

*Confidential
see per y Shaw letter to me
9/1/26/93*

LET'S SET THE RECORD STRAIGHT

DR. CHARLES CRENSHAW REPLIES

(Approximately 6800 words)

The May 27, 1992 issue of JAMA included two articles dealing with medical aspects of the assassination of President John F. Kennedy. Both were written by Dennis L. Breo. The first of these two articles drew on interviews with two of the autopsy pathologists, Dr. James J. Humes and Dr. J. Thornton Boswell. The second article, "Dallas MDs Recall Their Memories," is said to be based on interviews with Dallas doctors who participated in the treatment of President Kennedy at Parkland Hospital just minutes after he was shot. Both JAMA articles contained attacks on me and my book, JFK: Conspiracy of Silence.

In that book, published in early 1992, I stated:

1. that I participated in the treatment of President Kennedy at Parkland Hospital;
2. that I observed both his head wound and throat wound and that my medical judgment was that both wounds resulted from shots which struck him from the front;
3. that autopsy photographs which I have been shown, said to depict the two wounds, are incompatible with the nature and location of the wounds I saw in the emergency room;
4. that many of my Dallas colleagues reported the wounds to be in the same location and to be of the same nature that I had observed;
5. that I participated in the treatment of Lee Harvey Oswald on Sunday, November 24, when he was brought to Parkland;
6. that while Oswald was being treated, I was called to a telephone in the operating room, where I talked with President Lyndon Johnson, who told me that there was a person present in the operating room to take a death-bed confession from Oswald.

I was both hurt and angered by the attacks on my credibility in the JAMA articles. I consider them to be distortions of the facts and to be mean-spirited in their tone. I will not engage in requital, nor will I resort to the inflammatory and damaging rhetoric used against me. Instead, I will refute, point-by-point, the allegations made against me and my book.

The reader will notice another fundamental difference between this article and Breo's articles attacking me: I will cite and document every statement. The previous JAMA article contained no endnotes or citations. If author Breo had turned to the previous statements of the Dallas doctors he interviewed, he would have found that those statements contradicted what they were telling him, and that, in fact, their previous statements, contemporaneous and under oath, support my description of the President's wounds. The official record devastates the points Breo attempted to make.

FRIDAY AFTERNOON: PARKLAND HOSPITAL

Just after 12:40 P.M. on Friday, November 22, I entered Trauma Room 1 at Parkland Hospital with Dr. Bob McClelland.¹ Several other Parkland doctors were already there. President Kennedy lay, mortally wounded, on a stretcher. For the next several minutes, I helped administrate emergency treatment to the President and I observed both his throat wound and the wound at the right rear of his head.

I helped to remove President Kennedy's trousers and Dr. Ken Salyer and I performed a cutdown and inserted an IV catheter which fed Ringer's solution into Kennedy's right leg.² At the same time, other Parkland doctors were performing a tracheostomy, inserting chest tubes, and doing a similar cutdown on the left leg.³

Two wounds were visible. There was a small, round opening in the front of the midline of the throat.⁴ This became the site of Dr. Malcolm Perry's tracheostomy incision. In the occipitoparietal region at the right rear of the head, there was an avulsive wound nearly as large as a fist. Bone, scalp and hair were missing in the region, and brain tissue, including much of the cerebellum, was hanging from the opening.⁵ I considered the throat wound to be an entrance wound and the large head wound to be an exit

wound. Along with many of my Parkland colleagues, I believed at the time that President Kennedy had been hit twice from the front. I still believe this today.

The author of the JAMA article had the audacity to question whether or not I was even present in Trauma Room 1. At one point, Dennis Breo wrote, "Crenshaw, who was a surgical resident in 1963, is not mentioned in the Warren Commission's 888-page summary report..."⁶ At another point, he wrote, "Since it is hard to prove a negative, no one can say with certainty what some suspect--that Crenshaw was not even in the trauma room, none of the four [Parkland doctors interviewed by Breo] recalls ever seeing him at the scene."⁷

In actual fact, my presence in Trauma Room 1 was noted in sworn testimony before the Warren Commission 8 times by 5 different doctors and nurses who saw me there.⁸ Dr. Charles Baxter, who apparently told Breo he could not recall seeing me there, states in his Warren Commission testimony that I was there!⁹ So does Dr. Robert McClelland, who entered the room with me.¹⁰ Dr. Don Curtis¹¹ and nurse Margaret Hinchcliffe¹² also testified that I was present. Dr. Ken Salyer, who worked with me on the President's IV, told the Commission the following:

SPECTER. To what extent did Dr. Crenshaw participate?

SALYER. Dr. Crenshaw participated about the extent that I did. We were occupied in making sure an I.V. was going and hanging up a bottle of blood.

SPECTOR. Is the--is Dr. Crenshaw a resident?

SALYER. Yes, he is a third-year resident. That's the reason I remember him specifically because we were sort of working together there on that.¹³

The record makes it amply clear that I was in Trauma Room 1 doing precisely what I wrote in Conspiracy of Silence. Why, then, did Breo make his innuendos? I believe a major purpose for the May, 1992, articles was to discredit Charles Crenshaw, and that their author and editor either didn't bother to check the official record or chose to ignore what they found there.

