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Dm

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David W. Mantik, M.D., Ph.D

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June 16, 1995

Letters to the Editor
Journal of the American Medical Association
515 North State Street
Chicago, Illinois 60610

Re: JFK autopsy evidence in
"Dennis Breo's Reply"
JAMA, May 24/31, 1995
Vol. 273, No. 20, p. 1633

Dear Editor:

I have reviewed the JFK autopsy X-rays and photographs at the National Archives on seven occasions, most recently three hours ago. I have viewed the photographs in stereo and have made many hundreds of point by point measurements on the X-rays. Neither Dennis Breo, nor *JAMA*'s editor George Lundberg, have ever bothered to visit the Archives -- not even once. To a large Chicago audience in 1993 Lundberg admitted that he is not an expert in this matter -- and Breo is not even a physician. Unfortunately, what Breo regards as evidence is too often obfuscation. The unadulterated data are as follows.

The throat wound.

The pathologists officially neither saw -- nor even knew about -- this supposed exit wound while they were at the autopsy. So what Breo describes as autopsy evidence is purely hearsay and could not even be used in court! Instead, only Parkland medical personnel claim to have seen this wound. In transcripts of his CBS interview at Parkland Hospital, Dr. Malcolm Perry, who performed the tracheotomy, described this wound three times as an entrance wound. He described the wound as pencil sized and circular -- critical pieces of data that Breo has never disclosed in any of his articles. Dr. Charles Carrico, who assisted Perry, described a small, "penetrating," and "even, round wound." Dr. Ronald Jones stated: "The hole was very small and relatively clean-cut as you would see in a bullet that is entering rather than exiting from a patient." Dr. Robert McClelland stated, "...but we are familiar with wounds. We see them everyday -- sometimes several a day. This did appear to be an entrance wound." Nurse Margaret Henchcliffe told the Warren Commission that she had never seen an exit wound like this. In fact, none of the Parkland personnel described this as an exit wound. But Breo persists in claiming that only the pathologists, who never officially saw it (nor even a photograph of it), are the only ones qualified to make such a judgment. To parody Breo, this is why we have autopsies!

The back wound.

Breo claims that this wound was the corresponding entrance for the supposed exit wound in the throat. I personally spoke with Dr. John Ebersole, the sole radiologist at the autopsy, who was never contacted by Breo. He advised me unequivocally (on tape) that the back wound was at the level of T4. When we spoke he was a practicing radiation oncologist, which is also my specialty. Because cancers must be precisely targeted in radiation therapy, this is the one specialty in which specific and precise correlation between external and internal anatomy is critical. If anyone could make this correlation it would be someone like Ebersole. As further confirmation of this site, the autopsy diagram shows the wound at about this level and Admiral George Burkley's Death Certificate specifically describes the wound at T3. It is simply impossible for a bullet to go steeply downward (presumably from the sniper's nest), entering at T3 or T4, and then exit at a traditional tracheotomy site. By their own admission, the pathologists could not pass a probe into the chest cavity from this back wound. Furthermore, they confess that they never did trace this wound from front to back; they only theorized that the bullet transited. Although Breo finds "conspiracy theorists" distasteful, lone gunman theorists are admired, even when the primary evidence (the body itself) is available and is not properly examined. To parody Breo, this is why we have autopsies!

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The skull wounds.

The best evidence for a skull entry wound was at a site near the right external occipital protuberance (EOP), just inside the hairline. Here the pathologists discovered a beveled, partially circumferential defect. This was further confirmed by a corresponding hole in the scalp. If this entry site is granted, as seems reasonable, then there is no explanation for the array of 30 - 40 metal fragments widely scattered across the skull vertex, more than 10 cm above the pathologists' entry site! Neither the Warren Commission nor the House Select Committee on Assassinations (HSCA) had the courage to ask the pathologists to relate this distant debris to an entry bullet. Only an option the pathologists did not consider (at least not officially) -- a second bullet to the head -- can explain this debris. Despite Breo's obeisance to the evidence, he seems oblivious to this entire issue.

There is no longer any question that the right parietal-occipital skull was blown out. In an HSCA document released in 1993, pathologist J. Thorton Boswell described the large skull defect as extending all the way to the bullet entry site near the EOP. He has also confirmed this recently (on tape) to Dr. Gary Aguilar. Such a far posterior defect is entirely consistent with the official notes of all the Parkland physicians who commented on this question. In addition, the official autopsy report uses the word "occipital" in describing the large skull defect, and all these descriptions closely match the diagram published by the Warren Commission. Such a large posterior defect was strong evidence to the Dallas medical personnel (and even to many autopsy personnel) for a frontal bullet. Furthermore, the apparent trail of metallic debris at the skull vertex projects backward into the sky -- well above the highest rooftops around Dealey Plaza. This apparent trail, however, could easily be consistent with a second head shot from the front (most likely when the head was tilted backward), a possibility not officially considered by the pathologists. In fact, they have never explained this metallic debris -- nor were they ever queried about its curious location. Despite Breo's self-proclaimed reverence for the evidence, one can only wonder if he glanced at even poor quality prints of the X-rays.

