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Charles A Crenshaw, M.D., F.A.C.S.

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8. Dallas Morning News, June 5, 1992
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CURRICULUM VITAE

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DATE OF BIRTH: January 11, 1933

PLACE OF BIRTH: Paris, Texas

MARITAL STATUS: Married - Wife: Susan Lea

ACADEMIC DEGREES:

Undergraduate: Southern Methodist University
B.S. - June, 1953

Graduate: East Texas State University
M.S. - 1955

Baylor University Graduate Research
Institute - 1956-1957
Postgraduate Work, Ph.D.

The University of Texas Southwestern
Medical School at Dallas
M.D. - May, 1960

INTERNSHIP: Veteran's Administration Hospital
Dallas, Texas - 1960-1961
Straight Internal Medicine - 12 months

ASSISTANT RESIDENCY:
(Surgery) Parkland Memorial Hospital
Dallas, Texas - 1961-1965

SENIOR RESIDENCY:
(Surgery) Parkland Memorial Hospital
Dallas, Texas - 1965-1966

LICENSURE: Texas - Dallas and Tarrant Counties
C-8242 - Issued August, 1960

BOARD CERTIFICATION: American Board of Surgery
April 15, 1969

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TEACHING AND RESEARCH
APPOINTMENTS:

Surgical Research Fellow, The University
of Texas Southwestern Medical School
at Dallas - Department of Surgery
1961-1962

National Institute of Health Research
Fellow - 1964-1965

Chairman Emeritus, Department of Surgery,
John Peter Smith Hospital
Fort Worth, Texas
April 1992 - present

Director and Chairman, Department of
Surgery, John Peter Smith Hospital
Fort Worth, Texas
1966 - April 1992
Senior Attending Staff

Junior Attending Staff, Parkland
Memorial Hospital, Dallas, Texas
1966 - present

Attending Staff, St. Joseph Hospital,
Fort Worth, Texas
1966 - present

Assistant Clinical Professor of Surgery,
The University of Texas Southwestern
Medical School, Dallas, Texas
1969 - 1973

Associate Clinical Professor of Surgery,
The University of Texas Southwestern
Medical School at Dallas
1974 - 1977

Clinical Professor of Surgery, The
University of Texas Southwestern Medical
School at Dallas
1977 - present

Director, Tarrant County Cancer Society
1969 - 1972

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Liaison Fellow, Commission on Cancer,
American College of Surgeons, Western
Area, September, 1975

Consultant, Tarrant County Chapter,
American Red Cross - 1972 - present

President, Tarrant County Cancer
Society - 1972

Advisory Committee for Tarrant County
Junior College (Operating Room
Technician Program) - 1969 - 1970

Tarrant County Committee on Trauma,
American College of Surgeons - 1969

Texas Medical Society, Advisory Committee
on the Health and Medical Aspects of
Civil Defense - 1971 - present

Co-Program Director, Trinity Emergency
Services Association, Inc.
Region: North Texas Congress of
Governments (Erath, Hood, Johnson,
Parker, Palo Pinto, Somervell, Tarrant
and Wise Counties and the Dallas/Fort
Worth Airport) - 1973 - 1974

Regional Medical Consultant for
Department of Health, Education and
Welfare, Region VI for Emergency Medical
Services, Texas, Arkansas, Louisiana,
New Mexico and Oklahoma
1977 - 1980

Board of Directors, American Trauma
Society - 1987

Vice Councilor, Texas Southwestern
Surgical Society - 1987

SOCIETIES:

Social:

Beta Theta Phi
Phi Chi Medical Fraternity

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Medical and
Professional:

Phi Alpha Theta Honorary
Sigma Alpha Iota Honorary
Delta Phi Alpha Honorary
Tarrant County Medical Society
Texas Medical Society
American Medical Association
Tarrant County Academy of Science

American College of Surgeons,
Fellow - 1969
North Texas Chapter, American College
of Surgeons - 1970
Texas Surgical Society - 1972
American Trauma Society, Charter
Member - 1968
Texas Historical Society
Fort Worth Surgical Society - 1968
Southern Medical Society - 1966
American Burn Association, Charter
Member - 1968
American College of Emergency Physicians
1969
Chirurgio Surgical Society - 1966
International Society for Burn Injuries
1969
University Association for Emergency
Medical Services, Charter Member - 1969
Southwestern Surgical Congress
1971 - present
Pan-Pacific Surgical Association - 1974
International College of Surgeons - 1984

PUBLICATIONS:

Thesis for Master's Degree - "Histologic and cytologic analysis
of tissue exposed to ionizing irradiation treated with
hemoeriodictyol" May, 1955.

Crenshaw, C.A.; Canizaro, P.C.; Shires, G.T.: "Changes in
extracellular fluid during acute hemorrhagic shock in man"
Surgical Forum 13:6, 1962.

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Baxter, C.R.; Crenshaw, C.A.; Lehman, I.; Zedlitz, W.H.; Shires, G.T.: "A practical method of renal hypothermia" J Trauma 3:349, July, 1963.

Baxter, C.R.; Crenshaw, C.A.; Zedlitz, W.H.; Shires, G.T.: Excretion of seotonin metabolites following thermal injury" Surgical Forum 1A:61, 1963.

Baxter, C.R.; Crenshaw, C.A.; Zedlitz, W.H.; Shires, G.T.: "High output renal failure complicating traumatic injury" J Trauma A:567, September, 1964.

Terrell, C.J.; Crenshaw C.A.: "Cephalothin as a preventive antibiotic" Southern Medical Journal 63:1088, September, 1970.

Baxter, C.R.; Crenshaw, C.A.; Frenkel, E.P.; Shires, G.T.: "Rheologic changes in acute thermal burns" presented at the Third International Congress for Research in Burns, Prague, Czechoslovakia, September, 1970.

Crenshaw, C.A.; Terrell, C.H.; Etheridge, Sarajeon: "Cephalothin as a preventive antibiotic for wound infections in trauma" A.O.R.N. Journal, pg. 53, August, 1971.

