his injured companion (the governor Connolly). Did they preserve them?
- IV. Have the wounds been carefully examined and defined their type & nature (entrance, exit) on the body (inside the mortuary), and their direction (path)?
- V. Did forensic pathologists look for the loss of substance, abraded collar on the clothing and skin wound on the back of both the president and the governor?
- VI. Have they determined (the beveling, internal or external) in the skull bone fragments, and fragments of the neck cervical vertebrae where the missile had hit the neck, from anterior or posterior (back or front)?

VII. Was skin of the anterior neck wound (throat) of Kennedy was having the loss of substance, abraded collar, tears or lacerations, and what was the condition of the trachea and its walls and rings at that site? , whatever the wound is, entrance or exit.

VIII. Was there a loss of substance, or tears in clothes (Jacket, shirt and necktie) which correspond to wounds on anterior of the president's neck where the bullet had perforated? Or a loss of substance or tears corresponds to the back of the body (Rt. upper scapular region).

IX. Was the Loss of substance, tears on the governor's skin and clothes were resulted from the same bullet that injured the president Kennedy firstly and then continued to enter again in the governor clothes and body? Or the injuries of the governor resulted from another independent bullet (gunshot) that hit him directly from the muzzle of the assassin's rifle to the body of the governor without another intermediate object (the body of the president)?

This could be easily differentiated by pure loss of substance or pure tear. This is easily solved by an experienced forensic medicine specialist. Then, please be patient and answer me: what is the purpose of doctors to saying and doing the following [3,4,5,6,7,8,9,10]:

- I. The doctor at the emergency room said that the American president Kennedy has survived for 45 minutes, and other one stated that the president lost his consciousness at the emergency room, this (claim) with no doubt was false and nonsense. Such injuries lead to immediate death. The question poses itself: why did the doctors had announced this false claim and lied?
- II. Why did the doctor say that he had done a chest cardiac massage and what is the benefit of this message to a deceased?
- III. Why did the doctor open the trachea (tracheostomy) and what is the benefit of this minor surgical procedure? If this was an intentional act, it means that the doctor does not know his work well. But, if this

was done unintentionally, it means that this is an act of absurdity and resembles the act of the butcher. How did the physicians in America have accepted this non-medical procedure and to deny it, at least theoretically through writing in magazines?

- IV. It is well known to surgeons that tracheostomy is a surgical procedure that creates an incision (opening) on the anterior aspect of the neck and opening a direct airway through an incision in the trachea (windpipe). A tube is most often placed through this opening to provide an airway. Tracheostomy is usually done to facilitate difficult breathing when the respiratory passages (trachea) had been blocked due to many reasons (e.g. blocked trachea). But, If there is a gunshot wound, as in Kennedy's case and destroyed the whole wall of the trachea from all sides, in this case, what is the benefit of tracheostomy in an already destroyed trachea of a deceased?. It is puzzling if you could not know whether the victim is still alive or dead?. And it is puzzling too, if you do not differentiate between the entrance and the exit wounds in Kennedy's case specifically because there were many factors and sites in the body were inviting you for helping and diagnose.

In fact, even if the wound in the throat had been obliterated by incorrect procedures performed prior to autopsy (tracheostomy) and distorted its external appearance. The experienced medico legist can find the key (signal) to whether it is an inlet or exit. Simply, for loss of substance in skin and clothes, to dissect deeply, to see fractured and fragmented cervical vertebrae and to pick the answer with no further effort. Best Evidence for determining entrance wound by looking for Loss of substance on skin and clothing which is not found in exit wound.