SUNDAY: THE WHITE HOUSE TELEPHONE CALLS

In my book, I told of being on duty at Parkland when Lee Harvey Oswald was brought there, and of assisting with his treatment.¹⁴ While I was in the room, I observed a large man in a scrub suit, with a gun visible in his pocket.¹⁵ I did not doubt that he was some sort of government agent, and I handed him a sterile mask.¹⁶ At one point, a nurse tapped me on the shoulder and asked me to take a telephone call. In an adjoining office, I talked with President Lyndon Johnson, who told me that we should try to get a confession from Oswald and that a person was present for the purpose of taking that confession.¹⁷

In an attempt to refute this, JAMA quotes Dr. Baxter: "Did that happen? Heavens no..imagine that, the President of the United States personally calls for Charles Crenshaw."¹⁸

It did happen and there is ample proof. It should first be noted that I have never claimed that President Johnson called personally for me. I was simply tapped on the shoulder by a nurse to take the call. But the call did occur:

1. Dr. Philip E. Williams, Dallas neurosurgeon, told the New York Times:

"I vividly remember someone said...the White House is calling and President Johnson wants to know what the status of Oswald is. I heard the statement in the operating room, and it was not Dr. Crenshaw's book or anyone else who revived my thoughts about this because I have said this for years."¹⁹

2. Ms. Phyllis Bartlett was the chief telephone operator at Parkland Hospital that day. She definitely remembers taking the call from a man who identified himself as President Johnson, then transferring the call to the operating room. It was Ms. Bartlett who disconnected the line while I was talking to Johnson. She was attempting to transfer the President to the public relations office. Ms. Bartlett wrote to the Dallas Morning News on July 15, 1992:

"There very definitely was a phone call from a man with a loud voice, who

identified himself as Lyndon Johnson, and he was connected to the operating room phone during Oswald's surgery."²⁰

3. The presence of federal agents in the operating room is also well documented. Alex Rosen of the FBI was ordered by Director Hoover to get a man to Parkland to get a statement from the accused assassin. Rosen stated that he has contacted Forrest Sorrels of the Dallas Secret Service office. Sorrels says an agent is already there. The time is 12:18 in Dallas.²¹ The Dallas Time-Herald of Sunday, December 22, 1963, carried a story that an agent wearing hospital clothing and a face mask had waited in vain for a confession from Oswald. In response to this, Dallas SAIC Gordon Shanklin sent an AIRTEL to Hoover which stated in part: "SA Charles T. Brown and SA Wallace R. Heitman made arrangements...to be available in the event Oswald regained consciousness. In order to save time and be immediately available, these agents did don operating clothing and took positions outside the operating room."²²

But the agents did enter the room. Dr. Paul Peters, who was present and attending Oswald, said:

"There were Secret Service men intermingled with the operating room personnel...some were dressed in green clothes as the surgeons...two or three shouted in his ear, "Did you do it? Did you do it?"²³

4. In the "20-20" story which ABC did on my book, the network reported on an examination of the Johnson log for the time period while Oswald was being attended. Quoting historian William Manchester, ABC reported that Johnson had just told Bobby Kennedy "We've got to get involved, we've got to do something," or words to that effect.²⁴

Once again the JAMA articles are incorrect. There is clear and convincing evidence of both the White House telephone call and the presence of federal agents in the operating room -- as I stated.

THE PRESIDENT'S WOUNDS

There is no doubt in my mind that the attacks on me by a professional journal last summer were occasioned by my assertion that President Kennedy's wounds indicated to a doctor present on the scene that he had been shot from the front, which meant, of course, a conspiracy. The wound I saw in President Kennedy's throat was clearly a smooth and rounded entry wound. The wound in the right rear of the head, both in its location and its nature, must have been inflicted from the front. As I have stated, my conclusion in Trauma Room 1 was that these wounds were made by two shots striking President Kennedy from the front.²⁵ That is still my firm conclusion today. And the official record -- ignored by Breo and JAMA -- will show that I was not alone in those conclusions.

Dennis Breo talked with several of the Parkland doctors about their experiences and my book. Jim Carrico, Marion T. "Pepper" Jenkins, Charles Baxter and Malcolm Perry were interviewed. In spite of the fact that Breo visited in Dallas, he made no effort to contact me or to get my side of the story. All four of my former colleagues are quoted as having condemned my conclusions about shots from the front and asserted that what they saw in the Trauma Room 1 was completely compatible with the autopsy photographs, as well as the autopsy findings which concluded that Kennedy was shot twice from the rear, not from the front.

As JAMA presented it, this was a case of four Dallas doctors standing firmly against Dr. Charles Crenshaw, sensationalist. These doctors, if quoted correctly, seemed to question everything from motive to sanity. Dr. Baxter is said to have stated that the only motive he could find for me was "a desire for personal recognition and monetary gain"²⁶; Dr. Perry, according to the article, said I was on TV "saying this bogus stuff to reach out for his day in the sun"²⁷; Dr. Carrico apparently decided I had dreams of grandeur²⁸; while Dr. Jenkins, according to the article, said, "Crenshaw's conclusions are dead wrong."²⁹

Was I outnumbered? No, not at all. My strongest ally went unmentioned by JAMA. My strongest ally is the record -- the official record -- the statements made by Drs. Perry, Baxter, Carrico and Jenkins long before they ever talked to Dennis Breo and JAMA. The strongest "witnesses" against JAMA and the four Dallas doctors are the doctors themselves!

