



**THE MANTIK VIEW**  
**DAVID W. MANTIK SHORT ARTICLES**

# William Law

## Foreword

I am exceptionally pleased that William Law, with the able assistance of Allan Eaglesham, has submitted this work for future historians. My primary concern, too, has been that the tragic events of November 22, 1963 should be accurately recounted for future generations. To date, the textbooks and media have fallen far short of the mark, due mostly to closed minds and insincere efforts. They have instead chosen the broad and easy road—endlessly echoing the now-terminal Warren Report rather than listening to those who were there.

In this volume Law brings us the actual words of many autopsy participants as well as several others, such as Rydberg, who played his role later. The mysterious role played by Bill Pitzer is revisited by Allan Eaglesham. The efforts of Law and Eaglesham extend over many years and plainly required immense persistence and dedication. That the two FBI agents, James Sibert and Frank O’Neill, finally agreed to go on the record is a remarkable testimony to the tenacity of Law, in particular. I am delighted to introduce this historic set of interviews to the public, and especially to future historians. For anyone who wants a first-hand look at that long-ago night, this is as close as we can now get.

During my decade-long curiosity about these events I have had the pleasure of meeting many of these interviewees, often speaking to them at length. As a result, when I first read their interviews here, I felt that I already knew them—I could visualize their facial expressions, feel their passion, and recognize their nuances of expression. I met Jerrol Custer, the radiology technologist, in New York City in 1993, and then later often spoke to him on the phone before his death several years ago. I immediately recognized O’Connor’s demeanor from Law’s description; I had met Paul both in Dallas and in Florida, the latter during a lengthy panel discussion. I also met James Jenkins and Jim Sibert at the same time in Florida, discussing details with them both formally (during the videotaped panel discussion) as well as informally. I had the pleasure of a detailed and intimate discussion with Dennis David while in Dallas several years ago. On the other hand, I have never met Frank O’Neill or Harold Rydberg or any member of the Pitzer family. I have, however, read all of the transcripts of these men (some several times over) and listened to all of their audiotaped interviews with the Assassination Records Review Board (ARRB).

My personal encounters with these men leave no doubt that they are both sincere and passionate in their recollections. There is no attempt to bend the facts to fit some pre-ordained conclusion or some specific theme. They were there—they are merely telling it as they remember it.

After I reviewed the transcripts that appear in this book, I suggested no substantive revisions. The words that I read were consistent with what these individuals had told me and also consistent with their narratives to the ARRB. Although they disagree with one another at times on details (as they recognize), sometimes surprisingly so, the common theme is unmistakable and consistent—the Warren Report does not describe what happened that day or that night.

Dennis David tells a remarkably compelling story of two caskets: one arriving at the loading dock in a black non-military ambulance and a second arriving later at the front of the Bethesda National Naval Medical Center. He personally assisted and arranged for some of his men to unload the first casket. He is certain that it was a plain gray shipping casket, not the ornate casket that left Dallas. He personally observed the official (gray) ambulance drive up to the front entrance some time later; he watched as the Kennedy entourage left that vehicle. Because he was Chief of the Day, he included his observations in a log. As Officer of the Day, J. Thornton Boswell, one of Kennedy’s pathologists, also signed that document. That log has never since been seen.

David, because of his security clearance, was selected that night to type an official report that described four pieces of lead, between one and two bullets in total mass, supposedly removed from Kennedy's head. He actually held these in his hand. Neither these fragments nor the report have been seen since. Curiously, Jenkins recalls that a small plastic bag containing bullet fragments was placed on the autopsy table near Kennedy's head. (Officially, only two tiny lead fragments from the skull were entered into evidence, far less than one bullet in total mass.)

Several days later David encountered his good friend, Bill Pitzer (head of the Audio-Visual Department at Bethesda), reviewing a 16 mm film of the autopsy as well as both B & W and color stills and 35 mm slides (all presumably made from the 16 mm film). Pitzer and David both observed and discussed a small ( $\frac{1}{4}$  to  $\frac{5}{16}$  inch) hole in the hairline, directly above the pupil of the right eye. Based also on a large hole at the right rear of the skull, they both concluded that a shot had struck from the front and exited at the rear. This was particularly arresting for me, as I had concluded early in my own work, based solely on the X-rays, that a shot must have entered from the front almost precisely at the hairline, above the right eye.

