

## *THE WANDERING WOUNDS*

By Milicent Cranor

They should just move the Texas Book Depository Building to someplace in front of where Kennedy was assassinated. This would be easier than moving the wounds around to fit the story of a gunman from behind -- and having Gerald Posner explain it.

Chapter 13 of Posner's book, Case Closed is a squirming mass of contradictions that seems to have been put together by Beavis and Butthead, with the help of Slick Wiley. Before assuming they are the result of honest error, you should take a good look at some comments made by a key player, Dr. Marion ("Pepper") Jenkins, a former lieutenant commander in the Navy, and then Chairman of the Department of Anaesthesiology. Posner:

In his original report, [Robert] McClelland said there was a wound to the left temple, one that does not show up on any autopsy X-ray or photograph. This has caused some to charge that Kennedy was shot by a second gunman from another location at Dealey, and that the autopsy team either negligently or intentionally overlooked that wound.

"I'll tell you how that happened," Dr. Jenkins explained to the author [Posner]. "When Bob McClelland came into the room, he asked me, 'Where are his wounds?' And at that time I was operating a breathing bag with my right hand, and was trying to take the President's temporal pulse, and I had my finger on his left temple. Bob thought I pointed to the left temple as the wound. (1)

What Posner doesn't tell you is that on two separate occasions, Dr. Jenkins himself asked about a left temple wound while testifying before the Warren Commission:

I don't know whether this is right or not, but I thought there was a wound on the left temporal area, right in the hairline and right above the zygomatic process. (2)

I asked you a little bit ago if there was a wound in the left temporal area . . . the left temporal could have been a point of entrance and [the] exit [would have been] here (indicating) . . . (3)

Here is another fascinating example of deception from Case Closed:

Although no one at Parkland saw JFK's back wound, Dr. Pepper Jenkins later told John Lattimer that he had felt it with his finger when he positioned the President's head and neck to facilitate the passage of Oxygen (4).

Why didn't Jenkins report this to the Warren Commission, to whom he swore to tell the whole truth? Didn't the subject come up when he was questioned closely about the throat wound? He didn't hesitate to ask about a wound he wasn't sure about (left temple), but said nothing about a wound that he actually felt? If he had told his colleagues about it, would they have announced an apparent entrance wound in the throat if the entrance appeared to be in the back? Lattimer's explanation of the anaesthesiologist's behavior could take your breath away:

The body was removed so unexpectedly and so abruptly from Dallas that no written report about their being a bullet wound in the front of the neck could be prepared in time to send with the body.

... Nor was Dr. Jenkins's knowledge of the bullet holes in the back and front of the neck entered in the record before the body was carried away (5).

Was his knowledge of the wounds placed in the coffin and carried off? His explanation brings to mind a child saying, "My mother says to tell you she's not at home."\*

Jenkins did find the time to enter into the record such items as the fact that he took the stairs to get to the trauma room, and praise for his team.

By the time Jenkins testified before the Warren Commission, he was already quite accommodating. He explained that, although he had only a "quick look" at the throat wound, he meant to put in his report that he thought it was an exit wound. Asked why, he replied that it was not "clearly demarcated, round [and] punctate," (6) the opposite of what was said by the others, including Dr. Malcolm Perry who performed the tracheostomy, and got a good look at it. He also asked a question of the Commission the answer to which would certainly facilitate placing the wound in the appropriate place, should he ever wish to do so:

You have not told me whether the wound with its point of entrance and point of exit had contacted the vertebral column . . ." [vol \_\_p.50]

### The Dilemma

The head presents a more complicated problem for Posner who explains, "some of the Parkland doctors who treated the president described a gaping wound in the rear of JFK's head . . . If true, this not only contradicted the findings of the autopsy team but was evidence that the President was probably shot from the front . . . [and] raised legitimate questions over the authenticity of the photographs of JFK's brain, which showed no such damage." (7)

Their solution to the problem belongs in the Journal of Irreproducible Results: They say no one saw the back of the head -- then they "confirm" that no wound was there.

### No One Saw It

We were trying to save the President, and no one had time to examine the wounds (Jenkins) (8) . . . We never had the opportunity to review his wounds (Carrico) (9) . . . I don't think any of us got a good look at the head wound (Perry) (10) . . . The President had quite thick hair, and there was a lot of blood and tissue (Midgett) (11) . . . The President had a lot of hair, and it was bloody and matted (Perry) (14) . . . He had such a bushy head of hair, and blood and all in it, you couldn't tell what was wound versus dried blood (Baxter) (15) . . . He had a big shock of hair . . . (Jenkins) (14).

### They Didn't See It -- But They Know It Wasn't There

Now that he has rendered the Parkland unqualified to comment on the back of the head, Posner announces their confirmation of the autopsy, ". . . the Parkland physicians in their discussions with the author [Posner] were almost unanimous in supporting the autopsy findings that the massive exit wound was on the right side (parietal) . . . not the rear (occipital) (15)

I never even saw the back of his head. The wound was on the right side, not the back (Baxter) (16).