Summary.

We must choose. We can either accept the theorizing of the pathologists on an unobserved chest transit wound and we can ignore the vertex trail of bullet debris and we can disregard the large parietal-occipital skull defect, all of which Breo is content to do -- or we can do what Breo obstinately refuses to do, i.e., look at the evidence with an open mind and arrive at an informed opinion. Not only many Dealey Plaza witnesses, including numerous occupants of the Presidential and follow-up limousines, but even the medical evidence itself strongly supports shots from the front. Breo's original unfamiliarity with -- and continued gross indifference to -- Dr. Charles Crenshaw's presence in Trauma Room One on November 22, 1963, is only further confirmation of his persistent and willful ignorance in the murder of President John F. Kennedy. One can only speculate on the motivations for such myopic behavior.

With some astonishment,

David W. Mantik

David W. Mantik, M.D., Ph.D.

P.S. I am no longer an AMA member.

cc: Marc S. Micozzi, M.D., Ph.D.
National Museum of Health and Medicine
Washington, D.C. 20306-6000

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Commentary on JFK Autopsy Articles

Charles A. Crenshaw, MD, J. Gary Shaw

In April 1992, the book *JFK: Conspiracy of Silence* was published, describing my eyewitness observations of the events at Parkland Hospital in Dallas, during that tragic weekend in November 1963. As documented by sworn testimony to the Warren Commission in 1964, as well as newspaper accounts in November 1963, I served on the Parkland Trauma Team that strove to save President Kennedy's life. Two days later, I served on the team that tried to save Oswald's life. My book's descriptions of President Kennedy's wounds were consistent with descriptions of the wounds that were provided to the Warren Commission in contemporaneous reports and testimony by other Parkland medical personnel. Nevertheless, *JAMA* attacked me without even attempting to interview me or giving me an opportunity to respond. The *JAMA* articles were obviously not written by a physician, and despite the description of the articles as peer reviewed, neither the author nor any reviewer was an acknowledged expert on the subject, nor were the articles submitted for outside peer review. These inadequacies contributed to the most glaring *JAMA* error—the false suggestion that I was not even in Trauma Room 1 at the time—a suggestion refuted by the Warren Commission testimony of five Parkland witnesses, two of whom were interviewed by *JAMA*. *JAMA* also failed to mention the existence of evidence supporting a call to Parkland's emergency room two days later from someone claiming to be President Johnson who requested a deathbed confession from Mr Oswald. Furthermore, although derogatory statements were made about me at a press conference where the AMA seal was prominently displayed for the media, neither the statements made at the press conference, nor the *JAMA* article being promoted, were endorsed by the AMA.

I thereafter submitted a 6800-word article* in rebuttal to *JAMA*'s 11 000-word article, but publication in *JAMA* was not made. Additionally, no correction has been published in *JAMA*, although *JAMA*'s errors were immediately noted in *The New York Times*. With no other recourse, a defamation suit was filed on behalf of me and my coauthor, Gary Shaw. After more than 1½ years of litigation, a settlement was reached, part of which requires *JAMA* to publish this response. The following reflects a letter that I sent to *JAMA* over two years ago, but which *JAMA* did not publish.

> To the Editor of *JAMA*: I continue to be amazed and disgusted by *JAMA*'s biased and unfair coverage of issues pertaining to the assassination of President John F. Kennedy. It is probably unprecedented for an allegedly scientific and professional journal to treat such a controversial subject in such an unscientific and unprofessional way. It is little wonder that the overwhelming majority of Americans disbelieve the single assassin theory that *JAMA* has tried so hard to sell. If that were not enough, Dr Lundberg and Mr Breo went further to defame me and to attack my book, *JFK: Conspiracy of Silence*, which is based upon my professional observations at Parkland Hospital on the tragic weekend of November 22, 1963. Dr Lundberg and Mr Breo, I *was* there, and I *did* see a small wound in President Kennedy's throat that was consistent with an entrance wound and a large hole in the back of President Kennedy's head that was consistent with an exit wound. Additionally, my observations are perfectly consistent with the statements of medical personnel at Parkland immediately after the assassination and the sworn testimony presented to the Warren Commission. In fact, not one single person—from Mrs Kennedy to the Dallas doctors and nurses (27 people at last count)—saw the wounds as described in the *JAMA* article. Thus, what I have said is nothing new; rather, what is new is that I went public with the facts (not theories) about what I saw almost thirty years ago.
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> I stand ready to provide the public with a complete and detailed rebuttal (with citations) to each of *JAMA*'s inaccurate and defamatory remarks about me and my book, an opportunity denied me by this forum.

