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Steven Naifeh
Woodward/White
237 Park Avenue, SW, First Floor
Aiken, SC 29801,

Re: Death of Vincent Van Gogh

Dear Mr. Naifeh:

As requested, I have reviewed the following materials in regard to the death of Vincent Van Gogh:

1. Your book, specifically Chapter 43 and the Appendix
2. the article The Life and Death of Vincent van Gogh by Louis Van Tilborgh and Teio Meedendorp (translated from the Dutch by Michael Hoyle) published in The Burlington Magazine • CLV July 2013

You have also informed me that the general consensus is that Van Gogh was right handed.

In your book you state that: The first physician to see Van Gogh was Dr. Mazery. He descried the wound as just below the ribs, about the size of a large pea, with a dark red margin and surrounded by a blue halo. The wound path was apparently downward.

The Burlington Magazine article states, in the footnotes on page 459, that the wound was examined "on the spot" by Dr. Paul Gachet and a local doctor, presumably Dr. Mazery. Then, allegedly based on their findings, which were "probably written down but later lost", Victor Doiteau and Edgar Leroy described the wound in a book published in 1928. They described the wound as being "along the side of the left ribs, a little before the axillary line'.

Based on this information, it is my opinion that, in all medical probability, the wound incurred by Van Gogh was not self-inflicted. In other words, he did not shoot himself.

There are a number of reasons for my opinion:

The first is the general location of the wound. If you accept the description of Dr. Mazery, the wound was in the abdomen, just below the ribs. Based on a review of 797 suicides using

handguns by Molina and DiMaio (Handgun Wounds: A Review of Wound Location, Range of Fire and Manner of Death, in press), 1.3 % of self-inflicted handgun wounds were in the abdomen.

If you accept the description in the article by Louis Van Tilborgh and Teio Meedendorp that the wound was of the left chest then the article by Monina and Di Maio states that suicidal gunshot wounds of the chest with handguns accounts for only 12.7 % of cases.

Thus, in both scenarios, the general location of the entrance wound is unlikely.

Second is the precise location of the entrance. The reference by Van Tilborgh and Meedendorp states that the wound was "a little before" the axillary line on the left side. Please note in Figure 1 the location of the anterior axillary line . It would be extremely difficult to shoot oneself in this location with the left hand. The easiest way would involve putting one's fingers around the back of the grip and using the thumb to fire the gun. One might grasp the gun with the right hand to steady it. In such a case, one would have "powder burns" of the palm of the hand grasping the body of the gun.

Using one's right hand is even more absurd. You would have to put the right arm across the chest and again place one's fingers on the back of the grip and use the thumb to fire the gun. One might then grasp the gun with the left hand to steady it. In such a case, one would have "powder burns" of the palm of the hand grasping the body of the gun.

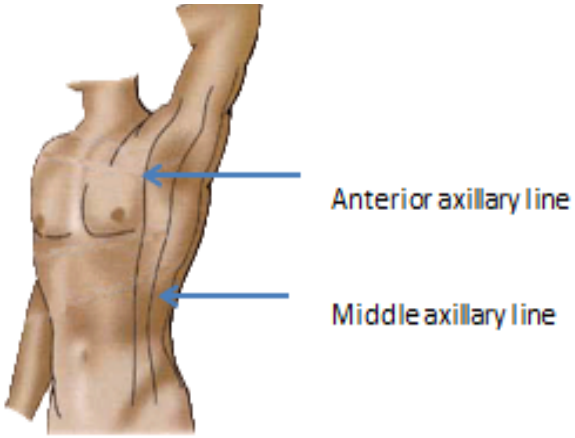

Figure 1

In both scenarios, the muzzle of the gun would have to be either in contact with the body or at most a few inches away.

This brings me to the other, and most important, reason the wound was not self- inflicted

Mention is made of a small wound with a red to brown margin and a purple ring around the wound. The purplish ring is said to be due to bullet impact. In fact, this is subcutaneous

bleeding from vessels cut by the bullet and is usually seen in individuals who live awhile. Its' presence or absence means nothing. The brown rim or dark red margin around the entrance is an abrasion ring and seen around virtually all entrance wounds. It just indicates an entrance.

The most important aspect of the entrance is what is not there. Handgun cartridges at this time (1890) were loaded with black powder. Smokeless powder had only recently been developed (1884) and was used in only a few military rifles. Black powder is extremely dirty. On burning 56% of its mass is solid residue. Close range wounds from black powder are extremely dirty (Figure 2). If he shot himself, Van Gogh would have held the muzzle of the revolver at most a few inches away, most probably it would be in contact with the body. This is due to the location of the wound. In such a case, there would have been soot, powder tattooing and searing of the skin around the entrance. These would have been grossly evident. None of this is described. This indicates the muzzle was more than a foot or two away (closer to two rather than one).

As to statistics on range in suicidal gunshot wounds, 96% are contact and 2.5% intermediate (show evidence of powder tattooing but are not contact).

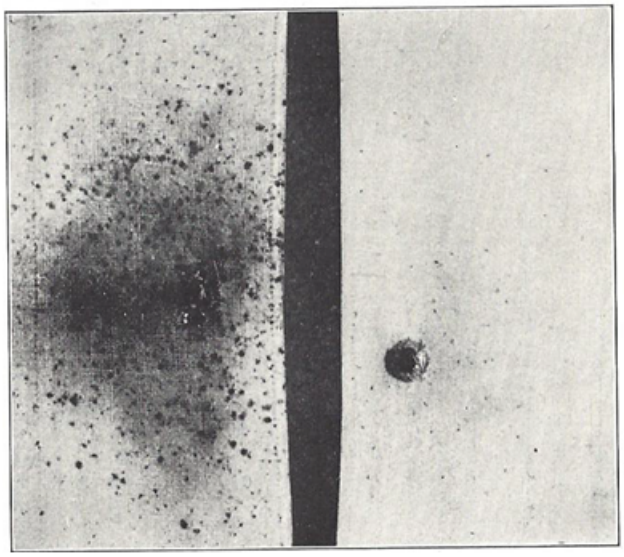

Figure 2: Range 6 inches. Shot On left
black powder; on right smokeless power

In summary, based on the medical description of the wound, it is my opinion that, in all medical probability, Van Gogh did not shoot himself.

Sincerely,

VINCENT J.M. DI MAIO, M.D.