



JFK Lancer Online Resources

What Did the Parkland Doctors Really Say?

by Russell Kent

Some of the doctors who attended President John F. Kennedy in Trauma Room One at Parkland Memorial Hospital have reputedly modified their descriptions of JFK's head injuries they initially observed on 22 November 1963, most especially in so called interviews conducted by author Gerald Posner. Posner's book has been widely quoted and positively evaluated by the main stream media, but many JFK writers and researchers doubt that Posner ever actually interviewed the doctors he has quoted. Therefore, statements attributed to Parkland doctors need to be compared to what they have said previously, and particularly what they have said under oath.

Several Parkland doctors have hinted that maintaining their original statements and speaking out against the official Warren Commission conclusions would have been detrimental to their careers. I suspect that in some instances stronger pressure was brought to bear.

In the Dealey Plaza UK research group (to which I belong), we believe that the earliest evidence and testimony is usually the most reliable. And no better source for a description of the wounds is available than those recorded in the Parkland doctors' own reports before the doctors were visited by the Secret Service.

Charles Carrico, Resident Surgeon:

According to Gerald Posner, Dr Carrico said to him in an interview Posner says he conducted on March 8th, 1992: "We saw a large hole on the right side of his head. I don't believe we saw any occipital bone. It was not there. It was parietal bone."

But what did Dr. Carrico report originally?

The Parkland doctors attempted "...to control slow oozing from cerebral and cerebellar tissue via pads instituted."

"I believe there was shredded and macerated cerebral and cerebellar tissues both in the wounds and on the fragments of skull."

Adolph Giesecke, Staff Anesthesiologist:

According to Gerald Posner, Dr. Giesecke said to him in an interview Posner says he conducted on March 5th, 1992: "I was wrong in my Warren Commission testimony... I never got that good a look at it [the head]...[and] the occipital and parietal region are so close together it is possible to mistake one for the other."

But what did Dr. Giesecke report originally?

"It seemed that from the vertex to the left ear, and from the browline to the occiput on the left hand side of the head the cranium was entirely missing."

As an anesthetist, Dr. Giesecke worked at the "head" of the table, so his "left" would also be JFK's "left." It is

<p>"This [wound] was a 5cm by 17cm defect in the posterior skull, the occipital region. There was an absence of the calvarium or skull in this area."</p> <p>"[There was]...a fairly large wound on the right side of the head in the parietal/occipital area. One could see blood and brains, both cerebellum and cerebrum fragments in that wound."</p>	<p>difficult, therefore, to explain Giesecke's confusion as to which side the head wound was on. Still, his closeness to the wound lends credibility to his description: substitute "right" for Giesecke's left and read his comment again.</p>
<p>Paul Peters (Assistant Professor Of Urology):</p> <p>According to Gerald Posner, Dr. Peters said to him in an interview Posner says he conducted on March 10th, 1992: "[The cerebellum] is definitely pressed down and that would be the damage I referred to...."</p> <p>But what did Dr. Peters report to David Lifton, a number of years before the alleged Posner interview?</p> <p>"I could see the occipital lobes clearly.... I thought it looked like the cerebellum was injured, or missing, because the occipital lobes seemed almost on the foramen magnum."</p> <p>This statement is especially revealing, since Peters apparently had an excellent view of the head wound; given his description, the bulk of the cerebellum must have been missing.</p> <p>And what did Dr. Peters report to Harrison Livingston when he asked the doctor whether the hole was "...above his right ear or behind his right ear?" Peters answered: "It was both. It really went behind and also a bit forward of the ear."</p>	<p>Marion Jenkins (Professor And Chairman Of Anaesthesiology):</p> <p>According to Gerald Posner, Dr Jenkins said to him in an interview Posner says he conducted on March 3rd, 1992:</p> <p>"...[T]here could not be any cerebellum. The autopsy photo, with the rear of the head intact and a protrusion in the parietal region, is the way I remember it. I never did say occipital."</p> <p>But what did Dr. Jenkins say in his earlier reports and in his Warren Commission testimony?</p> <p>"There was a great laceration on the right side of the head (temporal and occipital)...even to the extent that the cerebellum had protruded from the wound."</p> <p>"I really think part of the cerebellum, as I recognized it, was herniated from the wound...."</p> <p>Contrary to his alleged Posner interview, Dr. Jenkins both wrote and said "occipital."</p>
<p>Malcolm Perry (Assistant Professor Of Surgery):</p> <p>According to Gerald Posner, Dr. Perry said to him in an interview Posner says he conducted on March 12th, 1992: "I never even saw the back of his head. The wound was on the right side, not the back." And again, according to Posner, Perry said to him in a second interview Posner says he conducted on April 2nd, 1992: "I did not see any cerebellum."</p> <p>But Doctor Perry told the House Select Committee on Assassinations: "...the parietal occipital head wound was largely evulsive and there was visible brain tissue...and some cerebellum."</p>	<p>Charles Baxter (Professor Of Surgery; Director Of Emergency Room)</p> <p>According to Gerald Posner, Dr. Baxter said to him in an interview Posner says he conducted on March 12th, 1992: "I never even saw the back of his head. The wound was on the right side, not the back."</p> <p>But what did Dr. Baxter originally report?</p> <p>"The right temporal and occipital bones were missing and the brain was lying on the table."</p>