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The interviewees questioned the credibility of the 1992 book written by Charles A. Crenshaw, MD, in which he represents himself as "the surgeon" who tried to save JFK's life. Crenshaw says his observations revealed the bullets "struck Kennedy from the front," proving both multiple gunmen and a conspiracy, and that the autopsy was faked to disguise these shots.

However, four of Crenshaw's colleagues, the acknowledged leaders in the emergency care team, told *JAMA* Crenshaw is wrong. For example, Charles Baxter, MD, told *JAMA*, "I've known him [Crenshaw] since he was three years old. His claims are ridiculous. . . . Most of those who know the facts express disgust at Crenshaw's claims and question if he was involved in the care of the President at all. . . ."

In 1993, Crenshaw and his coauthor, Gary Shaw, a leading conspiracy theorist, sued the AMA, among others, for libel. The plaintiffs and their contingency-fee lawyers asked damages of $35 million. When they accepted the AMA insurer's offer of $213 000, plus publication of their commentary in *JAMA*, AMA's insurance ceased and AMA acquiesced to the settlement rather than pay the cost of trial.

Thus, this is an unsettling settlement. In 1992, *JAMA* Editor George D. Lundberg, MD, told a press conference that the Crenshaw book is a "sad fabrication based upon unsubstantiated allegations." He still believes this and so does Dennis Breo. Everything learned during 14 months of pretrial depositions supports this belief.

Crenshaw complains that we did not interview him prior to publication; we thought his heavily publicized book spoke for itself. The overriding point of the criticisms of Crenshaw's book is not whether he was in Trauma Room 1 with JFK; rather, it is whether under these circumstances he could reasonably distinguish bullet entrance wounds from exit wounds. That's one reason we have autopsies.

Crenshaw dedicates his book to the "Chief," Tom Shires, MD, the man who directed Crenshaw's training as a surgical resident in 1963. In his Warren Commission testimony, Dr Shires says: ". . . it's just *impossible* [emphasis added] to state with any certainty, looking at a given wound, what the nature of the wound was . . . " (Volume 6, page 110).

Crenshaw himself, under questioning during his deposition of October 25, 1994, makes this admission (page 204): "You," Dr Crenshaw was asked, "in 1963, did not have the background or training to perform the procedures that a forensic pathologist would perform to determine the direction of entry of these wounds, did you?" Crenshaw: "No." Crenshaw was next asked, "And you don't today, do you?" Crenshaw: "No, I'm not a pathologist."

Exactly. That's why we have autopsies.

Crenshaw's book emphasizes that Crenshaw's care of Kennedy is an "indelible" memory. Yet, in materials delivered at deposition as part of his "research" for the book, Crenshaw presented handwritten notations indicating that he had helped do a cutdown on Kennedy's left leg. In his book, he claims to have worked on Kennedy's right leg.

Crenshaw complains that *JAMA* failed to report eight references to him by five members of the Parkland medical team in Volume 6 of the 26 volumes of Warren Commission supplementary exhibits and testimony. *JAMA* did publish a letter (October 7, 1992) to this effect. However, these few references to Crenshaw weaken his claims.

Crenshaw is not mentioned in the final Warren Commission report. Crenshaw was never interviewed by the Warren Commission investigators. Crenshaw never submitted a medical statement to the Warren Commission and/or staff notes to Parkland Hospital.

There are 19 physicians cited in Volume 6; 15 do not mention Crenshaw. One who does, Dr Baxter, later testified: ". . . their names I'm not sure of. The reason I'm not sure is that we had some of the same crew and a different crew on the governor [Connally] and on Oswald, and I'm afraid that I've gotten them mixed up" (Volume 6, page 41).

Kenneth Salyer, MD, describes Crenshaw's role this way: "Dr Crenshaw participated about the extent I did. We were occupied in making sure an IV was going and hanging up a bottle of blood." He adds, "There were a lot of doctors standing around and I didn't really get to observe the nature of the wound in the throat" (Volume 6, page 81). This contradicts Crenshaw's claim of prominence and his certainty that the throat wound was a "wound of entry."

