# THE MEDICAL CONTROVERSY

The Bethesda "Lens" is a wound which includes what was seen in Dallas, but is simply much bigger.

Warren Commission

This model is a three-dimensional representation of both CE 386 and CE 388. These drawings were provided to the American people in lieu of actual autopsy photos and X-rays.

Occipital Bone

Parietal Bone

Temporal Bone

Anatomical Model of Human Skull

(This model can be used for reference when reading medical testimony or studying medical documents.)

Anatomical Model of Human Brain and Brain Stem

(This model can be used for reference when reading medical testimony or studying medical documents.)

Red = Cerebellum

Blue = Cerebrum

## Location of Bullet Wounds on JFK's Body

**#1 -** Throat wound was in the anterior neck, in the midline, immediately below the larynx.

**#2 -** Back Wound as shown here represents the location shown by three separate data points in the evidence:

-As marked on the autopsy face sheet body chart;

-As represented by the holes in the President's shirt and suit coat; and

-As indicated in the President's official Death Certificate signed by RADM George Burkley, this bullet was at the level of the "third thoracic vertebra."

***Conclusion:*** *Even if both wounds were caused by the same bullet, and that bullet transited JFK's body from back to front, the exiting bullet would seem to have been on an upward trajectory, and could therefore* ***not*** *have struck Governor Connally behind and below the right armpit. (As the Zapruder film shows, the President was sitting erect when first struck, which seems to guarantee an upward trajectory if it transited his body. Once one accepts this, it would seem that the "single bullet theory" is then invalidated.)*

*Note:* Wound #2 appears to be higher in official autopsy photos; why, is unclear.

EOP

## Dallas (Parkland Hospital) "Lens"

This model is a representation of the single wound in the back, or rear, of President Kennedy's head as reported in numerous official documents by medical personnel who were in Trauma Room 1. Summarizing, the wound as shown here is 5-7 cm in size (about the size of a clenched fist), is "occipital-parietal" in location, and is placed on the model in a manner which would support the testimony given by many in Trauma Room 1 that (1) a large portion of the brain's right cerebral hemisphere (blue in the model) was missing, and that (2) the cerebellum was badly damaged, and both cerebral and cerebellar tissues were extruding/oozing from the wound while the President lay on the gurney. This 3-dimensional representation is supported by these official sources:

CE 392: Summary of Dr. Clark;
6H33: Dr. McClelland;
6H20: Dr. Clark;
6H53: Dr. Jones;
6H11: Dr. Perry
6H65: Dr. Akin;
6H6: Dr. Carrico;
3H361: Dr. Carrico;
6H71: Dr. Peters;
FBI interviews of Dr. Crenshaw dated 8/22/92 and 8/13/92.

Note: Some doctors described the head wound

as occipital only, and two others described it as occipital-temporal; however, "occipital-parietal" is clearly the consensus, and was chosen for placement on the model because this was the description of Drs. Clark (Head of Neurosurgery) and McClelland, who were at the head of the gurney.

## Washington (Bethesda) "Lens"

As described in the Navy autopsy report (CE 387), the President's head wound was considerably bigger than the 5-7 cm sized wound described by Dr. Carrico at Parkland in Dallas. In his autopsy report Dr. Humes describes the wound as "approximately 13 cm in greatest diameter," and further describes its location as "on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions." The autopsy face sheet drawing, prepared by Dr. Boswell, contains the entry "10 X 17 missing" in the area on the diagram showing the skull defect. HSCA 1977-78 interviews of 3 key enlisted autopsy technicians (Paul K. O'Connor, Jan G. Rudnicki, and James C. Jenkins), and the 1978 verbatim transcript of the HSCA forensic pathology panel's interview of autopsy radiologist Dr. John Ebersole, *all released since passage of the JFK Act,* all support an occipital-parietal location for a large skull wound, and are either directly supportive, or strongly suggestive of an *enlarged Dallas (Parkland) wound* as seen at the Bethesda autopsy.

***Why the Washington (Bethesda) "Lens" skull wound is approximately four times larger than the Dallas wound described by Dr. Carrico is unclear, and is the subject***

*of great controversy.*

Additionally, *the enormous occipital-parietal wound observed at Bethesda by Drs. Humes, Boswell, Finck, Ebersole, and by O'Connor, Jenkins, and Rudnicki is not supported by the autopsy photographs which show the rear of the head intact. Why, is unclear.*

## House Select Committee on Assassinations Interpretation of JFK Skull Wounds

This model is a 3-dimensional representation of the HSCA's interpretation of the autopsy photographs and X-rays. Their position diverges from the autopsy findings as follows:

(1) The HSCA, like the Clark Panel and Rockefeller Commission before it, placed the entry wound in JFK's skull 10 centimeters *higher* than it was placed by all of the autopsy prosectors (Humes, Boswell and Finck). The problem is, the prosectors saw the body, and the members of these other official bodies only had autopsy X-rays and photographs to look at. (This may be significant in evaluating their different conclusions.)