Aycock, T.M.; Isom, W.; Crenshaw, C.A.; Rehfeldt, F.A.: "Monoplegia and false aneurysm" Southern Medical Journal, 64:1165, October, 1971.

Crenshaw, C.A.; Kelly, L.R.; Turner III, R.J.; Enas, D.: "Prevention of infection at scalp vein sites of needle insertion during intravenous therapy" Am J Surg 124:43-45, July, 1972.

Crenshaw, C.A.; et al: "Bacteriologic nature and prevention of contamination to intravenous catheters" Am J Surg 123:264-266, March, 1972.

DeShazo, C.V.; Snyder, W.H.; Daughtery, C.G.; Crenshaw, C.A.: "Mucosal pedical graft of jejunum for large gastroduodenal defects" Am J Surg, 124:671.

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PUBLICATIONS (continued)

Crenshaw, C.A.: "Nutritional support for burn patients' intake" Perspectives in Clinical Nutrition, Norwich, N.Y., Eaton Laboratories, 1973.

Crenshaw, C.A.; Glanges, E.; Stuart, B.H.; Pierce, J: "Nitrofurazone therapy in middle burns" Current Therapeutic Research, 19:487, April, 1976.

Crenshaw, C.A.: "Recruiting a physician for emergency medical services system" presented at the National Symposium on rural/wilderness emergency medical services, Denver, Colorado, February, 1976.

Crenshaw, C.A.: "Transfer agreements" presented at the U.S.A. Bicentennial Emergency Medical Services and Traumatology, Baltimore, Maryland, May, 1976.

Crenshaw, C.A.: "Medical Direction" presented at Emergency Medical Symposium, Austin, Texas, March, 1977.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.: "Falciform ligament - A possible twist" (Brief Report) Arch Surg, 112:1264, 1977.

Crenshaw, C.A.: "Medical Control" presented at National E.M.S. Communications Transportation Symposium, Atlanta, Georgia, March, 1977.

Crenshaw, C.A.: "Treatment of second degree burns: Nitrofurazone, iodine and silver sulfadiazine" J Am Col Emerg Phys, 6:486-490, November, 1977.

Crenshaw, C.A.: Discussant "Assessment of aminoglycoside toxicity" September, 1977, Burgenstock, Switzerland.

Crenshaw, C.A.: "Medical control in rural and urban areas" National E.M.S. Legislation Symposium, Fort Worth, Texas, November, 1977.

Crenshaw, C.A.: "Categorization of facilities in rural areas" National E.M.S. Facility Categorization Symposium, Minneapolis, Minnesota, December, 1977.

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PUBLICATIONS (continued)

Glanges, E.; Oliver, J.; Webber, C.E.; Crenshaw, C.A.: "Foreign bodies I have know" presented at Texas Surgical Society, Corpus Christi, Texas, October, 1977.

Crenshaw, C.A.; Thomas, T.L.; Millican, B.; Butler, N.: "Cost containment communication in E.M.S." Journal of Emergency Care and Transportation, June, 1978.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.: "A clinical and bacteriologic evaluation of cefamandole therapy in serious skin and skin-structure infections" SG&O, 150:502, April, 1980.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.; Pasquet, M.; Barksdale, L: "Treatment of serious skin and soft tissue infections with cefamandole" Scand. J. Infect. Dis, Suppl 1980.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.; McReynolds, D.B.: "A prospective, randomized, double-blind study of preventive cefamandole therapy in patients at high risk for undergoing cholecystectomy" SG&O, 153:546, October, 1981.

Crenshaw, Charles; Glanges, Evalea; Webber, Charles; McReynolds, David: "A prospective random study of a single agent versus combination antibiotics as therapy in penetrating injuries of the abdomen" SG&O, 156:289, March, 1983.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.; McReynolds, D.B.: "Antibiotic prophylaxis in penetrating abdominal trauma" Infections in Surg, 5:81-88, February, 1986.

Crenshaw, C.A.; Glanges, E.; Webber, C.E.; McReynolds, D.B.: "Single-dose cefuroxime versus multiple-dose cefamandole for prophylaxis in general surgical procedures" Current Therapeutics Research, 42:1144-1150, December, 1987.

Crenshaw, Charles A.; Hansen, Jens; Shaw, J. Gary: "JFK Conspiracy of Silence." Penguin Books USA, Inc., April 1992.

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PRESENTATIONS:

"Penetrating Thoracic Trauma," Texas Surgical Society Meeting,
April, 1984.

"Penetrating Colon Trauma," Texas Surgical Society Meeting,
April, 1985.

"Perforated Appendicitis," Texas Surgical Society Meeting,
April, 1986.

"Cholecystectomy - Performed by Surgical Residents," Texas
Surgical Society Meeting, April, 1987.

"Second Look Laparotomy in Trauma," Texas Surgical Society
Meeting, April, 1988.

"Operative Management of Giant Duodenal Ulcer Perforations," Texas
Surgical Society Meeting, September, 1990.