Perhaps the most damaging testimony from Volume 6 is the statement from Dr Robert McClelland, who testified that he and Crenshaw entered the emergency room together en route to Trauma Room 1. McClelland testified that by the time he arrived the bullet wound in Kennedy's neck had been obliterated by the tracheostomy (page 32). Crenshaw, when confronted upon deposition with this damaging evidence, replied that he and McClelland arrived together and that McClelland did not see the bullet hole because he "had looked away," but that, nevertheless, he (Crenshaw) observed the bullet hole for a "fraction of a second" (Crenshaw deposition, September 12-13, 1994, pages 97-99, 237-239).

Thus, the reader may choose whether to believe an alleged "observation"—a split second in duration—of a man not trained in pathology or the findings of a four-hour autopsy performed by three pathologists, supported by still-available x-rays and photographs, and confirmed over the years by three additional expert panels composed of 17 physicians. We believe in the evidence.

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Thus, this is an unsettling settlement. In 1992, *JAMA* Editor George D. Lundberg, MD, told a press conference that the Crenshaw book is a "sad fabrication based upon unsubstantiated allegations." He still believes this and so does Dennis Breo. Everything learned during 14 months of pretrial depositions supports this belief.

Crenshaw complains that we did not interview him prior to publication; we thought his heavily publicized book spoke for itself. The overriding point of the criticisms of Crenshaw's book is not whether he was in Trauma Room 1 with JFK; rather, it is whether under these circumstances he could reasonably distinguish bullet entrance wounds from exit wounds. That's one reason we have autopsies.

Crenshaw dedicates his book to the "Chief," Tom Shires, MD, the man who directed Crenshaw's training as a surgical resident in 1963. In his Warren Commission testimony, Dr Shires says: ". . . it's just *impossible* [emphasis added] to state with any certainty, looking at a given wound, what the nature of the wound was . . . " (Volume 6, page 110).

Crenshaw himself, under questioning during his deposition of October 25, 1994, makes this admission (page 204): "You," Dr Crenshaw was asked, "in 1963, did not have the background or training to perform the procedures that a forensic pathologist would perform to determine the direction of entry of these wounds, did you?" Crenshaw: "No." Crenshaw was next asked, "And you don't today, do you?" Crenshaw: "No, I'm not a pathologist."

Exactly. That's why we have autopsies.

Crenshaw's book emphasizes that Crenshaw's care of Kennedy is an "indelible" memory. Yet, in materials delivered at deposition as part of his "research" for the book, Crenshaw presented handwritten notations indicating that he had helped do a cutdown on Kennedy's left leg. In his book, he claims to have worked on Kennedy's right leg.

Crenshaw complains that *JAMA* failed to report eight references to him by five members of the Parkland medical team in Volume 6 of the 26 volumes of Warren Commission supplementary exhibits and testimony. *JAMA* did publish a letter (October 7, 1992) to this effect. However, these few references to Crenshaw weaken his claims.

Crenshaw is not mentioned in the final Warren Commission report. Crenshaw was never interviewed by the Warren Commission investigators. Crenshaw never submitted a medical statement to the Warren Commission and/or staff notes to Parkland Hospital.

There are 19 physicians cited in Volume 6; 15 do not mention Crenshaw. One who does, Dr Baxter, later testified: ". . . their names I'm not sure of. The reason I'm not sure is that we had some of the same crew and a different crew on the governor [Connally] and on Oswald, and I'm afraid that I've gotten them mixed up" (Volume 6, page 41).

Kenneth Salyer, MD, describes Crenshaw's role this way: "Dr Crenshaw participated about the extent I did. We were occupied in making sure an IV was going and hanging up a bottle of blood." He adds, "There were a lot of doctors standing around and I didn't really get to observe the nature of the wound in the throat" (Volume 6, page 81). This contradicts Crenshaw's claim of prominence and his certainty that the throat wound was a "wound of entry."

Perhaps the most damaging testimony from Volume 6 is the statement from Dr Robert McClelland, who testified that he and Crenshaw entered the emergency room together en route to Trauma Room 1. McClelland testified that by the time he arrived the bullet wound in Kennedy's neck had been obliterated by the tracheostomy (page 32). Crenshaw, when confronted upon deposition with this damaging evidence, replied that he and McClelland arrived together and that McClelland did not see the bullet hole because he "had looked away," but that, nevertheless, he (Crenshaw) observed the bullet hole for a "fraction of a second" (Crenshaw deposition, September 12-13, 1994, pages 97-99, 237-239).

Thus, the reader may choose whether to believe an alleged "observation"—a split second in duration—of a man not trained in pathology or the findings of a four-hour autopsy performed by three pathologists, supported by still-available x-rays and photographs, and confirmed over the years by three additional expert panels composed of 17 physicians. We believe in the evidence.