Despite the alleged statements reportedly made to Gerald Posner, the doctors indeed identified JFK's
<http://www.jfklancer.com/Parkland Drs.html>

head wound to be both occipital and cerebellar. According to Dr. Robert McClelland, "The cause of death...[was] massive head injuries with loss of large amounts of cerebral and cerebellar tissues and massive blood loss."

The Parkland doctor most qualified to report on a head wound and who apparently had an excellent view of JFK's head injuries was Dr. Kemp Clark, Associate Professor and Chairman of Neurosurgery. What did Dr. Clark report? "There was a large wound beginning in the right occiput extending into the parietal region." "Both cerebral and cerebellar tissues were extruding from the wound."

If the Parkland doctors made the statements attributed to them by Gerald Posner, then they have significantly altered their initial reports and testimony. Why would medical professionals so alter their testimony as to put their credibility into question, unless they had capitulated to intense pressures?

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Notes

1. For a full list of doctors attending JFK, see Brad Parker and Dr. Charles Crenshaw, "Known Personnel In/Out Of Trauma Room One," The Assassination Chronicles, December, 1995.
2. Gerald Posner, Case Closed (London: Warner Books, 1994) 311.
3. CE 392: in R, Appendix VIII "Medical Reports From Doctors At Parkland Memorial Hospital, Dallas, TX" 516 537, hereafter cited as CE 392.
4. 6 H 6.
5. 3 H 361.
6. 7 HH 268.
7. Posner 311 312.
8. 6 H 74.
9. Posner 311.
10. David Lifton, Best Evidence (New York: Carroll and Graf, 1988 [paperback edition of the 1980 edition]) 324.
11. Harrison Edward Livingstone, Killing the Truth (New York: Carroll & Graf, 1993) 176.
12. Posner 311 312.
13. CE 392.
14. 7 HH 286.
15. Posner 312.
16. Posner 312.
17. 7 HH 302.

18. Posner 312.

19. CE 392.

20. 6 H 35.

21. CE 392

22. CE 392.

ANNOUNCEMENT FROM THE ARRB 3-25-96:

I have now taken the depositions of doctors Boswell and Humes, both of whom were cooperative. The depositions were taken under oath, and lasted a full day. The depositions were taken at the National Archives and the original autopsy photographs and x-rays were used and the doctors were questioned about the autopsy material. As is standard deposition practice, the doctors have been given the opportunity to review their transcripts to correct any errors that they notice. They then sign and date the corrected transcripts before a notary. Doctor Humes has completed his review. (His corrections were minor and of no substantive import.) We are continuing to pursue leads regarding the medical evidence. Once our work on the medical evidence is complete, we will be sending to the Archives: (a) the (uncorrected) transcript, (b) the corrected transcript, and (c) the original tape recording of the deposition. I believe that all students of the Kennedy assassination will find items of interest in the depositions. Jeremy Gunn, ARRB

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