The autopsy photo, with the rear of the head intact and a protrusion in the parietal region, is the way I remember it. I never did say occipital. (Jenkins) (17)

The photo shows wet-looking, clean hair neatly combed over a head that seems normal in the back and side all the way to slightly in front of the right ear. And he did say "occipital."



### They Admit Kemp Clark Saw It

Dr. William Kemp Clark, the Chairman of the Department of Neurosurgery, must have pulled aside the curtain of hair and gore, for he donned gloves (18) to examine the wound in order to make a decision to stop resuscitation. He found

. . . a large wound beginning in the right occiput extending into the parietal region. Much of the skull appeared gone . . . (19) The loss of the right occipital and probably part of the right parietal lobes would have been of specific importance (20).

### What No One Else Saw

The other doctors report similar findings, and add more specifics:

The wound that I saw was a large gaping wound, located in the right occipitoparietal area. . . . about 5 to 7 cm. in size, more or less circular, with avulsions of the calvarium and scalp tissue . . . macerated cerebral and cerebellar tissues . . . (Carrico) (21) . . . I noticed that there was a large defect in the occiput. . . . It seemed to me that in the right occipitalparietal area that there was a large defect. There appeared to be bone loss and brain loss in this area. . . . we saw the wound of entry in the throat and noted the large occipital wound . . . (Peters) (22) . . . the right side of his head had been blown off. . . . cerebellum was present—a large quantity of brain was present on the cart (Baxter) (23) . . . There was a great laceration on the right side of the head (temporal and occipital), causing a great defect . . .(Jenkins) (24) . . . I really think part of the cerebellum, as I recognized it, was herniated from the wound . . . part of brain tissue on the drapes of the cart . . . (Jenkins) (25) . . . I noted a large avulsive wound of the right parietal occipital area, in which both scalp and portions of skull were absent, and there was severe laceration of underlying brain tissue . . . (Perry) [emphasis added] (26)

### What Robert McClelland Didn't See

Robert McClelland, an Assistant Professor of Surgery, is the revisionists' greatest obstacle: he refuses to alter his observations. His credentials are impeccable and he has no commercial investment in his opinion:

As I took the position at the head of the table that I have already described, to help out with the tracheotomy, I was in such a position that I could very closely examine the head wound, and I noted that the right posterior portion of the skull had been extremely blasted. It had been shattered . . . the parietal bone was protuded up through the scalp and

seemed to be fractured almost along its right posterior half, as well as some of the occipital bone being fractured in its lateral half, and this sprung open the bones that I mentioned in such a way that you could actually look down into the skull cavity itself and see that probably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out . . . (27)

McClelland will not move the wound. Solution? Move McClelland, and give his reputation a nick:

[McClelland] wasn't in that position the way I remember it, as he was on the other side of the table. As for Dr. McClelland saying he saw cerebellum fall out on the table, I never saw anything like that (Peters) (28) . . . I hate to say Bob is mistaken, but that is clearly not right (Jenkins) (29). . . . I am astonished that Bob would say that. It shows such poor judgment (Malcolm Perry) (30) . . . As for the head wound, they couldn't look at it earlier because I was standing with my body against it, and they would only have looked at my pants (Jenkins) (31).

While trying to save the President's life during 20 minutes of absolute pandemonium, they found the time to monitor McClelland's every move?

#### **They Saw it, But They Don't Know Where it Was**

Films and testimony indicate the wound included the right temple, the side, and the right side of the back. They want us to believe the wound was strictly on the side and front, and not the back at all.

The Chairman of the Department of Neurosurgery doesn't know the terms and anatomy of his specialty? Experienced physicians don't know the back of the head from the side? I think the back is parallel to the front which is the place where you see eyes and a nose, etc., if the face can be visualized and hasn't moved.

#### **It Was in the Back and Side**

The occipital and parietal bone join each other, so we are only talking a centimeter or so in difference (Perry) (32). . . the occipital and parietal region are so close together it is possible to mistake one for the other (Giesecke) (33)

Please notice the don't tell you where parietal and occipital bone meet: at the back of the head. And a wound in parietal bone alone could be considered in the back if it lies between the ear and the occiput. An "avulsed" wound in the back and side still does not work with the official version.



Dr. Clark nailed down the location of the defect he saw when Arlen Specter asked if a wound 2.5cm and slightly above the EOP could have been present, but missed by Dr. Clark:

Yes, in the presence of this much destruction of skull and scalp above such a wound and lateral to it . . . such a wound could be present. [emphasis added]

Dr. Clark believed, at least initially, that Kennedy was struck tangentially (34) from the right side (35). This does not preclude another shot from the front that exited from the right rear. (I believe I have evidence for Dr. Clark's theory, and will be presenting it soon.)