The previous official statements of these four doctors, which we will now examine, come from three sources:

1. CE 392. This Warren Commission Exhibit consists of statements written by many Parkland doctors within 2-3 hours of having attended President Kennedy. The statements in CE 392, many of them handwritten, are of immense significance. Not only are they the first accounts of President Kennedy's wounds based on observation by trained medical personnel, they are also "pure" medical data. That is, when Drs. Perry, Baxter, Jenkins, Carrico and others wrote their CE 392 statements on Friday afternoon, they had no knowledge of "single-bullet theory," Oswald, "Grassy Knoll," School Book Depository or other evidentiary factors to affect opinions. They also stand as the only recorded medical opinions about Kennedy's wounds before the body was illegally taken from Dallas by the Secret Service. CE 392 is found in the Warren Report, pp. 516-537, and should be read by any person who is genuinely interested in knowing where President Kennedy was shot. It is a shame that Dennis Breo didn't read CE 392 before he went to Dallas.
2. Warren Commission (WC) testimony. All four doctors testified under oath before the Warren Commission in March of 1964.
3. Depositions given to the House Select Committee on Assassinations (HSCA) in 1977. Carrico, Jenkins and Perry were deposed during 1977, again under oath.

When we examine the four doctors' previous statements, we find that, instead of refuting my observations, they actually support them.

DR. MALCOLM PERRY

Perry and Kennedy's Head Wound

Within hours of seeing President Kennedy's body, Malcolm Perry described the head wound as "a large wound of the right posterior cranium."³⁰ Four months later, in testimony before the Warren Commission, Perry would call it "a large avulsive wound of the right occipitoparietal area"³¹ and noted that

"both scalp and portions of the skull were absent..."³². In 1977, in a deposition for the HSCA, Perry stated that "...the parietal occipital head wound was largely avulsive."³³

These three references to the head wound are clearly consistent with each other. But, as can be clearly seen, they are also clearly consistent with my own description of the head wound. The three times Malcolm Perry has described John F. Kennedy's head wound to an official government body, he has agreed with my description, both in its location and its appearance.

Perry and the Cerebellum

When Malcolm Perry gave his HSCA deposition, he stated: "There was visible brain tissue in the macard and some cerebellum was seen."³⁴ Both Malcolm Perry and I saw cerebellar tissue in the head wound.

Perry and the Throat Wound

Malcolm Perry was in a unique position to observe the wound in the midline of the throat. He made the tracheostomy incision through that throat wound and inserted a tracheostomy tube. Within an hour of President Kennedy's death, Malcolm Perry was in a classroom at Parkland Hospital, describing Kennedy's wounds to newsmen. A transcript of the press conference exists. In his statements, Malcolm Perry three times identifies the throat wound he has just seen as an entrance wound:

Q. Where was the entrance wound?

PERRY. There was an entrance wound in the neck. (Emphasis added)

Q. Which way was the bullet coming on the neck wound? At him?

PERRY. It appeared to be coming at him.³⁵

(Later in conference)

Q. Doctor, describe the entrance wound. You think from the front of the throat?

PERRY. The wound appeared to be an entrance wound in the front of the throat; yes, that is correct.³⁶ (Emphasis added)

By the following day, evidence had emerged suggesting that the shots which struck Kennedy had come from the Texas School Book Depository above and behind him. Nonetheless, Perry spoke to Boston

Globe reporter Herbert Black and continued to hold that a bullet had entered the front of the throat: "It may have been that the President was looking up or sideways with his head thrown back when the bullet or bullets struck him."³⁷ It is clear that on the weekend of the assassination, Malcolm Perry apparently felt the wound in the President's throat was an entrance wound -- and said so.

At the time Perry testified before the Warren Commission in March, his early statements about the entrance wound in the throat had become a considerable problem for the Commission. Counsel Arlen Specter undertook some damage control:

SPECTER. Well, what questions were asked of you and what responses did you give at that press conference?

PERRY. Well, there were numerous questions asked, all the questions I cannot remember, of course. Specifically, the thing that seemed to be of the most interest at that point was actually trying to get me to speculate as to direction of the bullets, the number of bullets, and the exact cause of death. (Emphasis added)

The first two questions I could not answer, and my reply to them was that I did not know, if there were one or two bullets, and I could not categorically state about the nature of the neck wound, whether it was an entrance or an exit wound, not having examined the President further...³⁸ (Emphasis added)

The transcript of the press conference does reveal that both Perry and Dr. Kemp Clark said they were unsure whether one or two bullets had struck the President, but Perry did make a definite statement about the throat wound, and nowhere in the transcript is found any refusal or hesitancy in characterizing that wound as one of entrance.

Allen Dulles of the Warren Commission joined in the damage control effort, suggesting that Perry take each newspaper clipping which contained information about his press conferences and correct all "incorrect" quotes attributed to them.³⁹ Commission records give no indication of whether or not Perry ever did this.