**THE JAMA DISTORTIONS:
PLAYING FAST AND LOOSE WITH THE MEDICAL EVIDENCE
Press Kit**

1. The May 27, 1992, issue of the Journal of the American Medical Association contains two major articles dealing with medical evidence in the death of President John F. Kennedy.
2. Both these articles offer "proof" that President Kennedy was shot twice from the rear — once in the back of the head and once in the shoulder/neck area, with this bullet emerging through the President's throat.
3. The findings "prove," according to the articles, that there was no conspiracy in the JFK case. A single assassin, Lee Harvey Oswald, fired these two shots.
4. The articles include interviews with Drs. James J. Humes and J. Thornton Boswell, who (along with Army pathologist Pierre Finck) performed an autopsy on Kennedy at Bethesda National Naval Medical Center. Both Humes and Boswell vigorously reaffirm their original autopsy findings and ridicule those who insist that Kennedy was shot from the front. The two men insist that Dr. Humes was in charge of the autopsy, no others interfered, and that this was "the least secret autopsy in history."
5. Dr. George Lundberg, editor of JAMA and a military pathologist, announced these findings at a press conference on May 19. He derided conspiracy theorists as persons motivated by "paranoia" or "profits," and declared that all intelligent persons should consider the medical issues now closed.
6. The articles (and Dr. Lundberg) also attack Dr. Charles Crenshaw, a Fort Worth surgeon. In his book JFK: Conspiracy of Silence, Dr. Crenshaw, who was present in the emergency room at Parkland Hospital soon after JFK was brought in just minutes after being shot, has asserted that Kennedy was hit twice from the front—that he saw an entrance wound in the front of Kennedy's throat and a large explosive exit wound in the occipital area at the back of the President's head.
7. The second article is drawn from interviews with other Parkland doctors who were present in the emergency room. They dispute Crenshaw's claims and question his motives. With but one exception, the four Parkland doctors interviewed insist that what they saw in the emergency room is not in conflict with the autopsy report or the photographs and X-rays which were taken to document the autopsy findings.
8. **The JAMA article is filled with untruths, distortions and misrepresentations. Much of it is in conflict with official records, including sworn testimony. The JAMA article is the result of shoddy research and editing and is intellectually dishonest.**
9. This is a summary of the JAMA articles which are relevant to the personal observation and research of Charles A. Crenshaw, M.D. It is intended as a guide for those who are concerned about the content of the JAMA article.

10. All statements made in this summary are taken from official documents—from the Warren Commission Hearings and Report, from the House Select Committee on Assassinations, from FBI and/or Secret Service documents, from taped interviews with the principals, and from sworn court testimony. There is no material taken from the writings of so-called "conspiracy buffs." The official version of the shooting of JFK is refuted by the official documents available in the case.
11. Two separate articles make up this "press kit":
 - a. "The World's Worst Autopsy and the World's Worst Article About the World's Worst Autopsy"
 - b. "The Parkland Doctors versus Dr. Charles Crenshaw"

A. THE WORLD'S WORST AUTOPSY AND THE WORLD'S WORST ARTICLE ABOUT THE WORLD'S WORST AUTOPSY

1. The JAMA article asserts that this is the first time Boswell and Humes have spoken out on the autopsy. It says the two men are breaking a long silence.

Facts: Boswell was interviewed by Josiah Thompson in 1967 (thereby violating the orders he had signed to remain silent--see note #5 below); Humes testified on national public television before the HSCA in September, 1978, and Boswell was interviewed twice by assassination researchers as late as 1990 and 1991.

2. Humes asserts that he was in total charge of the autopsy. "I was in charge of the autopsy--period. Nobody tried to interfere--make that perfectly clear." The article contains sidebars with captions: "No generals in morgue" and "Humes was in total charge." Humes says that Admiral Burkley, the President's personal physician, was the only "high-ranking officer in the morgue" and he left soon.

Facts:

- a. The Sibert-O'Neill Report, from two FBI agents who were present at the autopsy, lists all persons known to have been present. Among them: Brigadier-General McHugh, Admiral Galloway, Major General Wehle, Captain Stover, Captain Osborne, and Lieutenant Commander Cross. There are also indications that Admiral Kinney, Surgeon-General of the Navy, was present.
- b. In contradiction to Humes' statement that Burkley was the only high-ranking officer and he left soon, Admiral Galloway told Warren Commission investigators that he [Galloway] remained throughout the autopsy.
- c. Under oath at the Shaw trial in New Orleans in 1969, Dr. Finck testified that:
 - *there were many Admirals and General present--in uniform
 - *that Dr. Humes asked one of these Generals who was in charge; the General replied, "I am."
 - *that someone in uniform ordered the doctors not to dissect the throat wound [Humes claims this was his decision]
 - *Finck had previously told investigators that when he asked to see Kennedy's clothing, he was told by an officer that his request "was of academic interest only," and the request was denied. [It is ironic that in the JAMA article Dr. Humes states, "If only we had seen the President's clothes, tracking the second bullet would be been a piece of cake, but we didn't have the clothes." Yet Humes says there was no interference.]
 - *Finck also stated that since some required dissections were not done, he had suggested that they mark the autopsy as "incomplete." The officer said they should mark "complete autopsy." Humes then said to mark "complete autopsy."

3. [Humes] had performed several autopsies on military personnel killed by gunshot wounds...[Boswell] too, had previously autopsied several gunshot wounds..."

Facts:

- a. Neither man was a forensic pathologist.
- b. HSCA, Volume 1, p. 311: "he [Humes] had not performed autopsies in deaths due to shooting previously--neither had the other autopsy pathologists. So they were required to do an autopsy that by experience and by the way our society is

structured...is reserved for forensic pathologists..."

- c. When Humes testified before the Warren Commission, he was asked about this specifically:

SPECTER: What specific experience have you had, if any, with respect to gunshot wounds?

HUMES: My type of practice has been more extensive in the field of natural disease than violence. However, I have had to deal with violent death, accident, suicides, and so forth."

[Clearly, Humes did not directly answer the question. What does "deal with" mean?]

4. **Humes admits that the pathologists did not dissect the neck area, in spite of the fact that they had identified a bullet wound in the upper back/neck area which seemed to stop about one inch into the flesh, with no lane of exit. Humes says that "Dissecting the neck area was totally unnecessary and would have been criminal."**

Facts:

- a. It would also have been in conformity with the Armed Forces Institute of Pathology's manual, which requires that the organs of the neck always be examined.
- b. Failure to dissect the neck and to trace a mysterious bullet wound caused erroneous reports to be sent from the autopsy room during the night. Failure to dissect the neck area left Dr. Humes to learn that there was a bullet wound in the front of the throat after the autopsy was over and after the body had been embalmed and removed to the White House.

5. **Humes called this "probably the least secret autopsy in the history of the world."**

Facts:

- a. Military security was posted around Bethesda, even within the morgue area.
- b. All who participated were given written orders from the Surgeon General of the Navy not to discuss their duties or what they saw. [As we have seen, Dr. Boswell violated this order.]
- c. Dr. Perry told the Warren Commission that when Dr. Humes called him on Saturday morning and was told that there was a bullet wound in the President's throat, the pathologist told him to discuss with no one what they had talked about.