(2) The HSCA, like the Clark Panel and Rockefeller Commission, was of the opinion that there was no wound in the occiput, at the right rear of the head behind the right ear. (The Warren Commission published the autopsist's findings that there was a small entry wound in the occiput,

2.5 cm to the right and slightly above the External Occipital Protruberance (EOP), and a large exit wound which was partially occipital and temporal, but mostly parietal.) The HSCA exit wound is placed on the top and right side of the head, in stark contrast with the Warren Commission's published diagrams, and in extreme disagreement with the Dallas (Parkland) "Lens". However, it should be noted that the HSCA depiction of the head wounds is closer to the ambiguous damage displayed in the autopsy photos than any other "Lens." (Like the HSCA findings, the autopsy photos do not show any exit wound damage to the right-rear of the skull behind the right ear, the "occipital-parietal" region. Why, is unclear.)

## Enhanced JFK Skull X-Rays: 3-D Model

Laypersons should not study X-rays without the interpretations of professional radiologists to guide them. This model, for example, depicts a three-dimensional representation of the JFK right lateral and anterior-posterior (A-P) enhanced X-rays, *as they appear to the naked eye.* Whereas a large portion of the forehead and the orbit of the right eye appear to the lay observer to be missing in the X-rays, independent radiologists have confirmed that if the X-rays are put in front of a "hot-light", *there is some bone present in what appear to the layperson to be the dark, or "boneless" areas of the lateral skull X-Rays, as evidenced by visible fracture lines which can be seen under a hot light, but how much bone is present above the sinuses is unclear. The essential question remains, why are these areas so dark if some bone (and some brain) is present?* One independent researcher, Dr. David Mantik (a Ph.D. in Physics, an M.D., and a board-certified radiologist), has conducted optical density studies of both the A-P and lateral X-Rays from the JFK autopsy, as well as on real human cadaver skulls, and has concluded that only two-thirds to three-fourths of the left brain of President Kennedy is present in the X-Rays, and that much more brain is missing on the more traumatized right side. For example, directly above the cerebellum on the right side of the autopsy skull, only about 30 per cent residual brain is indicated to be present via the optical density measurements. Further, the extreme darkness of the frontal area rules out large quantities of residual brain being present on either the left or right side, according to Mantik. He further suspects that *damage to the occipital region of the skull has been hidden by tampering with the original X-rays through creation of a "composite"* (made by overlaying a dense patch on top of the original X-ray and making an X-ray copy film with ultraviolet light in a dark room). *Perhaps most convincing of this hypothesis is the fact that the disparities between dark and light regions on the JFK autopsy X-rays (i.e., the densest areas of bone) indicate that, on the average, the bone depicted in the right posterior skull on the JFK lateral X-Rays is about 500 times more dense than on a "normal" X-ray.*

Finally, *Dr. Mantik feels he has now conclusively proven that the 6.5 mm, round radio-opaque object in the A-P X-Ray (which the Clark Panel and HSCA determined to be a bullet fragment on the outer table of the posterior skull), but which was almost certainly not recovered from the body or seen at autopsy, is an artifact added onto an authentic JFK autopsy X-ray by the same process described above to create a forged composite copy film. He has come to this conclusion based upon repeated optical density measurements of the JFK X-rays in the National Archives, and a series of "control" experiments and discussions with Kodak film experts during the past 3 years.*
Dr. Mantik welcomes peer review of his work and insists that all sides of the medical debate continue to share information and ideas. Stay tuned...(Another Radiologist, Dr. Randy Robertson, believes the X-rays are authentic, but that they nevertheless show 2 shots to the head, from front and behind.)

## President Kennedy's Back Wound: Transit vs. Non-Transit

*YOU DECIDE*

### The Evidence Against Transit:

Numerous personnel who were present at the autopsy observed the prosectors repeatedly probe a shallow back wound ("shallow" meaning that Humes could feel the end of the wound with the tip of his little finger), with both the little finger, and a metal probe, and *unsuccessfully* search for a bullet track in the body. No through-and-through bullet track, and no exit wound corresponding to the entrance wound in the back, was ever found at autopsy, as the official record shows:

Sibert-O'Neill FBI report, dated 11/26/63; this report also states that the downward trajectory of the wound was an angle of 45-60 degrees, as reported by Dr. Humes.

FBI Official Reports on the Assassination dated 12/9/63 and 1/13/64.

USSS Agent Roy Kellerman's Warren Commission testimony: 2H93.

Dr. James J. Humes' Warren Commission testimony: 2H361 and 2H367.

Dr. Pierre Finck's Letter to General Blumberg, dated February 1, 1965.

Dr. Pierre Finck's Shaw Trial Testimony from February 24-25, 1969.

Dr. Pierre Finck's HSCA testimony, dated 3/11/78.

Dr. John Ebersole's HSCA testimony, dated 3/11/78.

James Jenkin's HSCA interview report, dated 8/29/77.

Jan Rudnicki's HSCA interview report, dated 5/08/78.

## The Argument for Transit:

Chief prosector Dr. Humes (and the other 2 prosectors who signed the autopsy report he wrote) *deducted,* the day after the autopsy, that in the absence of a bullet in the body, and subsequent to learning from Dr. Perry of a bullet wound in the throat observed in Dallas prior to performing a tracheotomy over the site of this wound, a transiting bullet could have accounted for JFK's back wound, the bruise on top of the right lung, and the throat wound. This deduction, however, did not result from finding a bullet track in the body (because none was found), from dissection of the wound (because it was not dissected), or from observation of an exit wound on the body associated with the entrance in the back (because none was observed). The evolution of the autopsists' thinking after the end of the autopsy can be found in the official record, as follows:

Dr. Hume's Warren Commission testimony: 2H367-9; and

Dr. Finck's Letter to General Blumberg, dated February 1, 1965.