As can be seen, the record shows that on the weekend of the assassination, Dr. Malcolm Perry

described the throat wound as an entrance wound -- just as I have. And how did Dennis Breo and JAMA deal with Perry's news conference statement? "Perry appeared at the riotous press conference on the day of the assassination and said the fatal shot 'might have come from the front.'"⁴⁰ As has been shown, Perry also said three times that the throat wound had been inflicted from the front. Did Breo check the record?

(Note: See my addendum at the conclusion of this article for more on Arlen Specter and the throat wound.)

DR. MARION T. "Pepper" JENKINS

Jenkins and Kennedy's Head Wound

In his CE 392, dated 4:30 P.M., three and one-half hours after seeing the President's wounds, Dr. Jenkins described a "great laceration of the right side of the head (temporal and occipital)"⁴¹ Fourteen years later, he told the HSCA: "One segment of bone was blown out--this was a segment of occipital or temporal bone."⁴²

Dr. Jenkins saw the same wound I saw -- and described it in the same way.

Jenkins and the Cerebellum

Jenkins' CE 392 describes "herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound."⁴³ In March, four months later, he testified under oath, "Part of the brain was herniated; I really think part of the cerebellum...was hanging out of the wound."⁴⁴ Jenkins has since stated that he "mis-spoke" when he called the tissue cerebellar tissue.

Dr. Jenkins apparently was still "mis-speaking" fourteen years after the assassination when he was deposed by the HSCA. A summary of his deposition states, "He [Jenkins] noted that a portion of the cerebellum was hanging out from a hole in the right-rear of the head."⁴⁵

And what is JAMA's comment about Jenkins and the cerebellum? "Dr. Jenkins wrote in a 1963 report that Kennedy's 'cerebellum' had been blown out when he meant 'cerebrum.'"⁴⁶ A study of the record shows that Jenkins wrote it on the day of the assassination, swore to it before the Warren Commission four months later, then swore to it again 14 years later to the HSCA!

DR. JAMES CARRICO

Carrico and Kennedy's Head Wound

Dr. Carrico was the first Parkland doctor to enter Trauma Room 1. A few hours later he wrote a description of the head wound he saw. Carrico recorded, "The other wound had avulsed the calvarium and shredded brain tissue present and profuse oozing."⁴⁷ In his Warren Commission testimony, he located the wound more specifically: "I saw a large gaping wound located in the right occipitoparietal area."⁴⁸, and he told HSCA there was a "fairly large wound in the right side of the head, in the parietal, occipital area...That wound be above and posterior to the ear."⁴⁹

Carrico and the Cerebellum

In his Warren Commission testimony, Carrico said, "...the skull was fragmented and bleeding cerebral and cerebellar tissue."⁵⁰ At another point in his questioning, he said, "I believe there was shredded macerated cerebral and cerebellar tissue both in the wounds and on the fragments of skull attached to the dura."⁵¹ In his 1977 HSCA deposition, Carrico stated, "One could see blood and brains, both cerebrum and cerebellum fragments in that wound."⁵²

Carrico and the Throat Wound

In his CE 392 statement on Friday afternoon, Carrico did not specifically call the throat wound an entrance wound, but used another similar word: "Two external wounds were noted. One small penetrating wound of mid-neck in lower 1/3."⁵³ Before the Warren Commission, he gave the width of the throat wound before Perry's tracheostomy as 5-8 millimeters and said it was "fairly round, had no jagged edges, no evidence of powder burns and so forth."⁵⁴

DR. CHARLES BAXTER

Baxter and Kennedy's Head Wound

On the afternoon of the assassination, Dr. Baxter wrote, "...the rt [sic] temporal and occipital bones were missing the brain was lying on the table."⁵⁶ Baxter then proceeded to read from his CE 392. When he got to the part dealing with bones being missing and the brain lying on the table (see above), Baxter is recorded as having read, "the temporal and parietal bones were missing and the brain was lying on the

table."⁵⁷ The text Baxter was supposed to be reading said "occipital," but Baxter, apparently reading his own handwriting, read the term as "parietal," a location further removed from the rear of the head. The reason for this "misread" is not known.

Baxter and the Cerebellum

Dr. Baxter testified that "...the cerebellum was present -- a large quantity of the brain was present on the cart."⁵⁸

Baxter and the Throat Wound

When he testified before the Warren Commission, Baxter conceded that the throat wound could have been either an entrance wound or an exit wound.⁵⁹ But his other statements about the wound are enlightening: "this wound was, in my estimation, 4 to 5 mm in widest diameter and was a spherical wound...so that it was a very small."⁶⁰ "Judging from the caliber of the rifle that we later found or became acquainted with, this would more resemble a wound of entry."⁶¹ As late as spring of 1992, Dr. Baxter, on ABC-TV's "20-20," stated that the wound he saw could have been either an entrance wound or an exit wound."⁶²

These are the statements, nearly all of them official, of the four Dallas doctors, formerly colleagues, who ridiculed me and my claims in JAMA. Let's total the scorecard:

1. I saw a wound in the back of the head--occipital and parietal. So did Jenkins, Carrico, Baxter and Perry. Some say occipital and parietal, others say occipital and temporal. The occipital bone in the rear of the head is mentioned by all of us. The size and nature of the wound is very similar in all our descriptions.
2. I saw cerebellar tissue hanging out of the large head wound. So did Jenkins, Carrico, Baxter and Perry.
3. I saw a small entrance wound in the front of the throat. Perry called it an entrance wound; Carrico called it a "penetrating wound." Baxter still says it could have been an entrance wound.

