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Master of Arts in Philosophy

Dr. Finck believed strongly that the observations of the autopsy pathologists were more valid than those of individuals who might subsequently examine photographs.

—House Select Committee on Assassination

Introduction

In the summer of 2007, after reading *The Texas State Journal of Medicine* article, "Three Patients at Parkland" (K&L 148-152), I phoned the late Gary Mack, then curator of the Kennedy Museum in Dallas.

In that article, the Parkland doctors reported seeing, during the resuscitation attempt, a defect (lack of bone and scalp) to JFK's right rear skull. Conversely, none of them seemed to have seen the large defect to the right temple that's plainly visible in the Zapruder film and reported by the Bethesda doctors in his autopsy.

I asked Mack if he'd suggest any books or articles that addressed this discrepancy. He replied, "I would if I could, but there aren't any. It's the biggest mystery within the mystery."

Vince Palamara claims, "there are literally hundreds of books [and] thousands of articles" (JPTB xvii). But it seems—besides those that espouse body alteration and/or Zapruder film fabrication—none has addressed this. This research paper attempts to solve that puzzle.

As I see it, the Bethesda doctors, maligned by both sides, were forensically deficient, but they were honest, competent natural-death pathologists more than capable of measuring the size and determining the location of external wounds.

That said, they were in the military and would acquiesce to higher rank; still, it appears that they were under no pressure to make any substantial changes concerning the head wounds.

Also, the Warren Commission exhibits, as far as the head wounds are concerned, are consistent with the autopsy report, as far as it goes. In fact, they clear up some of the vagueness.

So, we have two sets of medical professionals from independent institutions giving their trained observations, which were acquired within minutes of and then just hours after the assassination, that include a common denominator: a defect that was either exclusively to, or extended into, the right rear skull. At that point, I thought that those two accounts had to be reconcilable.

Section One frames and then answers five questions necessary to reconcile the large defect seen at Parkland Hospital to the one seen at Bethesda Hospital.

Section Two frames and answers one question needed to identify the individual most responsible for the confusion.

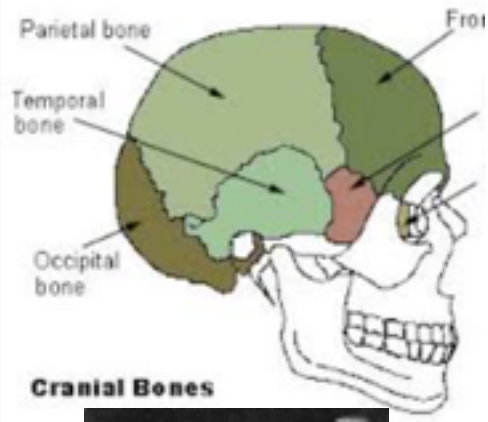

Fig. 1

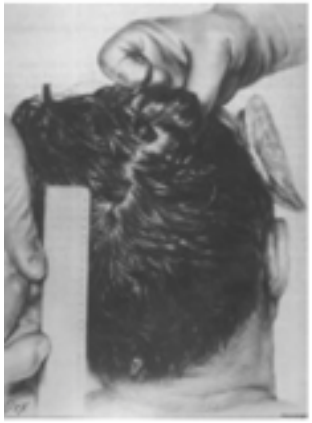

Fig. 2

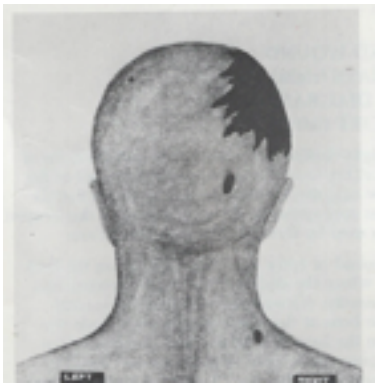

Fig. 3

Section Three frames and then answers two additional questions required to reconcile the large defect seen at Bethesda to the autopsy x-ray that was "proof" there was no defect to the back of the head and, thus, no conspiracy. In Section Four, I offer a conclusion.