6. **"The pathologists found two wounds from a high-velocity missile that would later be matched to the military-jacketed bullets fired from above and behind the President by Lee Harvey Oswald."**

Facts:

- a. An absurdity. As anyone knows, bullets cannot be matched to wounds unless the bullets (or pieces large enough to be ballistically-identifiable) are in the body or near it. The body which Humes and Boswell had on the morgue table contained no metal which would have allowed the conclusion stated above.
- b. If one takes this statement at face value, it implies that all of Kennedy's wounds, head, neck, and throat, were caused by one bullet. This is in a "medical journal"?

7. **Dr. Humes: "The tracheostomy was a gaping wound about 3 or 4 centimeters around."**
 Facts: Autopsy report written by Humes: "Situated in the anterior neck at approximately the level of the third and fourth tracheal rings is a 6.5 cm long transverse wound with widely-gaping irregular edges." Humes told the Warren Commission the wound was 7 or 8 centimeters.

8. **"I believe in the single bullet theory that it struck Governor Connally after existing the President's throat."--Dr. Humes**
 Fact: When he testified before the Warren Commission, Dr. Humes said it was "extremely unlikely" that the bullet he was shown [CE399] could have caused the wound in Governor Connally's thigh.

9. **Dr. Boswell: "We documented our findings in spades. It's all there in the record."**
 Facts:
 - a. Photographs of the interior of the chest are missing.
 - b. Tissue slides from the entrance of wounds are missing.
 - c. The President's brain is missing.
 - d. Some very strange things are found in the autopsy report--things which don't belong there. For instance, Dr. Humes' handwritten second draft originally stated, "Three shots were heard and the President fell face downward to the floor of the vehicle..." Humes lined through this and wrote "fell forward."

[This is, of course, untrue--Kennedy's head and body flew violently backward. More importantly, why is this in an autopsy report? Humes did not see this; he was 1,200 miles away.]

10. **Drs. Humes and Boswell both assert that they believe Kennedy's "missing" brain was actually buried in his body. They say they gave the brain to Dr. Burkley, who said the Kennedy family wanted to bury it with his body.**
 Facts: More absurdities:
 - a. Kennedy was buried at Arlington on November 25.
 - b. Humes and Boswell did a supplementary autopsy on the brain on December 6--two weeks later!

[How could the brain have been buried with Kennedy on November 25 if Humes and Boswell had it in their hands two weeks later? When did they give the brain to Burkley?]

11. **The article praises the autopsy as thorough and asserts that it answers the questions about JFK's wounds. There is not a word of criticism about any of the findings or procedures.**
 Facts:
 - a. It is intellectually dishonest of the editor and/or author not to report that the HSCA medical panel found that Dr. Humes had mis-located the entrance wound in the back of the head by 4 inches, placing the wound in a different bone!
 - b. Or that Dr. Humes, presented in the article as supremely confident about his autopsy findings, actually caved in before the HSCA panel and acquiesced in their

finding, not in his autopsy location. Thus, Humes, under oath, supported a different location for the wound than the one he so vigorously champions in the JAMA article.

- c. The HSCA medical panel listed three pages of errors made in the Bethesda autopsy, including such things as the failure to measure wounds from proper points, failure to dissect the neck area, "insufficient training and experience to evaluate a death from gunshot wounds," not retaining original notes, not examining the clothing, and not mentioning that the neck had not been dissected.

12. Dr. Humes: "I'd done gunshot wounds before and this one was perfectly obvious."

Facts:

- a. See #3. HSCA, Volume 1, p. 311: "he [Humes] had not performed deaths due to shooting previously...neither had the other autopsy pathologists."
- b. In point of fact, four hours after the autopsy began (and one hour after it ended, if we accept the doctor's own timetable), they had decided nothing about the nature of either of the two wounds they allege the President had suffered.
- c. Humes admits that the exit for the second wound, the defect in the front of the throat, was not suspected of being a bullet wound until the next morning--after conversations with Dr. Perry--long after Kennedy's body was gone.

[One wonders what did go on for four hours, and what kinds of conclusions would have been reached if the wounds had not been, Humes' words, "perfectly obvious."]

NOTE: THIS IS BY NO MEANS ALL THE ERRORS PRESENT IN THE JAMA ARTICLE. TIME PERMITS ONLY THESE CITATIONS.

B. THE PARKLAND DOCTORS VS. DR. CHARLES CRENSHAW

1. The second JAMA article consists of interviews with Dallas doctors who were present in the Parkland emergency room when President Kennedy was brought there minutes after being shot.
2. Dr. Crenshaw has made these claims in his book, JFK: Conspiracy of Silence:
 - a. He was present in the Parkland emergency room and observed the President's throat and head wounds.
 - b. The throat wound was a small entrance wound, while the head wound was a large defect in the back of the President's head, in the occipital and parietal bones.
 - c. He was also present, attending the mortally wounded Lee Harvey Oswald when the accused Presidential assassin died in the operating room on Sunday. At that time, Crenshaw took a telephone call from President Lyndon Johnson. Johnson asked that the chief operating surgeon allow "the man in the room" to get a confession from Oswald before he died.
3. The Dallas doctors who were in the emergency room and were also interviewed by JAMA are: Dr. Charles Baxter, Dr. Malcolm Perry, Dr. Robert McClelland, Dr. Charles Carrico, and Dr. Marion Jenkins.
4. All except McClelland dispute Crenshaw's claims. All the others insist that what they saw in the Parkland emergency room does not in any fundamental way contradict the findings of the Bethesda autopsy and the X-rays and photographs taken to document those autopsy findings.
5. The JAMA article raises the issue of whether or not Crenshaw was even in Trauma Room 1 when Kennedy was there. Author Dennis Breo notes, "Crenshaw, who was a surgical resident in 1963, is not mentioned in the Warren Commission's 888-page summary report..."