OTHER DALLAS DOCTORS

Many other Parkland doctors were present in Trauma Room 1 and they, too, wrote CE 392's and testified before the Warren Commission. Their statements further bolster my claims:

HEAD WOUND

Dr. Kemp Clark

- * CE 392--"two external wounds...the other in the occipital area of the skull...a large wound of the occipitoparietal area."⁶³
- * WC testimony--"I examined the wound in the back of the President's head."⁶⁴
Noted..."presence of the much larger wound in the right occipital region."⁶⁵

Dr. Paul Peters

- * WC testimony--"I noted that there was a large defect in the occiput."⁶⁶

Dr. Ronald Jones

- * WC testimony--"There was a large defect in the back of the head."⁶⁷

Dr. Gene Akin

- * WC testimony--"...in the back of the right occipitoparietal part of the skull was shattered."⁶⁸

Dr. Robert McClelland

- * WC testimony--"I noted that the right posterior portion of the skull had been extremely blasted...some of the occipital bone was fractured in its lateral half."⁶⁹

CEREBELLAR TISSUE

Dr. Kemp Clark

- * CE 392--"Both cerebral and cerebellar tissue were extruding from the wound."⁷⁰
- * WC testimony--"...cerebral and cerebellar tissue being damaged and exposed."⁷¹..."the loss of cerebellar tissue..."⁷²

THROAT WOUND

Dr. Paul Peters

- * WC testimony--"We saw the wound of entry in the throat and noted the large occipital wound."⁷³

Dr. Ronald Jones

- * "...a small hole in the midline of the neck thought to be a bullet entrance wound."⁷⁴

Again with these doctors, we see the consistent "Dallas pattern" --small round wound in the front of the throat, large hole opening backward in the right rear of the head, and cerebral and cerebellar tissue hanging from the skull. It was clear to me that bullets had struck President Kennedy from the front.

THE AUTOPSY PHOTOGRAPHS

What I saw in the emergency room at Parkland Hospital forces me to disagree with the Bethesda autopsy report which concluded that the President was hit by two bullets "fired from a point behind and somewhat above the level of the deceased."⁷⁵ The four doctors interviewed by JAMA say they saw nothing which contradicts that finding.⁷⁶

At this point, it must be noted that when the terms "autopsy" and "autopsy findings" are used, one must distinguish between the autopsy reports and the autopsy photographs and X-rays. Even a casual examination reveals that the two do not match. Among the major differences:

1. The autopsy report locates a small entry wound in the back of the head just to the right of the occipital protuberance.⁷⁷ The HSCA medical panel, examining photographs and X-rays, placed this wound 4 inches higher, in the cowlick area, in a different bone, the parietal.⁷⁸ Those of us who treated Kennedy in Dallas saw no such small entry wound anywhere in the head.
2. The autopsy report failed to pinpoint precisely where the bullet exited the head, but stated that the large defect measured 13 cm across and involved the occipital, parietal, and temporal bones of the skull.⁷⁹ The HSCA medical panel, relying on the photos and X-rays,

decided a bullet exited along the coronal suture, in front of the ear. The HSCA found the defect involved the parietal, temporal, and frontal bones, but not the occipital.⁸⁰ This placed the large skull defect further forward than the autopsy report located it, and considerably further forward than the wound we saw in Parkland. In addition, the wound described in both accounts at Bethesda is much larger than the wound I saw at the back of President Kennedy's head.

3. The autopsy report stated that the tissue taken from the right cerebellar cortex revealed "extensive disruption of brain tissue with associated hemorrhage."⁸¹ Photographs of the brain examined by the HSCA are said to show no damage to the cerebellum, and the committee so reported in 1978.⁸² Several of us saw the cerebellum hanging from the massive head wound and have so reported, some under oath.

(There has been heated debate about the nature and location of an alleged wound in the President's neck/back. However, since I never saw this wound, I have chosen not to discuss this controversy.)

The four doctors who commented to Dennis Breo and to JAMA are reported to have found no problem with these photographs, in spite of the fact that they obviously show a head wound of a different size in a totally different location than the one they saw and reported on November 22. I find great problems with any photograph which shows a completely intact skull at a point where I saw a hole nearly the size of my fist. I find great problems with any photograph which does not show cerebellar tissue shredded and hanging from that hole. I find great problems with any photograph which shows a large opening in front of the ear with a flap of skull hanging open there, where none of us observed any defect on November 22. **There is no way that I can reconcile the autopsy photographs I have seen with the wounds I saw on John F. Kennedy's body in Trauma Room 1 at Parkland on November 22.** That JAMA reports that my former colleagues say they can do so amazes me.

