



## JFK Lancer Online Resources

### PAUL C. PETERS, MD: THIRTY YEARS AFTER WARREN

Brad J. Parker

During the writing of his book, *Case Closed*, Gerald Posner seems to have conveniently solved the mystery of the discrepancy in President Kennedy's wounds between Dallas and Bethesda. Physicians who treated the President in Dallas recanted their original statements, claiming that they did not examine the wounds in detail (Posner 309).

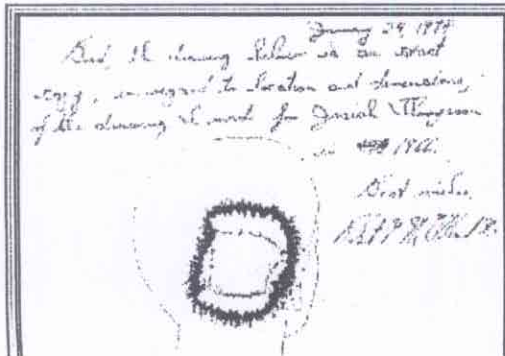
Mr. Posner leaves the impression that Ronald C. Jones, MD has also amended his previous testimony after an interview with the doctor in April of 1992 (Posner 312). However, when interviewed two months later, Dr. Jones stated that "I would stand by my original impression" of the wounds sustained by the President (Jones June 19, 1992). At first glance, it appears as though Mr. Posner has reported a change of opinion by Paul C. Peters, MD. However, subsequent contact with Dr. Peters with this author suggests that perhaps Mr. Posner did not fully explore Dr. Peters' memory and opinion of the President's head wound.

In testifying before the Warren Commission on March 24, 1964, Dr. Peters stated that he "noticed that there was a large defect in the occiput." He went on to describe what "appeared to be a bone loss and brain loss...in the right occipitoparietal area." When asked if he observed a wound below the large occipital injury, Dr. Peters said that he did not. Even though he did not actually observe the throat wound prior to the tracheotomy, he apparently had reason to believe that it was an entrance wound. "We speculated as to whether he had been shot once or twice because we saw the entry in the throat and noted the large occipital wound," he told Arlen Specter. It is not surprising that Mr. Specter did not return to the issue of "the entry in the throat" (6 WCH 71).

Dr. Peters subsequently described the severity of the intracranial injury to numerous researchers.

"I could see the occipital lobes clearly, and so I know it was that far back on the skull. I could look inside the skull, and I thought it looked like the cerebellum was injured, or missing, because the occipital lobes seemed to rest almost on the foramen magnum." Furthermore, he stated that "the cerebellum, and brainstem, might have been injured, or missing" (Lifton 324).

Gerald Posner's interview with Dr. Peters failed to yield any specific location for the wound. "The only thing I would say is that over the last twenty-eight years, I now believe the head wound was more forward than I first placed it. More to the side than to the rear." After clearly describing the damage to the cerebellum, and perhaps the brainstem, in previous statements, he told Posner, "I saw the photograph of the brain when I was in Washington for the 'Nova' program, and I saw the cerebellum was depressed, but not lacerated or torn. It was definitely pressed down and that would be that damage I referred to in 1964" (Posner 311). And with that, Mr. Posner asserts that the medical controversy resulted from errors of epidemic proportions among the Parkland trauma team.



Dr. McClelland's 1966 drawing of President Kennedy's head wound, commented on by Dr. Peters.

<http://www.jfklancer.com/Peters.html>



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### 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><b>Paul Peters</b> (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><b>Marion Jenkins</b> (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><b>Malcolm Perry</b> (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><b>Charles Baxter</b> (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  
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