David offered yet one more astonishing observation: the name of Pierre Finck (the third pathologist at Kennedy's autopsy) appears on the cover page of Bill Pitzer's autopsy.

Paul O'Connor notes that he had assisted in 50 to 60 autopsies before Kennedy's. His experience with death by then was extraordinary—he had begun working at a funeral home at age 13. Like David, he also recalls a plain shipping casket. Like several other members of the autopsy team, he has no recollection of the wooden frame in the background of one autopsy photograph, thereby casting some doubt on the authenticity of that photograph. O'Connor saw hardly any brain inside the skull, thereby echoing the comments of Custer, but disagreeing with Jenkins. He agrees with Jenkins that the probe placed into the back wound did not penetrate the pleura, going in at most  $1\frac{1}{4}$  inches. (Under oath, Kennedy's chief pathologist, James J. Humes, confirmed this to the ARRB.) He repeatedly states that the exit from this wound would surely have been through the sternum, near the level of the heart. By explicitly stating that the back wound was three inches below the seventh cervical vertebra, he violently disagrees with the Warren Report's single bullet scenario.

James Jenkins also saw a plain shipping casket. He places the back wound at the fourth thoracic vertebra (precisely where the autopsy radiologist, John Ebersole, placed it when I spoke to him). Like O'Connor, Jenkins saw the probe going into the back wound and reaching the pleura, but not penetrating it. In surprising (and independent) support of David's account of four bullet fragments, Jenkins recalls that a small bag, probably containing several metal fragments, was placed on the table beside Kennedy's head.

Jenkins still has the impression that the brain had been surreptitiously removed before the autopsy and then replaced: he did not need to perform the usual skull cap incision (that was his job) and he had the impression that the scalp wound had been extended by a scalpel. Also (this was eye-catching for me since I had not heard it before), Jenkins saw that the cut through the brain stem was at different levels on the two sides (as opposed to a single level from a single cut, as would be standard). One final observation by Jenkins also implied to him a prior (illegal) brain removal: the carotid arteries were severely retracted, which suggested to him that they had been transected quite a while before the autopsy.

Like other autopsy personnel, he also does not recognize the wooden frame in the background of an official autopsy photograph. And, like so many who commented on it, the headrest was totally unfamiliar to him; he recalled that the Bethesda morgue routinely used an aluminum block that was scalloped for different sizes, but never such a headrest. Such a consistent recollection by so many calls into question the authenticity of at least those photographs that display the headrest.

His comments about James J. Humes, the chief pathologist, are memorable: Humes was “totally navy.” He implies that Humes was totally beholden to the navy for his expertise and professional standing. Jenkins also notes that in his eighteen months at Bethesda this was the only autopsy that he saw Humes (or Boswell, for that matter) do.

Jenkins, only about age 20 at the time, later earned a master’s degree in combined sciences, including pathology and anatomy. In light of this subsequent training, his foregoing comments must be taken seriously.

Jerrold Custer, the X-ray technologist, also recalls a cheap shipping casket. As he has told me and others, several skull X-rays are missing from the current set, most especially an oblique view. (Astonishingly, the autopsy radiologist, John Ebersole, M.D., in a conversation with me, also recalled more skull films than the three in the current official set. His recollections were quite independent of Custer—they never compared accounts.)

Custer recalls an entry wound above the mid-right eyebrow. During this conversation with Law, he pointed only about ½ inch above the eyebrow, in apparent disagreement with David, who placed it at the hairline. But this may not be a true disagreement; I would challenge anyone, without use of a mirror or some means of measuring distance, accurately to identify a precise site on his own forehead. In further disagreement with the official conclusions, and in view of what he saw that night, Custer also cannot accept the single bullet theory.

His impression of Humes matched that of Jenkins: “Humes was a politician; knew how to manipulate things. Humes was a career person. He knew how to protect Humes’s back.”