Evidence has surfaced to indicate that since the publication of the JAMA article, some of the Parkland doctors apparently have tried to stake out a kind of compromise position which would allow them to stand by their previous statements about the head wound and still endorse the autopsy photographs as

being legitimate. Within weeks of the publication of the JAMA article, a forum about the assassination was held in Dallas. Dr. John K. Lattimer was the principal speaker. Also in attendance, and forming a panel, were several Parkland doctors, including Carrico, Baxter, and Jenkins. I asked to be allowed equal time to speak, but this was denied. So was my second request, to be permitted just 10 minutes in which to show a videotape presenting my view on the medical evidence. At this forum, several of the Dallas doctors said they would reconsider their sworn testimony about cerebellar tissue being damaged and visible in Dallas.⁸³ This in spite of the fact that some of them had sworn to its presence as late as 14 years after the fact.⁸⁴ It was in trying to explain the obvious discrepancies between autopsy photographs of the back of Kennedy's head (where no damage is seen at all), and their Warren Commission and HSCA descriptions of a large wound and missing bone, scalp and hair, that Drs. Carrico and Jenkins came up with a new "reconciliation": they apparently believe that the head wound they saw is really there in the photographs after all -- it is simply under the hair. In their current explanation, the scalp has been reflected by the pathologists and is being held in place. Thus, underneath the hair, shielded from the camera's lens, is actually the occipitoparietal wound we all saw!

In my opinion, this is a completely untenable theory. The reasons for such an opinion are several:

1. The photographs which depict the back of the head are said to have been taken before dissection began. No incisions are visible on the head, no flaps are seen anywhere, and no Y-incision is seen.
2. A second set of photographs showing the back of the head intact, have no hands holding the head, so that it would be an impossibility that reflected flaps of scalp are being held in place.
3. X-rays, said to show the skull, show no massive wound in the back of the head underneath the scalp and hair.
4. The photographs show a large defect with a flap of scalp hanging from the skull in front of the right ear. I did not see this, and by their own admission, the other doctors did not see it.

5. Finally, what legitimate reason would the pathologists have for moving the reflected scalp and shielding such a crucial piece of evidence as an exit hole in the back of the head, especially since there are no pictures which show this defect?

PHOTOGRAPHS OF THE THROAT WOUND

Several autopsy photographs show what is alleged to be the tracheotomy incision which Malcolm Perry made through a bullet hole in Kennedy's neck. When I first saw these photos, I was shocked at the size and character of the defect there. According to the autopsy report, the incision measures 6.5 cm in length.⁸⁵ When Dr. Humes testified before the Warren Commission, he placed the length of the defect at 7-8 cm.⁸⁶ The wound which I saw after Dr. Perry completed his work looked nothing like what I saw in the photographs taken at Bethesda. Dr. Perry had made a small and very neat transverse incision. I took it to be about 1 to 1-1/2 inches in length. It was certainly not of the length I saw in the autopsy photos. The gaping nature of the wound was also inconsistent with what I saw. When the body left Parkland there was no gaping, bloody defect in the front of the throat, just the small bullet hole and the thin line of Perry's incision.

According to the JAMA article, the four Dallas doctors have no problem in reconciling the autopsy photos with the tracheotomy incision they observed. "I was right there and the tracheostomy I observed and the autopsy photos look the same -- very compatible," Dr. Baxter is quoted as having said.⁸⁷ Dr. Carrico said, "I've seen the autopsy photos and they are very compatible to the actual tracheostomy."⁸⁸ "They are the same," is the comment attributed to Dr. Jenkins.⁸⁹ Dr. Perry qualified his response: "Of course, tissues sag and stretch after death, but any suggestion that this wound was intentionally enlarged is wrong."⁹⁰

Once again, there is a previous record, however. In 1966, three of these doctors estimated the length of the incision Perry made in Kennedy's throat. Their responses were recorded by a researcher. Dr. Carrico said it was "between two and three centimeters -- which is close to an inch."⁹¹ Dr. Perry, who made the incision, estimated it at "2-3 centimeters," while Dr. Baxter remembered it as "roughly an inch and a half."⁹²

Now, in 1992, these men are said to believe that there is no contradiction between what they saw and the 6.5 to 8 cm gash shown in the autopsy photographs. It seems to me that the reader will have to decide which is the accurate response -- an interview recorded in 1966 or an interview done twenty-six years later.

I saw that incision. I also saw the occipitoparietal head wound. When I am shown alleged autopsy photographs which depict wounds that differ so markedly from those I saw at Parkland, I have no choice but to conclude that someone had gone to a great deal of trouble to present a different story than we had seen at Parkland. The result of those wound differences caused the body of President Kennedy to appear more like it had been shot from the rear and less like it was shot from the front.

OBSERVING THE HEAD WOUND

The JAMA article seeks to minimize the significance of what we saw in Dallas by implying that the doctors were occupied with life-saving measures and did not have an opportunity to look at the head wound carefully: "In fact, Dr. Jenkins doubts if any of the Parkland physicians even had a good look at the President's head..."⁹³

Once again, though, there's that pesky record:

- * Dr. Kemp Clark - "I examined the wound in the back of the President's head."⁹⁴
- * Dr. Robert McClelland - "As I took the position at the head of the table, I was in such a position that I could very closely examine the head wound."⁹⁵
- * Dr. Jenkins was interviewed for an article in the American Medical News in 1978. In that article, Dr. Jenkins said, "It may be that I and Malcolm Perry (MD) [sic] were the first ones aware of the head injury. We were standing at the patient's head and with that thick shock of hair, when he was lying supine on the stretcher, it really didn't show that he had part of his head blown away and part of his cerebellum was hanging out."⁹⁶ This, once again, pinpoints the location of the wound at the rear of the head. Note also that in 1978, Dr.