Abbreviations used for sources cited: *Conspiracy of One* (COO); *JFK from Parkland to Bethesda* (JPTB); *Kennedy and Lincoln* (K&L); *Six Seconds in Dallas* (SSID); Assassination Records Review Board (ARRB); House Select Committee on Assassination (HSCA); and Warren Commission (WC).

One

Besides the mystery of the Parkland doctors not seeing the large defect to the right temple, the "unhelpfully vague" autopsy report, as Josiah Thompson refers to it (SSID 113), also leaves questions that need to be answered in order to reconcile those two records of the president's injuries.

The Bethesda autopsy report states that: "There is a . . . defect . . . involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions . . . which measures approximately 13 cm. [about five inches] in greatest *diameter* [italics mine]" (K&L 185).

Later in the autopsy report: "Received as separate specimens from Dallas . . . three fragments of skull bone which in aggregate roughly approximate the *dimensions* of the large defect . . . [italics mine]" (K&L 186).

Two of the fragments are relatively insignificant, but the large triangular piece measures 6.5 by 7.5 cm (about 2 1/2-by-3 inches) according to Dr. John Lattimer in *Kennedy and Lincoln* (New York: Harcourt Brace Jovanovich, 1980, 156), figure 1 (photo from x-ray).

The other questions I had were: (1) What was the width of the defect? (2) What were the dimensions of the flap of skull and scalp that was held on by a hinge of skin? (3) Why wasn't the flap mentioned in the autopsy report? (4) Why would the autopsy report state that the defect was about five inches in its greatest diameter and then state that, largely, a triangular piece of skull about 2 1/2-by-3 inches approximated the dimensions of the defect?

Figure 2, from the HSCA, is the drawing of the autopsy photo that also "proves" there was no frontal shot and, thus, no conspiracy. Mack offered a theory of how the back of the head was modified (presented in Section Three); however, because the flap is so evident in the Zapruder film, I believe that no alteration was made to it; therefore, the flap is shown accurately.

Figure 3 is the drawing from the WC that depicts the back of Kennedy's head according to the Bethesda pathologists. I think

Fig. 2

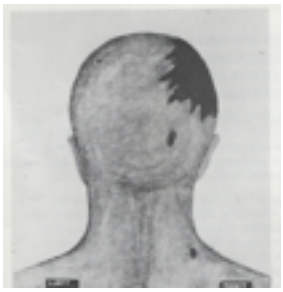

Fig. 3

Fig. 4

Fig. 1

Fig. 5

that this is a true representation of the head from the back, except for the absence of the flap. Again, if the pathologists were pressured to change their reporting of the large defect—or if the large defect were altered—then it wouldn't extend into the back of the head at all. Any extension of the defect into the rear of the head infers both a shot from the front and a conspiracy.

If the flap from figure 2 is mentally superimposed upon figure 3, as I see it, an accurate image of the head from the back emerges, as it was seen at Parkland and as it arrived at Bethesda, except for the position of the flap.

It occurred to me that if I combined figure 1, the autopsy report, and figure 4, while incorporating the figure 3 composite, I could attempt to interpolate the missing measurements. And since I consider figure 4, also from the WC, to be a factual depiction of the head from the side, both the flap and the triangular piece had to be contained within its confines.

It's clear from figure 4 that the length of the defect is greater than its width; therefore, when the autopsy report states that the defect was about five inches in its greatest diameter, the diameter referred to is the length, and it's also clear from figure 4 that the width of the defect is fairly uniform.

It's obvious from figure 1 that the length of the triangular piece is, likewise, greater than its width (that the triangular piece is shown in the correct position is verified in Section Three); therefore, the length of the triangular piece is three inches.

Also, as I see it, when the autopsy report states, concerning mainly the large specimen, that that triangular piece approximates the dimensions of the defect, the key word is "dimensions," length and width.

Since the flap came off the front portion of the defect, it must be that the triangular piece came off the back portion, and its length, at three inches, is part of the total length of the defect. As such, the width of the triangular piece, at 2 1/2 inches, must also be the width of the defect.

For figure 5, I made a representation of the 2 1/2-by-3 inch triangular piece of skull from figure 1 and fastened it to the rear of figure 4, using the three-inch side as its length, rep-a.