Kennedy's case-fortunately - is not a complicated one as some belief, because primary factors contribute substantially to solve any confusion, but the less experienced forensic pathologists and lack of skills played

an important role for these errors. So, as a result of the failure of dealing with this case, the 100 percent chance of correct post mortem examination and the perfect report had been lost. Generally, Firearm injuries are well diagnosed by taking into consideration and special caution to:

- A – Firstly examination of clothes and looking for a *loss of substance and tears*.
- B – Examination of Skin and looking for a *loss of substance, abraded collar or laceration, In fact, Loss of substance have been dropped from the dictionary of American forensic pathologists.*
- C–*Beveling of skull bones* and the hit of the projectile to any bone other than the skull.
- D–In the case of President Kennedy, Accompanying injuries in his body and injuries of others (injury to the governor), and injury to the vehicle), were good evidence and support for a correct diagnosis.

With no doubt, a complete post mortem examination (autopsy) was not done by the forensic pathologists at all, but they described the injuries of tissues and muscles and organs etc. The autopsy of President Kennedy is not representing a matter for an expert in legal medicine, who knows his work well and practicing work in the mortuary for decades. But it is a matter of pathologists who do not want to admit that there is a big difference between the autopsy of the medico-legal case (firearm injuries) and the autopsy of natural death (sudden death as myocardial infarction). I was surprised to find a report on Kennedy's assassination including 227 pages; this is nonsense and losing time only. A good medico-legal report is a concise one which must not exceed 3 pages as in Kennedy case.

The post mortem examination (autopsy) of medico-legal cases depends on the facts and evidence and each case must be taken on its own merits and not upon speculation and imagination. So, how could you give a scientific opinion as an expert if you did not perform a complete and thorough post mortem examination (autopsy) of the victim (deceased)?

Opinion Article

A good forensic medicine specialist who performs a thorough and complete autopsy, because this is his main task, the medico legist has no relation to conspiracy. Because this is the task of politicians, judiciary and Justice, the information here, while not giving a comprehensive overview of the evidence will at least highlight some of the common errors committed by forensic pathologists.

Conclusion

Finally, I can say that after losing the first opportunity for doing a correct primary autopsy by pathologists, which was before 55 years ago.

I can give with the available information, my medico-legal opinion better than what they have done for Kennedy's autopsy if I get a chance to examine:

- I. Kennedy's clothes, Governor Clothes. This is necessary, clothes must be preserved.
- II. The skull of Kennedy and his neck vertebrae.
- III. The car from inside and outside.
- IV. The X-ray films and all other photos.
- V. The flat where the assailant was ambushed.

I promise the family of President Kennedy with this act, without hesitation and cost.

References:

[1]Othman Alfleesy, "Fire-arm injuries ,characteristics of entrance and exit wounds".

Forensic Medicine Book, an Arabic version, Faculty of Medicine, Aden University: 1999.

[2] JFK Autopsy Report - Appendix 9 to the Warren Commission Report, page 1-5 of autopsy report, 6 December 1963.

[3] Burkley, George Gregory (November 23, 1963), "Certificate of Death". National Archives and Records Administration. front side, back side. NAVMED Form N – via The President John F. Kennedy Assassination Records Collection.

[4] Here is the death certificate of JFK, ARRB MD 6 - White House Death Certificate (Burkley - 11/23/63).

[5] Certificate of Death," signed by George Burkeley, National Archives. RG 272. Reproduced in ARRB Medical Document #6, see p. 2.

[6] Letters Of Transmittal, FINAL REPORT OF THE ASSASSINATION RECORDS REVIEW BOARD: 1998.

[7] Vashishta Y, Garg V, Sharma L, "Accidental Kronlein Shot". *Malaysian Journal of Forensic Sciences*, vol.5, no.2: 1-5, 2014.

[8] Keyvan Shahrदार, "Dr. Humes stated that the bullet entrance is below the external occipital protuberance". *JFK Assassination Debate*: 2018.

[9]James Piereson, "The Kennedy phenomenon". *The New Criterion*, vol.32, no.7: 4, 2014.

[10] Sharma L, Dagar T, "A Typical Kronlein Shot? A Rare Case of Submental-Facio-Cranial Bullet Trajectory with Brain Exenteration." *J Forensic Res*, vol.3, no.S3: 2, 2015.