At another point, Breo writes, "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 recalls ever seeing him at the scene."
6. Alas, it is possible to pinpoint Dr. Crenshaw's whereabouts on November 22. In Volume VI of the Warren Commission's Hearings and Exhibits, Crenshaw is mentioned 8 times by 5 medical personnel as being in Trauma Room 1, doing just what he said he was doing, a cutdown on one of Kennedy's legs. (One of those who mentions Crenshaw in his Warren Commission testimony is Dr. Charles Baxter, who now expresses skepticism about Crenshaw's being there.)
7. The Dallas doctors who attended President Kennedy have gone on record with their descriptions of the wounds they saw in Dallas within minutes of the time Kennedy was shot. Among the official reports by these Parkland doctors are:
 - a. CE 392--handwritten reports submitted on the afternoon of the assassination. These reports are the first accounts of JFK's wounds.

- b. Warren Commission testimony--Most of the Parkland doctors testified under oath before the Commission. They were asked about the nature and location of the President's wounds.
 - c. HSCA depositions--Interviews conducted with some of the Parkland doctors by the House Assassinations Committee in 1977.
- 8. A review of the testimony of the Parkland Doctors (including those now condemning Crenshaw) reveals that their official statements about the nature and location of JFK's wounds is in agreement with Dr. Crenshaw's.
- 9. The President's head wound
 - a. According to Dr. Crenshaw:
located in occipitoparietal area at back of head, large and exploded outward, an exit wound
 - b. According to the other Parkland doctors:
 - *Dr. Jenkins
 - CE 392 (hours after seeing the body)--"Great laceration of the right side of the head (temporal and occipital)" (CE 392, Warren Report, p.530)
 - HSCA deposition--"One segment of bone was blown out--this was a segment of occipital or temporal bone." (HSCA, 7 H 287)
 - *Dr. Charles Carrico
 - Warren Commission testimony--"I saw a large gaping wound located in the right occipitoparietal area." (6 H 6)
 - HSCA deposition--"...fairly large wound in the right side of the head, in the parietal, occipital area...That would be above and posterior to the ear." (HSCA 7 H 278)
 - *Dr. Malcolm Perry
 - CE 392--"a large wound of the right posterior cranium." (WR, p. 521)
 - Warren Commission testimony--"...a large avulsive [ripped away] wound of the right occipitoparietal area." (6 H 11)
 - HSCA deposition--"...the parietal occipital head wound was largely avulsive (HSCA 7 H 302)
 - *Dr. Charles Baxter
 - CE 392--"the right temporal and occipital bones were missing and the brain was lying on the table." (WR, p. 523)
 - *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." (6 H 33)
 - *Dr. Kemp Clark
 - CE 392--"Two external wounds...the other in the occipital area of the skull...a large wound of the right occipitoparietal area." (WR, p. 517)

-WC testimony--"I examined the wound in the back of the President's head." (6 H 20) "...presence of the much larger wound in the right occipital region." (6 H 29)

*Dr. Paul Peters

-WC testimony--"I noted that there was a large defect in the occiput." (6 H 71)

*Dr. Ronald Jones

-WC testimony--"There was a large defect in the back of the head." (6 H 53)

-WC testimony--"what appeared to be an exit wound in the posterior portion of the skull..." (6 H 56)

*Dr. Gene Akin

-WC testimony--"In the back the right occipitoparietal part of the skull was shattered with brain substance protruding." (6 H 65)

- c. Thus Dr. Crenshaw and all the other Parkland doctors have consistently placed a large wound in the back of Kennedy's head. Dr. Crenshaw and all the other doctors mention the occipital bone as being blasted.
- d. Photographs allegedly taken before the autopsy at Bethesda show the occipital area in the back of the head totally intact.
- e. Thus, Crenshaw and all the other Parkland doctors disagree fundamentally with the autopsy photos showing the back of the head.

10. Damage to the cerebellum

- a. According to the autopsy photographs, there is no damage to the cerebellum. The cerebral hemispheres of the brain are divided into frontal, parietal, temporal and occipital lobes. The parieto-occipital area is located in the upper rear portion of the skull. Below the occipital lobe of the cerebral hemisphere is the cerebellum which lies entirely in the posterior (back) of the cranium.

- b. According to Dr. Crenshaw:

Dr. Crenshaw says the cerebellum was hanging out of the rear head wound, with strands of brain tissue extending into the brain itself.

- c. According to the other Parkland doctors:

*Dr. Marion Jenkins

-CE 392--"herniation and laceration of great areas of the brain, even to the extent that the cerebellum had protruded from the wound." (WR, p. 530)

*Dr. Charles Carrico

-WC testimony--"...skull was fragmented and bleeding cerebral and cerebellar tissue." (6 H 3)

-HSCA deposition--"One could see blood and brains, both cerebrum and cerebellum fragments in that wound." (HSCA 7 H 268)

*Dr. Malcolm Perry

-HSCA deposition--"There was visible brain tissue in the macard and some cerebellum was seen." (HSCA 7 H 302)

*Dr. Robert McClelland

-WC testimony--"...the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out." (6 H 33)

*Dr. Charles Baxter

-WC testimony--"...the cerebellum was present--a large quantity of the brain was present on the cart." (6 H 41)

*Dr. Kemp Clark

-WC testimony--"...cerebral and cerebellar tissue being damaged and exposed." (6 H 20) "...the loss of cerebellar tissue..." (6 H 26)

- d. It is clear that Dr. Crenshaw and several other Dallas doctors saw the cerebellum damaged and protruding from the occipital head wound.
- e. Again, Dr. Crenshaw's observations are consistent with those of the others in the emergency room.
- f. Photographs of the brain show the cerebellum to be completely intact. This is in fundamental disagreement with the Dallas doctors, including Crenshaw.

11. The throat wound

- a. The autopsy doctors at first failed to appreciate that there was a bullet wound in Kennedy's throat. The tracheostomy performed by Dr. Perry had changed the nature of the defect. It was not until the morning after the autopsy that Dr. Humes, in telephone conversation with Dr. Perry, learned of the throat wound. At this point, Dr. Humes assumed the throat wound to be an exit point for a bullet which had struck Kennedy in the upper back. There was no physical verification for this, since no dissection of the neck had occurred during the autopsy and the body was lying in state in the White House when Dr. Humes received his information from Dr. Perry.