Since the three-inch side of rep-a constitutes part of the length of the defect, subtracting those three inches form the total length of the defect, of five inches, gives the length of the flap at two inches and, ergo, the dimensions of the flap, rep-b.

In other words, as Jim Bishop writes in *The Day Kennedy Was Shot*: "A large portion of the head left the body in two chunks" (COO 177). And, as I calculate it, those two "chunks," rep-a and rep-b, were three inches long and 2 1/2 inches wide and two inches long and 2 1/2 inches wide, respectively.

Fig. 5

Fig. 6

At that point, I had answers to all of my first-tier questions, at least to my satisfaction.

Why didn't the Parkland doctors see the large defect to the right temple? When JFK was placed on the cart the flap, rep-b, fell back onto his skull and, more or less, "plugged" the front portion of the defect, because they were about the same width.

This is consistent with Dr. McClelland's testimony at the WC that Josiah Thompson included in *Six Seconds In Dallas* (New York: Random House, 1967, 107): "I noted that . . . the parietal bone was protruded up through the scalp . . ."

That's how it would appear to McClelland. He couldn't have known at that point in time that that flap of skull and scalp had been effectively blown off, although held on by a hinge of skin, and then fell back onto the head. And since it wouldn't have fallen back perfectly, like a piece in a jigsaw puzzle, it would look to McClelland as if the side of the head had just been raised up by the blast.

Dr. Grossman gives the impression that his evaluation agrees with my analysis of McClelland's statement: "It was clear to me . . . that the right parietal bone had been lifted up by a bullet which had exited" (JPTB 26).

After McClelland saw the Zapruder film, he seemed to very candidly endorse my hypothesis (as well as Occam's razor) in a letter to Vince Palamara, writing, "Fractured parietal bone protruding up thru scalp accounted for whitish 'flap' over the ear in Zapruder film [and vice versa]," (JPTB 11), figure 6.

Furthermore, although referring to the defect to the back portion of the head, I believe that Dr. Jones' appraisal is also pertinent to the Parkland doctors not noticing that the flap of skull and scalp was part of the defect: "President Kennedy had very thick dark hair that covered the injured area . . . the scalp partially covered the wound . . ." (JPTB 17).

What was the width of the defect? The width was the same as the lesser diameter of the triangular piece, 2 1/2 inches.

What were the dimensions of the flap? The flap was 2 1/2 inches wide and two inches long.

Why wasn't the flap mentioned in the autopsy report? For all practical purposes, the pathologists considered it as part of the defect, to assess it any other way would have been deceptive.

Why would the autopsy report state that an additional triangular specimen that was 2 1/2-by-3 inches approximated the dimensions of the defect? The pathologists were taking into consideration the size of the flap when they made that approximation, and that statement was simply worded poorly.

Thus, referring to figure 5, if rep-a is mentally removed and rep-b is left in the "closed" position, then figure 5 becomes the

Fig. 5

view of the skull as the Parkland doctors saw it. If rep-a is mentally removed and rep-b is shifted to the "open" position, figure 5 becomes the Bethesda view.

Expressed in a different way, except that the Parkland doctors didn't recognize that the flap of skull and scalp was part of the defect, the Parkland doctors and the Bethesda pathologists saw the same wound.

In the same way, if the flap in its closed position fooled some of the Parkland doctors, then it would seem that it would have also fooled some of the Bethesda personnel who were only observing and not examining the temple.

James Metzler, a Bethesda Hospital corpsman, helped carry JFK's body from the coffin to the autopsy table. Metzler stated that the wound was on, "the right side of the head behind the right ear . . . there was no flap as we see it now in the pictures on the right side in front of the ear" (JPTB 132).

Two

So, some questions answered, more created. The next one that I was confronted with was, why was the defect that the Parkland doctors saw generally considered to be much larger than the 2 1/2-by-3 inches that I contend and located substantially lower in the back of the head? A possible answer to this one, also, involves McClelland.

McClelland has been the most steadfast, outspoken, and accessible of the Parkland doctors, along with Dr. Crenshaw. Researchers on both sides view the large head wound that the Parkland doctors reported through McClelland's memory via the drawing based on his description, figure 7 (SSID 107).