Jenkins still recalled the cerebellum -- supposedly undamaged -- as being blown out of the wound.

- * At the Dallas forum last May, one of Jenkins' colleagues related an incident which further emphasizes that the head wound was seen and examined in Dallas. According to the account given there, the Parkland team considered opening President Kennedy's chest and massaging the heart in that manner. Dr. Jenkins then said, "Before you open that chest, you'd better step up and take a look at this head wound." The chest was not opened.⁹⁷

There is ample evidence that we did see the head wound. It is a simple fact that nearly every Dallas doctor, while under oath, was asked by the Warren Commission where the head wound was located. Each doctor placed the wound in the back of Kennedy's head. Not one of them said he did not know, could not remember, or did not have an opportunity to observe.

SUMMARY

Without ever having talked with me, JAMA Editor Dr. George Lundberg called my book, JFK: Conspiracy of Silence, "a sad fabrication based on unsubstantiated allegations."⁹⁸ In contrast, he proclaimed the JAMA article to be information which "is scientifically sound,"⁹⁹ furnishes "the definitive history of what happened,"¹⁰⁰ and "provides irrefutable proof that President Kennedy was killed by two bullets that struck him from above and behind."¹⁰¹ The record, however, indicates otherwise.

1. Drs. Perry, Carrico, Jenkins and Baxter apparently chose to participate in an article in this magazine which distorted the facts of this case.
2. These doctors had already created a record concerning the wounds of President Kennedy - a record began just after they saw the body, a record sworn to under oath.
3. Their record describes a large wound at the rear of President Kennedy's head, the same wound which I wrote about in Conspiracy of Silence.
4. Their record describes a small wound in the front of the throat, just as I saw and described. One of the doctors (Perry) called this an entrance wound within two hours of seeing it, and

another (Baxter) admitted in 1992 that it could have been an entrance wound.

5. Their record describes cerebellar tissue extruding from the head wound, just as I described it in my book.
6. Photographs of the back of President Kennedy's head show no wound where they (and I) saw a large wound. They say these photos are compatible with their observations. I say the autopsy photographs cannot be reconciled with what I saw at Parkland.
7. Photographs of President Kennedy's throat show a defect more than twice as long as the tracheotomy incision I remember and more than twice the length these doctors had earlier estimated. They say the photograph is "very compatible" with what they saw at Parkland on November 22.

The record, standing in stark contrast to the statements the four doctors are quoted as having made in the May '92 JAMA article, will not go away. It's a pity that Dennis Breo and JAMA chose to ignore that record.

Charles A. Crenshaw, M.D.

March, 1993

ADDENDUM

ARLEN SPECTER AND HISTORY'S MOST HYPOTHETICAL QUESTION

When the various Parkland doctors appeared before the Warren Commission, their testimonies were taken by staff counsel Arlen Specter, now a United States Senator from Pennsylvania. The commission had a great problem concerning the throat wound, which all these doctors had seen and many had described as being very small, smooth-edged and rounded -- characteristics of an entrance wound. In fact, several of the doctors had called the wound an entrance wound by the time their statements were taken under oath in March of 1964.

Instead of simply asking the doctors, "Was this an entrance wound or an exit wound?" or "What did this wound look like to you?", Specter concocted what must be the most convoluted and hypothetical question in history. This question with minor variations was put to each of the Dallas doctors who saw Kennedy's body:

Specter: "Assuming some factors in addition to those which you personally observed, Dr. Baxter, what would your opinion be if these additional facts were present: First, the President had a bullet wound of entry on the right posterior thorax just above the upper border of the scapula with the wound measuring 7 by 7 mm. in oval shape, being 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process -- assume this is the set of facts, that the wound just described was caused by a 6.5 mm. bullet shot from approximately 160 to 250 feet away from the President, from a weapon having a muzzle velocity of approximately 2,000 feet per second, assuming as a third factor that the bullet passed through the President's body, going in between the

strap muscles of the shoulder without violating the pleura space and exited at a point in the midline of the neck, would the hole which you saw on the President's throat be consistent with an exit wound, assuming the factors which I have just given to you?"¹⁰²

In this amazing, 180-word hypothetical question, Specter has asked the doctors, "If the bullet exited from the front of Kennedy's throat, could the wound in the front of Kennedy's throat have been an exit wound?"

ENDNOTES

1. JFK: Conspiracy of Silence, p. 77
2. Ibid., pp. 84-85
3. Ibid., pp. 82-86
4. Ibid., p. 79
5. Ibid., pp. 78-79; 86
6. Journal of the American Medical Association, May 27, 1992, p. 2794 (hereafter cited as JAMA)
7. JAMA, p. 2804
8. Citations are at various places through Volume 6 of Warren Commission Hearings and Exhibits.
9. 6 H 40 (Meaning Volume 6 of Warren Commission Hearings and Exhibits at page 40.)
10. 6 H 32
11. 6 H 60
12. 6 H 141
13. 6 H 80-81
14. JFK: Conspiracy of Silence, pp. 182-190
15. Ibid., pp. 185; 187-188
16. Ibid., p. 186
17. Ibid., p. 186-187
18. JAMA, p. 2085
19. New York Times, C 3, May 26, 1992
20. Ms. Bartlett retains her letter plus the Dallas Morning News reply not to print.
21. FBI document 62-10960, 11-24-63, (Rosen to Belmont)
22. AIRTEL, 12-27-63, (Shanklin to Director)