#### The Bullet Emerged From Where?

Obviously, the Parkland doctors are not confirming the findings of Bethesda, they are deferring to Bethesda. Such deference is intellectually unsanitary. There was a time when the exit was to be the right supraorbital ridge (bone beneath the eyebrow). Dr. Alfred Olivier of the Edgewood Arsenal, Maryland, who supervised the recreation of the assassination using reconstructed skulls, explained the experiment:

. . . We were aiming, as described in the autopsy report . . . the point 2 centimeters to the right of the external occipital protuberance and slightly above it. We placed a mark on the skull at that point, according to the autopsy the bullet emerged through the superorbital (sic) process, so we drew a line to give us the line of flight . . . [emphasis added] (36).

Did Olivier misread the autopsy report and diagrams placing the exit at the top right side of the head? Was there a different autopsy report? Didn't this render the experiment invalid? Did Specter see the discrepancy? He had interviewed Humes et al, had seen diagrams of the bullet's trajectory. Did he know where the supraorbital ridge is? The subject came up when the autopsists explained a bullet fragment was lodged behind this area. And he had been shown photographs of Olivier's prize skull with the right front of the face gone which hardly resembled autopsy photos of Kennedy's face.

Specter's response: Create a diversion. He made Olivier go to a safe, dig out a notebook from his briefcase, and find the exact entrance wound. Specter says not one word about the exit. But you can't say they are uncoordinated: Olivier's skull resembles the Xray of Kennedy taken from the "modified Waters view" that gives the impression the upper right side of his face is missing.

If they ever go back to that version, the Parkland doctors would have to move the wound from the back of the head to the front, 180 degrees. And then there will be more explaining.

## REFERENCES

1. Posner, Gerald L. Case Closed, Chapter 13. Random House, New York, page 313.
2. Warren Commission Hearings, Vol.VI, p. 48. [Jenkins]
3. Hearings, Vol. VI, p. 51. [Jenkins]
4. Case Closed, p. n305-6
5. Lattimer, John K. Kennedy and Lincoln: Medical & Ballistic Comparisons of Their Assassinations. New York: Harcourt Brace Jovanovich, p.154.
6. Hearings, Vol. VI, p. 48
7. Case Closed, p. 308 [Posner]
8. Case Closed, p. 309 [Jenkins]
9. Case Closed, p. 309 [Carrico]
10. Case Closed, p. 309 [Perry]
11. Case Closed, p. 310 [Midgett]
12. Case Closed, p. 312 [Perry]
13. Case Closed, p. 312 [Baxter]
14. Case Closed, p. 289 [Jenkins]
15. Case Closed, p. 310 [Posner]
16. Case Closed, p. 312 [Baxter]
17. Case Closed, p. 311 [Jenkins]
18. Case Closed, p. 291 [re Clark]
19. Hearings, Vol. XVII, p.10. [Clark]
20. Hearings, Vol. VI, p.26. [Clark]
21. Hearings, Vol. VI, p. 6 [Carrico]
22. Hearings, Vol. VI, p. 71 [Peters]
23. Hearings, Vol. VI, p. 41 [Baxter]
24. Hearings, Vol. XVII, C.E. 392 [Jenkins]
25. Hearings, Vol. VI, p. 48 [Jenkins]
26. Hearings, Vol. III, p. 371 [Perry]
27. Hearings, Vol. VI, p. 33 [McClelland]
28. Case Closed, p. 313 [Peters]
29. Case Closed, p. 313 [Jenkins]
30. Case Closed, p. 312 [Perry]
31. Case Closed, p. 309 [Jenkins]
32. Case Closed, p. 312 [Perry]
33. Case Closed, p. 312 [Giesecke]
34. Hearings, Vol. VI, p.21 [Clark]
35. Hearings, Vol. VI, p.28 [Clark]
36. Hearings, Vol V, p.89 [Olivier]

\*This reasoning is reminiscent of Lattimer's explanation of the discrepancy between the entrance wound in the head as reported in the autopsy and in testimony before the Commission, versus an entrance wound 10 centimeters higher (near the cowlick), as reported by the House Select Committee on Assassinations:

Lattimer claims the discrepancy is only between drawings: that the artist made the drawings without the benefit of the autopsy photos and Xrays. As if "2.5cm to the right and slightly above the external occipital protuberance" on a better drawing would show a wound near the cowlick. (Lattimer, J.K., Lattimer, J., Lattimer, G. An experimental study of the backward movement of President Kennedy's head. Surg, Gynecol & Obstet 1976; 142:246-254)

Posner stretches Lattimer's lie further. He claims it was Humes et al -- besides the artist -- who didn't have the benefit of photos and X-rays when they made their report, and therefore didn't know where to place the alleged entrance. (Case Closed p 308, footnote) As if they based their measurements on photos and Xrays alone, instead of the body. I think they based it on Oswald's height and alleged position, but that is a different issue.

Humes told the Commission that the drawings were accurate but that ". . . it is the bony prominences . . . which we used as points of references, I cannot, transmit completely to the illustrator where they were situated." (Hearings p. 350, Vol \_\_)

Meaning, I think, the EOP itself was a little off on the drawing. To me, the EOP looks a bit low on the drawing, but the alleged entrance wound is still near it, where Humes put it. As of 1992, the wound is still there, according to Humes recent statements to JAMA. Someone needs to tell Posner. And Lattimer may want to X-ray that drawing.