But as Thompson pointed out, "Memories fade or become *too* vivid . . . " (SSID 20). In McClelland's case, I think that the stature of the patient and the enormity of the event distorted his memory of the size of the defect.

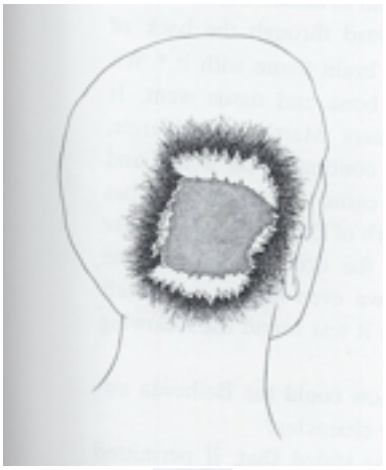

Fig. 7

This appears to be confirmed to some degree beginning with an interview that Brad Parker undertook with McClelland that's included in Vince Palamara's compendium, *JFK from Parkland to Bethesda* (Chicago: Trine Day LLC, 2015, 10): "Well, it [the defect] was probably really larger than that (Carrico's 7 cm.). I would say it was more like 10 cm . . ."

Nonetheless, Dr. Peters concurred with Dr. Carrico and seemed to be expressing his disagreement with McClelland's memory: "This was only a 7-cm. hole in the occipital parietal area, which I saw" (JPTB 20).

Dr. Crenshaw followed suit while answering a letter from Palamara: "What is your best estimate (in cm.) of the wound . . . and . . . where was it located at? '1) . . . 7 cm's . . . 2) Wound in . . . occipital-parietal portion of head . . .' " (JPTB 23).

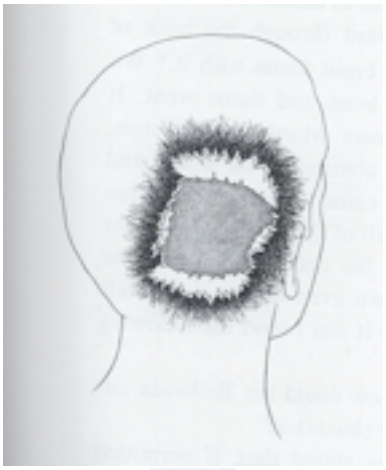

Fig. 7

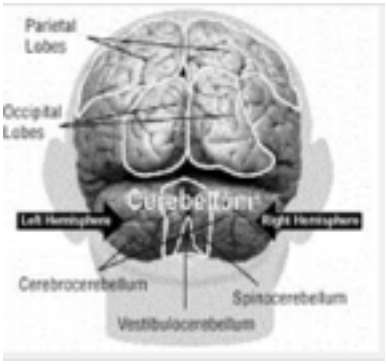

Fig. 8

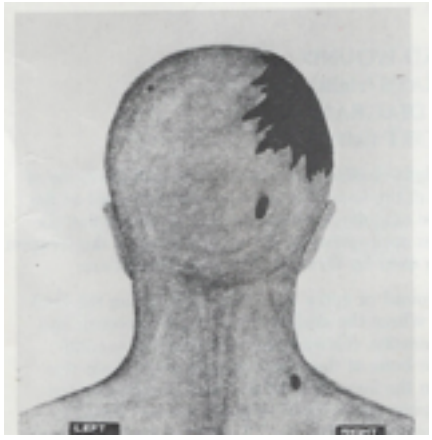

Fig. 3

Therefore, McClelland disagrees with Drs. Carrico, Peters and Crenshaw's estimate that the defect to the back of the head was 2 3/4 inches in diameter (7 cm) and believes that it was four inches in diameter (10 cm).

You may recall that, according to Lattimer, the triangular piece of skull received from Dallas measured approx. 2 1/2-by-3 inches, consistent with Carrico, Peters, and Crenshaw's estimate of the size of the defect to the back of the head.

Furthermore, the fact that McClelland, as well as others who were involved with the resuscitation attempt, reported seeing shredded cerebellum, as well as cerebrum, on JFK's cart skewed his memory of the location of the defect.

Thompson indicated that: "The precise character of the brain tissue is also important, for only a deep-ranging shot [figure 7] could have blown out cerebellar tissue, which is located very low in the brain [figure 8]" (SSID 107).