- b. According to Dr. Crenshaw:

Dr. Crenshaw says the throat wound was an entrance wound, smooth and small, about the size of the end of the finger.

- c. According to the Parkland doctors:

*Dr. Paul Peters

-WC testimony--"We saw the wound of entry in the throat and noted the large occipital wound." (6 H 71)

*Dr. Malcolm Perry

-Press conference statement: Dr. Malcolm Perry participated in a press conference less than two hours after he performed a tracheostomy on Kennedy's throat at Parkland. Dr. Perry made his tracheostomy through a bullet wound. At the press conference, Dr. Perry 3 times identified the throat wound as an entrance wound. The transcript of the press conference is kept in the LBJ Library in Austin, Texas. It is White House

transcript 1327-C. According to this transcript, these exchanges took place:

Q: Where was the entrance wound?

Perry: There was an entrance wound in the neck.

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

Perry: It appeared to be coming at him.

(later)

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

Perry: The wound appeared to be an entrance wound in the front of the throat; yes, that it correct."

- d. The Bethesda pathologists, without examining the throat wound, concluded that it was a wound of exit.
- e. Dr. Crenshaw calls it an entrance wound.
- f. Dr. Perry, within an hour of seeing it, calls the throat wound an entrance wound on November 22, 1963.

SUMMARY

- 1. The Parkland doctors described a large wound in the back of the head, damage to the cerebellum and an entrance wound in the throat. ALL OF THESE ARE CONTRADICTIONARY TO THE FINDINGS OF THE BETHESDA AUTOPSY.
- 2. The other Parkland doctors' descriptions of the head wound, cerebellum, and throat wound are consistent with those of Dr. Crenshaw, whom they now attack for insisting that Kennedy was shot from the front.
- 3. What about the allegation that President Lyndon Johnson called the Parkland operating room while Oswald was being treated there at mid-day on Sunday?
 - a. Dr. Charles Baxter has said, "Did that happen? Heavens no...imagine that, the President of the United States personally calls for Charles Crenshaw." Crenshaw was then told to try to get the accused to confess before he expired.
 - b. Crenshaw never claimed that LBJ called for him. He asserted in his book that Johnson called the operating room and a nurse tapped him on the shoulder as one of the doctors in the room.
 - c. Support for Crenshaw's claim has come from other sources:
 - (1) ABC-TV examined Johnson's log and found that he conferred with Attorney General Robert Kennedy just after Oswald was shot. Historian William Manchester writes that Johnson said, "We've got to get involved; we've got to do something."
 - (2) Dallas neurosurgeon Phillip Earle Williams, who was also present in the operating room while Oswald was there, says there was a White House phone call, whether from the President or an aide. Williams says he has told people of the call for years.

- (3) More surprising is that Dr. Charles Baxter made this statement and was not even at Parkland Hospital that day.
- (4) FBI Statement: 11/24/63 - 12:18 C.S.T. - Rose to Belmont, 11-24-63, 1:18 E.S.T., number 62-10960 Rosen ordered by Hoover to get a man to Parkland to get a statement from the accused assassin. Rosen states he contacted Sorrels who said an agent was already there for that purpose. Document available from Paul Hoch.

THE AUTOPSY DRAWINGS

Doctor Humes stated that he did not trust the ability of the Warren Commission to keep the autopsy photographs secret, so he and Dr. Boswell, "...worked with an artist to reconstruct drawings of the President's wounds, based upon our original estimates. THESE DRAWINGS ARE VERY ACCURATE..." (JAMA, 5-27-92, p. 2800) (Emphasis added)

Just how "accurate" are these drawings?

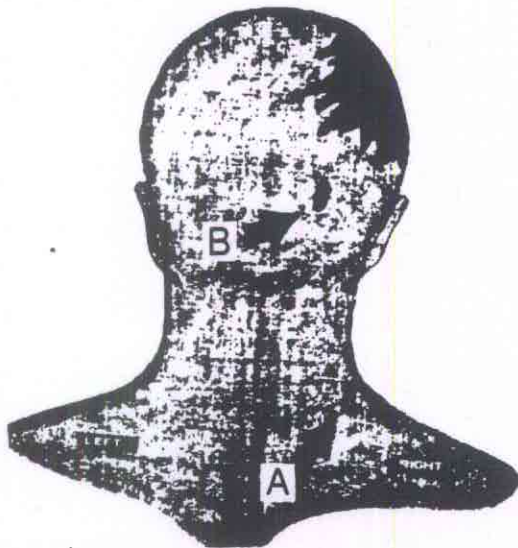


ILLUSTRATION 1 - Warren Commission
Exhibit Number 386

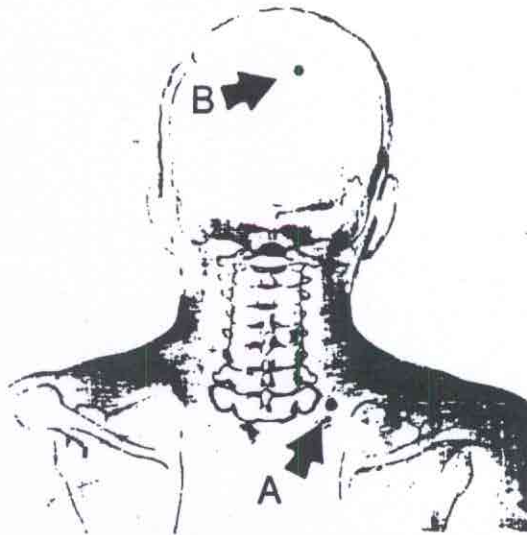


ILLUSTRATION 2 - House Select Committee on
Assassinations Figure 24

ILLUSTRATION 1 - The Humes/Boswell-directed drawing of the wound locations in the President's posterior head and neck.

