

PART IV: CRITIQUE OF THE EARLIER EXAMINATION, WITH PRESENTATION OF SUGGESTED PROCEDURES TO BE FOLLOWED IN PERFORMING AN INVESTIGATION AND EXAMINATION ON THE REMAINS OF A GUNSHOT VICTIM

INTRODUCTION

(495) The members of the forensic pathology panel were asked to comment on the post mortem examination conducted by the pathologists, Dr. Humes, Boswell, and Finck, including the procedure and the report prepared afterwards.

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*5. Examination procedure*

(536) The more serious procedural errors of the post mortem examination include the following:

(537) a. The body was moved out of the geographical area statutorily responsible for investigation of the death and autopsy. b. The pathologist(s) charged with performing the autopsy had insufficient training and experience to evaluate a death from gunshot wounds. They did not confer with the physicians who had treated the President at Parkland Hospital before commencing their examination and did not therefore realize that a bullet perforation in the neck had been altered by a tracheotomy procedure until after the body had been removed.

(538) c. The pathologists did not or could not control the circumstances at the time of autopsy to afford privacy to the remains and to work unimpeded by visitors.

(539) d. Proper photographs were not taken.

(540) e. The President's clothing was not examined by the pathologists.

(541) f. The autopsy procedure was incomplete:

1. The external examination did not take thorough note of all the wounds: The anterior neck exit wound was not noticed, the head entrance wound was not accurately located with reference to fixed anatomic reference points, and the head was not reconstructed in order to determine the precise location of the head exit wound.
2. The bullet track in the back and neck was not dissected, so the extent of injury to the neck structures was not evaluated and the course through the body not fully appreciated.
3. The angles of the bullet tracks through the body were not measured relative to the body axis.
4. The brain was not properly examined and sectioned.

(542) g. The autopsy report was incomplete, prepared without reference to the photographs, and was inaccurate in a number of areas:

1. The entrance head wound location was incorrectly described.
2. The entrance and exit wounds on the back and front neck were not localized with reference to fixed body landmarks and to each other so as to permit reconstruction of trajectories.
3. There was no description of the neck areas which were not dissected. Instead, the pathologists referred to the observations of the treating physician at Parkland (hearsay) and did not mention that they failed to detect the presence of the missile exit in the anterior neck.

4. There was no description of the adrenal glands or of other organs. (543) Resources available to conduct medicolegal autopsies vary tremendously in different sections of the country, with accompanying variation in the degree of sophistication of the examination and related ancillary procedures, such as odontology, toxicology, et cetera. The resources available for this autopsy, however, were extensive.

(544) The above list of deficiencies in the autopsy reflects only those gross errors which would have been avoided in most metropolitan medicolegal jurisdictions and which probably would have been avoided in this instance if a forensic pathologist with day-to-day experience in the investigation and examination of such deaths had been present at the autopsy.