Not necessarily. The cerebellum could have been blasted from the outside in, instead of the inside out.

Figure 3 also shows the small entry wound to the back of the head as the Bethesda pathologists reported it. If figure 3 is mentally superimposed over figure 8, the possibility can be seen that the low entry point, along with the angle of the shot from the sixth floor of the Texas School Book Depository Building, could have blasted the cerebellum.

Then, as the bullet yawed to exit at the right temple, bone chips and metal fragments could have driven a portion of the shredded cerebellum up high enough in the skull that it could have then—when a second, and almost simultaneous, bullet from the grassy knoll entered the exploding mass at the temple (as Dr. Cyril Wecht hypothesizes) and blew out the rear triangular section of the wound—fallen out of the higher defect.

This could be the answer that Dr. Jenkins was looking for. He was perplexed because, although he didn't agree with McClelland's memory of the position of the rear defect, he couldn't fathom how the higher defect that he recalled could have resulted in cerebellum being present on JFK's cart: "It [the defect] was higher. One of the things I don't understand is that this would not have been low enough to have gotten into the cerebellum" (JPTB 12).

Secret service agent Clint Hill's observation, which is included in Palamara's book, *Survivor's Guilt* (Oregon: Trine Day LLC, 2013, 244), corroborates Jenkins' recollection of the position of the rear defect as well as the drawing based on the pathologist's autopsy report, figure 3: "The wound [was] in the upper-right rear of the head."

Now, If the preceding scenario that I suppose conforms to

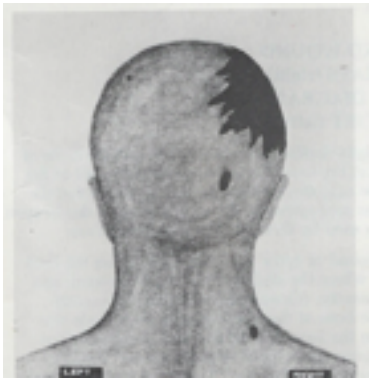

Fig. 3

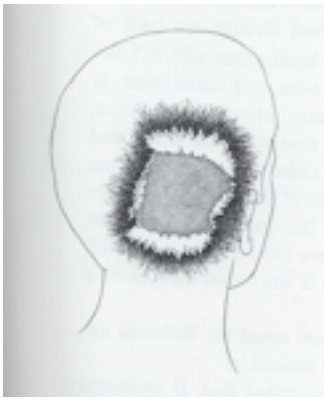

Fig. 7

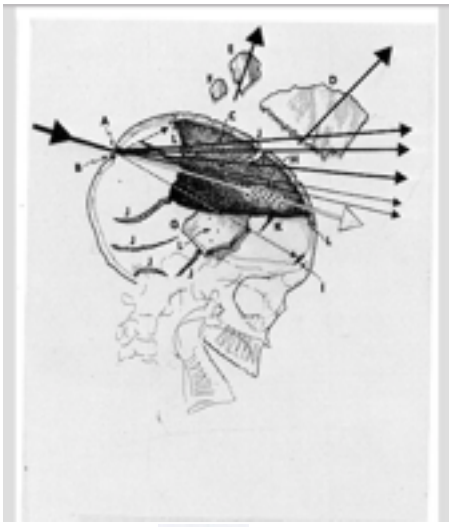

Fig. 9

Wecht's hypothesis, then the cerebrum would have been directly affected by the frontal shot from the knoll; whereas, the cerebellum would have been affected only by the low, rearward entry wound from the depository, with just a fraction of it being driven up to the higher exit point.

In this course of events, it would be expected that more cerebrum than cerebellum would have been present on JFK's cart, and that looks to be what McClelland described: "[P]robably a third or so, at least, of the brain tissue, posterior cerebral tissue and some of the cerebellar tissue had been blasted out . . . there was definitely a piece of cerebellum that extruded from the wound" (JPTB 8).

Dr. Clark made the same observation that the brain tissue present on JFK's cart was more cerebrum than cerebellum: "There was a large (3 by 3 cm.) amount of cerebral tissue present on the cart. There was a smaller amount of cerebellar tissue present also" (K&L 151).