ILLUSTRATION 2 - The drawing detailing the findings of the forensic pathology panel convened by the House Select Committee on Assassinations in 1978 to study the "documented in spades" material of the Humes/Boswell autopsy. Notice that the wound location in the "neck" is now approximately 2" lower than the "accurate" drawing of Humes/Boswell. Also, the wound in the President's head has been relocated to a position approximately 4" higher than the Humes/Boswell drawing.

Accurate???

Dr. Boswell also says, "We documented our findings in spades. It's all there in the records." (JAMA, 5-27-92, p. 2795)

Just how well "documented" are these autopsy findings?

THE AUTOPSY FINDINGS

In 1979, the House Select Committee on Assassinations investigated the records of the President's post mortem examination and reported it to be fraught with procedural errors. They charged the following:

1. The President's body was taken out of the hands of those responsible for investigation of the death and autopsy--Texas Authorities.
2. Those performing the autopsy had insufficient training and experience to evaluate a death from gun shot wounds.
3. Physicians who treated the President at Parkland Hospital were not consulted before commencing the autopsy.
4. Circumstances at the time of autopsy were not controlled by the pathologist.
5. Proper photographs were not taken.
6. The President's clothing was not examined.
7. The autopsy procedure was incomplete because:
 - a. External examination failed to accurately locate wounds.
 - b. The bullet tracks were not dissected to determine their course through the body.
 - c. The angles of the bullet tracks through the body were not measured relative to the body axis.
 - d. The brain was not properly examined and sectioned.
8. The report was incomplete, inaccurate, and prepared without reference to photographs.
9. The head wound location was incorrect.
10. Other wounds of the President's body were not localized with reference to fixed body landmarks so as to permit reconstruction of trajectories. (HSCA 7 193)

These glaring procedural inaccuracies and errors are blamed on the inexperience of the autopsy team. But was inexperience and improper procedure the culprit--or was the autopsy purposefully falsified in order to frame Oswald as the lone assassin and declare, NO CONSPIRACY? Much can be learned concerning this question by carefully analyzing the testimony of doctors and aides at Parkland Hospital. A comparison of what they observed of the President's wounds to those as reported by the Bethesda autopsy team reveals irreconcilable discrepancies. Consider the following:

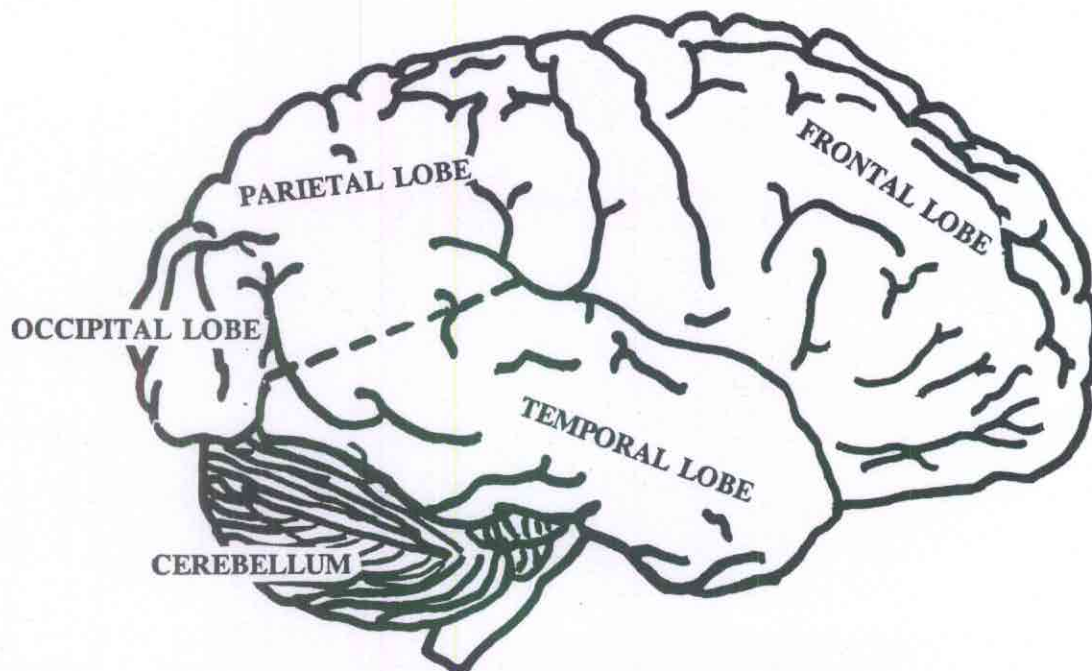
1. At Parkland Hospital the wound to the right side of the President's head is a large gapping hole extending from the temple area all the way around

to the back of the head. At Bethesda Naval Hospital, the back of the President's head is intact with only a small puncture just to the right of midline near the base of the skull. The large gapping hole is only on the upper right side with no damage to the rear of the head.

2. At Parkland Hospital, a small wound of entry is seen in the President's throat just below his adam's apple and slightly enlarged to accomodate the trachael tube. Upon examination at Bethesda, this wound has become a three inch wide gapping gash.

3. At Bethesda, pathologists discover a wound in the President's upper back near the spine. Parkland Hospital doctors were not aware of this wound. In their frantic but futile attempt to resuscitate the President, they never turned him over to examine his back.

Documented in spades???



LATERAL VIEW OF THE BRAIN

THE DALLAS MORNING NEWS - FRIDAY, JUNE 5, 1992

BY DAVID REAL

DOCTORS BAXTER, JENKINS, PETERS AND CARRICO "ASKED WHETHER THEY WOULD CHANGE ANY OF THE TESTIMONY THEY GAVE INVESTIGATORS, SAID THEY HAD MADE A MISTAKE WHEN THEY SAID MR. KENNEDY'S HEAD WOUND EXPOSED PARTS OF THE CEREBELLUM - THEY SAID THEY MEANT THE CEREBRUM."

DALLAS COUNCIL ON WORLD AFFAIRS

DR. CHARLES CRENSHAW WAS NOT INVITED TO THE FORUM.

DON'T ROCK THE BOAT !