23. "The Men Who Killed Kennedy," produced by Nigel Turner, syndicated in United States including the Arts & Entertainment network.
24. "20-20," ABC-TV, May 3, 1992
25. JFK: Conspiracy of Silence, pp. 78-79; 86
26. JAMA, p. 2804
27. Ibid.
28. Ibid.
29. Ibid.
30. Warren Report, p. 521
31. 6 H 11
32. 3 H 372
33. House Select Committee on Assassinations, Volume 7, p. 302. (Hereafter cited as HSCA.)
34. Ibid.
35. White House 1327-C, November 22, 1963, (3:16 P.M.), p. 5
36. Ibid., p. 6
37. Boston Globe, November 24, 1963, p. 9
38. 6 H 12
39. 3 H 377-378
40. JAMA, p. 2807
41. Warren Report, p. 530
42. HSCA, 7 H 287
43. Warren Report, p. 530
44. 6 H 48
45. HSCA, 7 H 287
46. JAMA, p. 2807
47. Warren Report, p 519

48. 6 H 6
49. HSCA, 7 H 278
50. 6 H 3
51. 6 H 6
52. HSCA, 7 H 268
53. 3 H 361-362
54. 3 H 362
55. Warren Report, p. 523
56. 6 H 44
57. Ibid.
58. 6 H 42
59. Ibid.
60. Ibid.
61. Ibid.
62. "20-20," ABC-TV, May 3, 1992
63. Warren Report, p. 517
64. 6 H 20
65. 6 H 29
66. 6 H 71
67. 6 H 53
68. 6 H 65
69. 6 H 33
70. Warren Report, p. 525
71. 6 H 20
72. 6 H 26
73. 6 H 71

74. 20 H 333
75. CE 387, Warren Report, p. 543
76. JAMA, p. 2805
77. CE 387, Warren Report, p. 541
78. HSCA, 7 H 107
79. CE 387, Warren Report, p. 540
80. HSCA, 7 H 125-127
81. CE 391, Warren Report, pp. 544-545
82. HSCA, 7 H 129
83. Forum in Dallas, Texas, June 4, 1992. Video and audio recordings were made of these proceedings and copies were promised. As of this writing, I have not been able to obtain them, but various persons who attended made notes and also made personal audio recordings of the events.
84. See this article, "Dr. Malcolm Perry"; "Dr. Marion Jenkins"; and, "Dr. James Carrico."
85. CE 387, Warren Report, p. 540
86. 2 H 361
87. JAMA, p. 2805
88. Ibid.
89. Ibid.
90. Ibid.
91. Recorded interview, November 11, 1966.
92. Recorded interview, November 11, 1966.
93. JAMA, p. 2805
94. 6 H 20
95. 6 H 33
96. "At Parkland Hospital tragic memories remain, "American Medical News, November 24, 1978, p. 14.
97. Dallas Forum, June 4, 1993. (See #83 above)

98. New York Times, May 20, 1992, p. B7
99. JAMA, p. 2803
100. "Larry King Live," CNN-TV, May 21, 1992
101. JAMA, p. 2803
102. 6 H 42

PHOTOGRAPHS AND CAPTIONS FOR CRENSHAW ARTICLE

"LET'S SET THE RECORD STRAIGHT"

PHOTO NO. ONE

1. is labeled "No. 1" on the slide margin
2. consists of 4 photos to be arranged side-by-side in this order:
 - (a) 1-A Dr. Carrico
 - (b) 1-B Dr. McClelland
 - (c) 1-C Dr. Jenkins
 - (d) 1-D Dr. Crenshaw
3. CAPTION: Dr. Carrico (left), Dr. McClelland (second from left), Dr. Jenkins (third), and I indicate where each recalls the large opening in the back of the President's head. (From video by KRON-TV, Nova, and ABC's "Nightline.")

PHOTO NO. TWO

1. is labeled "No. 2" on slide margin
2. Shows Dr. Perry and Dr. Clark at press conference in Parkland classroom
3. CAPTION: Dr. Malcolm Perry (right) during press conference at Parkland Hospital. Time is 2:18 PM, less than two hours after Perry did a tracheostomy on President Kennedy. Three times during this press conference, Dr. Perry referred to the President's throat wound as an entrance wound.

PHOTO NO. THREE

1. is labeled "No. 3" on slide margin
2. is a closeup of Kennedy's throat wound and incision
3. CAPTION: Kennedy's throat as seen in autopsy photograph. Autopsy report says this defect

is 6.5 cm in length. In his Warren Commission testimony, Dr. Humes stated the length as 7-8 cm. Dr. Perry estimated the length of the incision he made at 2-3 cm. The incision I saw at Parkland Hospital was small and neat, nothing like what this photograph shows.

PHOTO NO. FOUR

1. is labeled "No. 4" on slide margin
2. is autopsy photograph showing back of President's head
3. **CAPTION:** This autopsy photograph shows the back of Kennedy's head completely intact. Compare this with Picture No. 1. All of the Parkland doctor's described a large defect at the rear of the head, with bone sprung open and brain protruding.