And Dr. Perry, apparently, also agreed with the mix of brain tissue: "[T]here was visible brain tissue [cerebrum] in the macard [*sic*] and some cerebellum seen . . ." (JPTB 5).

Also, if figure 7 is mentally superimposed over figure 3, it's obvious that, if correct, it would have obliterated the Bethesda pathologists' entry wound (which is very compellingly validated in a PBS *Nova* special, "Cold Case JFK," available on DVD).

Three

I still had two questions to answer, and both were related to the photo of the autopsy x-ray of the right side of the head.

I've been convinced that x-ray is, in truth, JFK's since I read in Jim Moore's book, *Conspiracy of One* (Texas: The Summit Group, 1991, 216), that Dr. Clyde Snow, a forensic pathologist, authenticated the x-ray by comparing it to films of Kennedy's "sinus print," which is as individual as fingerprints.

According to Lattimer, the x-ray shows a defect that's about 15 cm by 13 cm (six by five inches) (K&L 217). Figure 9 is a drawing by Lattimer based on that x-ray. In addition, it displays the large triangular piece of skull coming off the top of the head, "proves" no frontal shot, and is the official position (K&L 216).

Thompson included text that supports Lattimer's drawing: "[T]he Bethesda doctors found an enormous wound . . . Boswell told me that the President's brain was quite easily removed without recourse to surgery . . ." (SSID 109).

However, it's incontrovertible that the triangular piece was missing from JFK's skull when he arrived at Parkland Hospital.

I've submitted a theory of how the Parkland doctors may have missed a 2 1/2-inch-wide defect to the temple, which includes placing the triangular piece at the rear of the defect.

Fig. 9

If Lattimer's drawing, and therefore the x-ray, is correct, then the whole Parkland crew failed to recognize a wound that reached to the top of the crown and was such that it allowed the brain to be removed without surgery.

Unexpectedly, Lattimer provided a possible answer, writing, "In his . . . testimony before the Warren Commission, Humes stated that . . . [the] cracks were so numerous and so severe that the fragments of the skull came apart in his hands, so that little or no sawing of the calvarium was needed to remove the brain" (K&L 212).

I propose that that x-ray is, indeed, authentic, but it portrays the condition of the skull after it came apart and not as it was received at Bethesda.

This is compatible with Boswell's comments to Thompson because the cracks that caused Kennedy's skull to come apart where, without a doubt, part of the "enormous wound" from the high-powered military type bullet.

Dr. Peters appears to endorse my inference: "Subsequent x-rays at Bethesda show much more fragmentation of the skull than was observable . . . through the intact scalp" (JPTB 21).

Humes, himself, explains the significance of an "intact scalp": "We peeled the scalp back, and the calvarium crumbled in my hands . . ." (JPTB 169).

Of course, a crucial factor in my deduction is the timing of when the x-ray was taken in relation to when the autopsy was performed.

Lattimer related that x-rays were taken before the autopsy, which began at 8:00 p.m. (K&L 155), and that may very well be true; however, it seems that wasn't the only time x-rays were taken.

Vice/Rear Admiral Dr. Calvin B. Galloway "in an interview with the HSCA [s]tated that various enlisted men took x-rays and photographs throughout the autopsy" (JPTB 149).

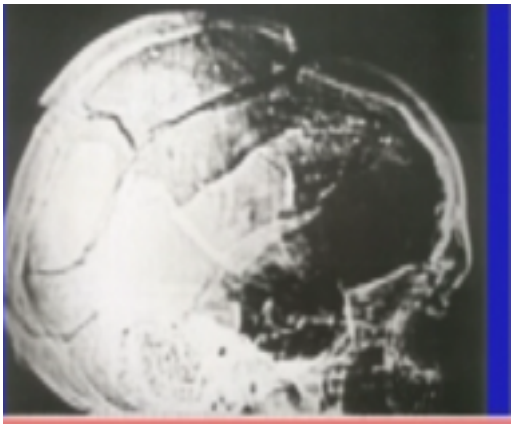

Fig. 10

Mortician Thomas Evan Robinson exemplified this in an ARRB interview. When shown an autopsy photo of the top of Kennedy's skull, Robinson reacted as follows: "This makes it look like the wound was in the top of the head." Robinson further explained that the damage shown in the photo was, "what the doctors did [by peeling the scalp back] . . . " (JPTB 118).