OR

WHAT'S HAPPENING TO DR. CRENSHAW ?

The personal and malicious attack on Dr. Charles Crenshaw, and the book, JFK: Conspiracy of Silence, which he co-authored, is not without precedent. Nor is it without motivation and intent. The record of retribution directed at those credible and responsible people who take issue with the "official" version of the death of JFK is swift and sure. The following quote is an excellent example of the mentality and motivation behind such attacks.

"People don't speak up at the time for several reasons. One, they don't know the facts at the time. Secondly, in all of these coverups - for example the Secret Service knew all about John Kennedy's womanizing - but they had a CONSPIRACY OF SILENCE. Why? Because they worked for John F. Kennedy! It is very difficult in real time to get people to talk, particularly when there may be sanctions against them - and the young lady who is twenty-five, who wants to take on one of these powerful figures sometime by saying something she knows about them, does so at her own peril. Ahhh, I don't want to emphasize that anything is going to be damaging done to her, BUT BY THE TIME THE NEWSPAPERS, OR SOMEBODY, GETS THROUGH WITH HER SHE'LL WISH SHE HADN'T DONE IT." (Emphasis added)

- Former director of the CIA Richard Helms
In response to the question from a 25
year-old woman as to why people refuse to
speak up at the time concerning various
coverups.

In Dr. Crenshaw's case, however, Mr. Helms is wrong on one point. Though Dr. Crenshaw has spoken out about what he knows - and has been viciously attacked by the news media and "SOMEBODY" (The Journal of the American Medical Society) - he does not wish he "HADN'T DONE IT."

The following is a summarized version of a CIA memo dated April 1, 1967. It is titled: "Countering Criticism of the Warren Report." It is CIA Document Number 1035-960 and was released under a Freedom of Information Act lawsuit in September 1976. It outlines the plan of attack utilized by the agency in its all-out effort to shore-up trust in the already sagging belief in the conclusions of the Warren Report in the investigation of the assassination of President Kennedy.

NOTE: THE BOLD AND CAPITALIZED EMPHASIS IS OURS.

Addressed to, "Chiefs, Certain Stations and Bases"

"1. Our Concern. From the day of President Kennedy's assassination on, there has been speculation about the responsibility for his murder. Although this was stemmed for a time by the Warren Commission report (which appeared at the end of September 1964), various writers have now had time to scan the Commission's published report and documents for new pretexts for questioning, and there has been a new wave of books and articles criticizing the Commission's findings. In most cases the critics have speculated as to the existence of some kind of conspiracy, and often they have implied that the Commission itself was involved...

"2. ...THE AIM OF THIS DISPATCH IS TO PROVIDE MATERIAL FOR COUNTERING AND DISCREDITING THE CLAIMS OF THE CONSPIRACY THEORISTS...

"3. Action. We do not recommend that discussion of the assassination question be initiated where it is not already taking place. Where discussion is active, however, addressees are requested:

a. To DISCUSS THE PUBLICITY PROBLEM WITH LIASON AND FRIENDLY ELITE CONTACTS (ESPECIALLY POLITICIANS AND EDITORS), pointing out that the Warren Commission made as thorough an investigation as was humanly possible, that the charges of the critics are without serious foundation, and that further speculative discussion only plays into the hands of the opposition...

b. To EMPLOY PROPOGANDA ASSETS TO ANSWER AND REFUTE THE ATTACKS OF THE CRITICS. Book reviews and feature articles are particularly appropriate for this purpose...Our play should point out, as applicable, that the critics are (i) wedded to theories adopted before the evidence was in, (ii) politically interested, (iii) financially interested, (iv) hasty and inaccurate in their research, or (v) infatuated with their own theories...

"4. In private or media discussion not directed at any particular writer, or attacking publications which may yet be forthcoming, the following arguments could be useful:

a. No significant new evidence has emerged which the Commission did not consider...

b. Critics usually overvalue particular items and ignore others...

c. Conspiracy on the large scale often suggested would be impossible to conceal in the United States..."

If this sounds all too familiar, it should. It is the exact blueprint used to attack past and present Warren Commission critics, the Garrison case, Oliver Stone and his movie JFK, as well as Dr. Crenshaw.

A complete copy of this CIA memo (15 pages) is available on request by sending \$2.00 to:

J. Gary Shaw
P. O. Box 722
Cleburne, TX 76033-0722

THE DALLAS MORNING NEWS - JUNE 5, 1992

"I HAVE NEVER BELIEVED THE SINGLE-BULLET THEORY.

THE WOUND THAT I SAW ON THE BACK JUST TO THE SIDE OF THE
SCAPULA, THAT WOUND WAS A RATHER TYPICAL ENTRANCE WOUND."

(GOVERNOR CONNALLY)

BY DR. ROBERT SHAW

PARKLAND HOSPITAL PERSONNEL
President Kennedy's Headwound

Dr. Gene Akins - "...back of the right occipital parietal portion of his head was shattered, with brain substance protruding..." (WC 6H65).

Dr. Charles Baxter - "...the right temporal and occipital bones were missing and the brain was lying on the table..." (WC CE392).

"...a large gaping wound in the back of the skull..." (WC 6H40).

Diana Bowron, Nurse - Saw "one large hole" in the "back of his head." (WC 6H136).

Dr. Kemp Clark - "There was a large wound in the right occipital parietal region..." (WC CE392).

"...a large, gaping wound in the right posterior part..." (WC 6H20).

Dr. M. T. Jenkins - "There was a great laceration on the right side of the head (temporal and occipital) causing a great defect in the skull plate..." (WC CE392).

Dr. Ronald Jones - "...what appeared to be an exit wound in the posterior portion of the skull..." (WC 6H56).

Dr. Robert McClelland - "...the right posterior portion of the skull had been blasted..." (WC 6H33).

Dr. Malcolm Perry - "...a large avulsive (ripped away) injury of the right occipital area." (WC 6H11).

Dr. Paul Peters - "...noted the large occipital wound..." (WC 6H71).

Occipital Area of the
Skull (shaded area)

