

**Deposition of Humes  
(and Boswell)**

<b>With whom have you discussed the deposition.</b>	
Boswell, Finck, anyone from US government	
<b>All secrecy injunctions</b>	
Were you ever under orders not to discuss autopsy.	
Are you constrained by any orders	
Did you ever make a promise to anyone not to discuss autopsy. Robert Kennedy Robert McNamara anyone else	JAMA: adrenals
WRAP UP: is there anything whatsoever that will keep you from answering questions fully and to the best of your recollection?	
<b>Notes/Report (differentiate clearly between notes and draft report)</b>	
Describe in detail all notes or drawings prepared by you during autopsy	
Who else took notes during autopsy	
When did you begin writing the report	Humes: "I assumed the responsibility for writing the report, which I began about 11 o'clock in the evening of Saturday, November 23, having wrestled with it for 4 or 5, 6 hours in the afternoon, and worked on it until 3 or 4'oclock in the morning of Sunday, the 24th. 1 HSCA 330.
What documents did you have with you while you prepared the report	Humes: "I had the draft notes which we had prepared in the autopsy room, which I copied." 1 HSCA 330.
Destruction of documents: what documents did you destroy --notes --draft report	Humes: "I sat down and word for word copied what I had on fresh paper. . . . Destroyed the ones that were stained with the president's blood." 1 HSCA 330
Did the original notes (created before conversation	

with Dr. Perry), contain any information with respect to the angle of the penetration on the back wound?	
Did the original notes identify the location of the back wound in reference to the vertebra?	
In addition to Drs. Perry, Boswell, and Finck, did you discuss any substantive issue relating to the autopsy with any other person prior to the time the Autopsy Protocol was completed. Dr. Burkley Robert McNamara	
<b>Discussions through time of autopsy</b>	
Other than with Drs. Boswell and Finck, did you discuss any substantive matters relating to the autopsy with anyone prior to the time the autopsy was completed.	
E.g., Dr. Burkley, Dr. Stover, Surgeon General	
Did anyone express any concerns to you regarding the autopsy findings.	
<b>Discussions from completion of autopsy through final draft of supplementary autopsy report.</b>	
<b>Sequence of events surrounding arrival of body</b>	
who lifted body out of casket	
<b>Arrival of objects during course of autopsy</b>	
How many skull fragments.	Contrast with Sibert/O'Neill
Any bullets?	FBI document on bullet being sent with body.
<b>Appearance of head when first seen</b>	
How much scalp was missing and from where	Autopsy protocol: "[T]here is an actual absence of scalp

	<p>and bone producing a defect which measures approximately 13 cm. in greatest diameter.”</p> <p>“A portion of the projectile made its exit through the parietal bone on the right carrying with it portions of cerebrum, skull and scalp.” (p. 6)</p>
Were there any lacerations of skull --where	
How much skull appeared to be missing	
Identify location of wound on model skull	
How much brain tissue appeared to be missing	
<b>Appearance of skull during course of autopsy</b>	
When/how did you remove scalp	
Did it appear that any skull had been sawn or manipulated	
Did you see the skull	
size/quantity of skull fragments that fell out during course of autopsy. --Number? --Size?	
<b>Disposition of Skull fragments after autopsy</b>	
How many of the skull fragments identified above remained with the body and how many were kept for further examination?	
<b>Skull entrance wound</b>	
Humes: account for differences	<p>WC HSCA Panel: <b>HSCA dep.:</b> [while being shown F-48 Ida Dox drawing of back of head] “It is obvious to me as I sit here how with this his [sic] markedly enlarged drawing of the photograph that the upper defect to which you pointed or the upper object is clearly in the location of where we said</p>

	<p>approximately where it was, above the external occipital protuberance; therefore I believe that is the wound of entry.” 1 HSCA 327.</p> <p>“[T]he object in the lower portion, which I apparently and I believe now erroneously previously identified before the most recent panel, is far below the external occipital protuberance and would not fit with the original autopsy findings.” 1 HSCA 327.</p> <p>JAMA</p>
<b>Removal of brain</b>	
When was brain removed	
what procedures were followed	
who did the work	
how long did it take	
<b>Condition of brain</b>	
When describing the skull wound, you state that it was chiefly parietal but extending into occiput and frontal. Is that description also true for the brain?	In the brain, the whole right hemisphere --frontal and parietal are blasted away.
After you removed the brain, what percentage of the brain would you have estimated to have been blasted away.	
<b>Wound in the back</b>	<p>Terminology:  Burkley: T-3  HSCA: “upper-right mid back” 7 HSCA 175  HSCA: “back wound” 7 HSCA 176  HSCA: “bullet passing through the President's back and neck . . .” 7 HSCA 177</p>
When were the photographs of the back wound taken?	(Presumably after Y incision completed and remainder of autopsy performed.) Do photos show any evidence of Y incision (no). Should they?
	Autopsy:

<p>When was the wound in the back first located</p>	<p>Sibert &amp; O'Neill: [not found until later]</p> <p>Humes: "Well, the first thing we did was make many photographs which we knew would obviously be required for a wide variety of purposes, took basically whole body X-rays and then proceeded with the examination of <b>the two wounds that we very shortly detected were present</b>, starting with the wound in the head and proceeding to the wound in the back of the neck, <b>upper thorax.</b>" 1 HSCA 324</p>
<p>When was it photographed</p>	
<p>Where exactly was the back wound</p>	<p>Autopsy protocol:</p> <p>"Situating on the upper right posterior thorax just above the upper border of the scapula there is a 7 x 4 millimeter oval wound. This wound is measured to be 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process." (p. 3)</p> <p>"The second wound presumably of entry is that described above in the upper right posterior thorax." (p. 4)</p> <p>HSCA Conclusion: "entering the upper right back" 7 HSCA 80; "the entrance proliferation is medial to the scapula and superior to the ribs" 7 HSCA 87; however, insufficient evidence "preclude[s] reconstruction of the exact entrance point." 7 HSCA 87</p> <p>Burkley Death Certificate: Third thoracic vertebra</p>
<p>Hume's HSCA testimony: the HSCA panel believed that you changed your opinion regarding the back wound. Is that correct.</p>	<p>"[W]hile testifying before this committee, Dr. Humes, the chief autopsy pathologist, changed his earlier testimony and supported the panel's conclusion as to the location of the wound." 7 HSCA 176</p> <p>[I don't read Hume's HSCA testimony as necessarily changing his opinion. I see him as solely clarifying that he had misidentified the location of the EOP vis a vis the photos. He decided that the tissue near the hairline was not near the EOP, whereas the upper entry point was near the EOP. Is this correct?]</p>
<p><b>Supplementary autopsy report (Brain)</b></p>	
<p><b>Did you ever speak or correspond with any of the following regarding the autopsy:</b> --Robert McNamara</p>	

--Robert Kennedy --Jacqueline Kennedy --Admiral George Burkley --President Lyndon Johnson	
<b>Telephone calls to/from Dallas</b>	
When did you first call Dr. Perry	
<b>Photographs</b>	
review each photograph and determine when it was taken and the angle for cranial wound --See 7 HSCA 51	
Was skull pulled over wound at any time during photography? --Why?	
Was a photograph ever taken of the skull entry wound (with scalp reflected)?	
<b>Interference with autopsy</b>	Finck: "The President's family insisted to have only the head examined. Later, the permission was extended to the chest." 7 HSCA 101.  Finck: Shaw trial: pp. II:118-19.
Did anyone ever suggest to you, directly or indirectly, that the wounds should not be identified with reference to fixed body landmarks?	[HSCA panel criticism at 7 HSCA 177]
Did anyone ever suggest to you, directly or indirectly, that you should not perform a sectioning of the brain.	
Did anyone ever suggest to you, directly or indirectly, that you should perform less than a complete examination of the brain.	
<b>Conversations with others</b>	
Edgewood arsenal	Phil has cite
Specter	

<b>Z film</b>	
How can autopsy be reconciled with Z-313 (scalp wound)	
<b>What parts of body were not included in casket</b>	
brain; slides	
Any pieces of skull?	
Any pieces of scalp?	

What other Bethesda records might there have been?

when was the back wound found?  
late during autopsy

photos

when were they taken  
any right profile  
any body cavity  
when were photos of back taken

Interviews

Wecht  
Stringer  
Riebe  
O'Connor  
Custer

Photos and x-rays

skull fragments that arrived during the autopsy  
how many  
size

description of back/shoulder/neck wound  
show Burkley death certificate (T-3)

notes/draft report

what was created during the course of the autopsy

who else took notes

timing of photographs

sequence after autopsy

writing notes  
when was first draft written (7 HSCA  
what was burned

calls with Dallas

WC

when did you meet with Arlen Specter

Did you meet with anyone else  
What questions were raised in your interview

Which Dallas doctors are now under oath in describing wounds.

TJG questions

- discrepancy between Dallas and Bethesda
- placement of the back wound
- discrepancy of location of skull entrance
- brain
  - amount of brain tissue missing
  - weight of brain
  - removal of brain
- photographs
  - any missing
  - peculiar angles
  - scalp covering wound
  - relative absence of bullet fragments
  - reconciling x-rays with Dallas observations
  - reconciling x-rays and photos
  - reconciling photos with each other
  - timing of photos
- accounting for skull fragments
- opening of casket

Principal deposition goals

- description of body prior to autopsy

Is there a transcript of the Dallas drs. press conference?

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