I had one question left to answer, and failure to answer it would have rendered my theory moot. Since I believe that the autopsy x-ray is authentic and the triangular piece of skull came off the back end of the defect, I should be able to detect that triangular piece's shape among the crack lines of the extensively published photo of that x-ray from the HSCA, figure 10.

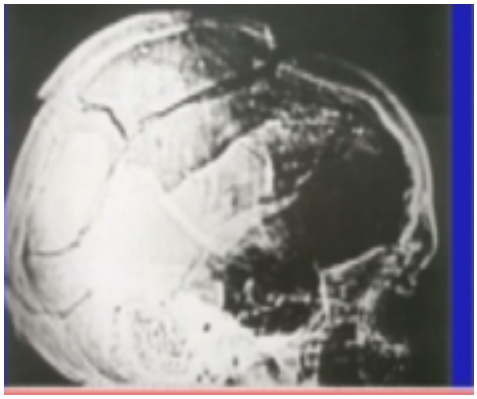

Fig. 10

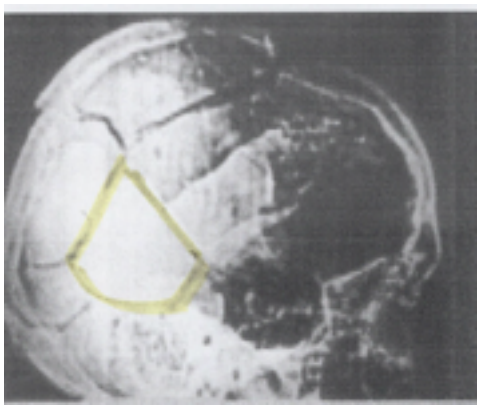

Fig. 11

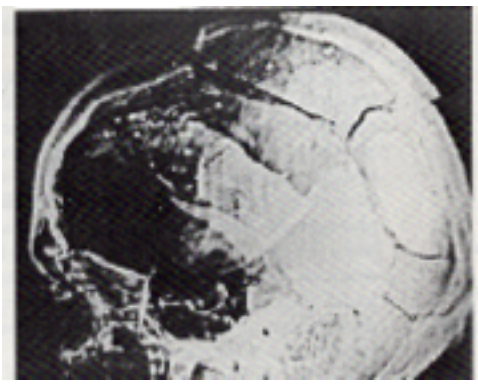

Fig. 12

Fig. 15

Fig. 13

I studied those crack lines repeatedly, over a period of some time, and couldn't identify any combination that even remotely resembled that triangular shape.

Nevertheless, Dr. John H. Ebersole, assistant chief of radiology at Bethesda, comes across as if he's encouraging me that the triangular piece is where I supposed it would be: "Later on in the evening . . . a large portion of the skull was sent up from Dallas . . . that represented the back portion of the skull" (JPTB 133).

Then, while making, yet, one more attempt, my concentration waned, my eyes lost focus, and it appeared, figure 11 (figure 10 highlighted).

As I see it, the triangular piece was replaced and the crack lines associated with it were expunged with, for lack of a better term, 'whiteout'. At that point, more x-rays were taken.

And, in an ARRB deposition, Humes may have given us the correct technical designation for the unknown substance that I refer to as 'whiteout': "[T]hey pretty much were able to close up the skull when it had been reconstructed with a mortician's rubber dam put in the back of the head after the autopsy" (JPTB 171).

At this juncture, I'll revisit Section One, page three, and present Mack's theory (which dovetails with mine) of how the back of the head was modified for the autopsy photo, figure 2.

Mack believed that when the rear skull fragment was blown off, a second flap, of scalp and skin, was left behind. That flap was pulled-up over the defect to conceal it. Mentally superimposing figure 2 over figure 3 again, reveals that scalp may really have been pulled-up over the defect that the pathologists illustrated in figure 3. And that it was being supported over the defect by the thumb shown in figure 2, just as Mack asserted.

Returning to SectionThree, figure 13 (the triangle extracted from figure 1 and reduced) is shaped somewhat differently than the triangular shape in figure 12 (a mirror image version of figure 10 selected to coincide with the position of figure 13). However, I think that there's some distortion as a result of a two dimensional photo depicting a curved piece of skull being placed on the, also, curved skull major. If figure 13 is mentally bowed and rotated to the right, the difference in shape, to my mind, dissipates to some extent.

We may also have a type of Freudian slip here. Figure 15 (extracted from figure 9, enlarged, and inverted) is the triangular piece from Lattimer's drawing. Because it's more rounded at the bottom, in the correct position, and angled correctly, it's closer to the x-rays triangular shape. Incidentally, Lattimer was both experienced and skilled at interpreting x-rays (COO 179).

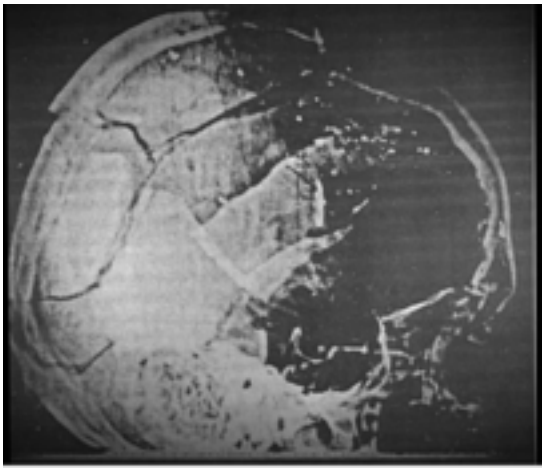

Fig. 14

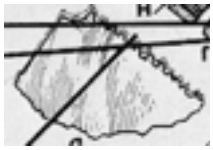

Fig. 15

Fig. 9

Fig. 5

Note what may be beveling, erased with whiteout, at the peak of the triangular shape in figure 14 (a darker version of figure 10) that corresponds with the beveled peak of figure 15, which was, “a . . . wound presumably of exit . . . “ (K&L 186).

Moreover, notice that the long right side of figure 15 is very jagged, corresponding with the thick amount of whiteout on the right side of the triangular shape in figure 14.

For all of that, I must own that my theory has one large, nagging problem. Some of the Parkland doctors describe the defect to the back of the head as being roundish in shape, and figures 3 and 4 conform to that description.

Further, there doesn’t seem to be any small fragments adjacent to the triangular shape in figure 14 to round the defect out, as I had anticipated there would be after assembling figure 5; hence, as Thompson never tires of rehearsing: “As with most aspects of this case, final certainty again eludes us” (SSID 164).

Four

Be that as it may, that the x-ray includes a triangular shape that’s similar to the specimen received from Dallas and bears an uncanny resemblance to Lattimer’s drawing, is, at the very least, quite a curious coincidence. At the very most, if JFK’s skeleton were exhumed and the triangular shape were found to be the Dallas specimen, then his skull would become the elusive piece of physical evidence. It would not only infer both a shot from the front and an assassination conspiracy, but also prove governmental evidence manipulation, with final certainty.

At first glance, it appeared to me that the wounds as seen in the Zapruder film (see David Wrone’s *The Zapruder Film: Reframing JFK’s Assassination* for documented evidence of the film’s authenticity), as described and illustrated by the Bethesda pathologists, and as displayed in the official x-ray were consistent because all three show a large defect to the temple. On the other hand, my immediate reaction was the one reported by the Parkland doctors—without a defect to the temple—was the anomaly.

Then, after a longer look, I was able to reconcile the large defect seen at Parkland to the one seen at Bethesda without supposing that any chicanery had take place. Conversely, I can reconcile the large defect seen at Bethesda to the autopsy x-ray only by surmising several instances of willful deception.

As a result, the essence of my thesis is that it’s the autopsy x-ray that’s the aberration. In addition, I for one am convinced that it’s the Bethesda pathologists’ account that’s genuine, and that account infers both a shot from the front and a conspiracy.

Finally, if someone else has a theory of how the Parkland doctors missed the seemingly unmistakable, I’m all ears.