As in his ARRB appearance, when Frank O’Neill described the official brain photographs as showing too much brain, he also recalled for Law that the brain was mostly missing—there was only a portion of a brain left. Based on the (low level) of the back wound, he insists that the single bullet theory is impossible. (In his ARRB conversation, he even ridicules Boswell for raising the level of this wound from where Boswell had placed it in his official drawing.)

Jim Sibert notes that Kennedy’s head looks too clean in some autopsy photographs—especially where the large rear hole was located. He felt vindicated when he learned that Gerald Ford, one of seven members of the Warren Commission, had moved the back wound up (so as to salvage the single bullet theory) to the base of the neck. For Sibert that explained a deep mystery, since the back wound that he saw could not possibly fit with an exit at the tracheotomy site. Sibert adds that the level of the back wound was entirely consistent with the holes in the shirt and coat. When questioned about the single bullet theory and Arlen Specter, Sibert responded: “What a liar. I feel he got his orders from above—how far above I don’t know.” He adds that Specter even misspelled both his name (as Siebert) and O’Neill’s (as O’Neil).

He does not recall seeing a brain that night that looked anything like photographs in textbooks (i.e., he saw nothing like a nearly intact brain). Neither he nor O’Neill recalled seeing the 6.5 mm metal-like object within the right orbit that is so obvious on the extant frontal X-ray. Furthermore, neither of them recalls any discussion of this object at the autopsy. (In my view, that is devastating, since the entire purpose of the X-rays was to register precisely such objects. Prior readers will recall my firm conviction that this object was later added to the X-rays; precisely matching the caliber of Oswald’s rifle and lying on the back of the skull, this fake object by itself made a strong case against Oswald.)

Eaglesham updates us on the strange case of William Pitzer, who was shot to death at the Bethesda Naval Hospital (officially a suicide) on Saturday, October 29, 1966, shortly before his scheduled retirement and literally days before an official review of the autopsy materials by the autopsy personnel. According to Eaglesham, the FBI concluded, from the absence of powder burns, that the

gun was at least three feet away when fired. Eaglesham, again quoting the FBI documents, reports that the absence of muzzle marks rules out direct contact of the gun with the skin. The myth that Bill Pitzer was left-handed is corrected. It is possible, given his expertise, that he recorded the Kennedy autopsy via closed circuit TV. Finally, and somewhat curiously, the Pitzer residence was searched by the navy after his strange death.

Adding to the striking possibility that Pitzer did indeed record the autopsy on closed circuit TV is a statement made, under oath, by Humes to the ARRB:

Routinely, at the end of a week, we would retain the organs from the autopsies of the week. In fact, not only did we review them there, but there was a closed-circuit television. They went to Andrews Air Force Base, NIH, and it was a closed-circuit instruction program. (ARRB deposition of Dr. James Joseph Humes, College Park, Maryland, February 13, 1996, p. 58.)

However, when Humes was specifically asked by the ARRB if the Kennedy autopsy had been recorded by closed circuit television, he denied this.

Harold Rydberg, director of the medical illustration school at Bethesda, describes how he was detained on a Friday in early 1964 to draw the now-official Warren Commission diagram of Kennedy's wounds. This was so impromptu that Rydberg even had to cancel a date for that night. As Humes verbally described these wounds, Rydberg tried to display them. This was done without any photographs or other images, the only time in his entire career that Rydberg was asked to prepare images from words alone. He specifically recalls that Humes told him to blacken Kennedy's right eye, an odd request, since it is not especially dark in the official autopsy photograph.

Rydberg also saw the official gray navy ambulance arrive at the front of the hospital, where he saw Jackie Kennedy holding the side of the flag-draped coffin.

He recalls that John Stringer, the autopsy photographer, played navy politics well. Although he was not intimate with Stringer, in his (Rydberg's) role as head of medical illustration, he often worked with Stringer. (He recalls that Captain "Smoky" Stover, Pitzer, Humes and Boswell—but not Stringer or Finck—all attended his (Rydberg's) wedding.) He is quite certain that the extant autopsy photographs do not accurately reflect the photographs that Stringer took that night; he has the greatest respect for Stringer's professionalism and does not believe that the photographs reflect the usual quality of his work.

Most striking, though, are his comments about the pathologists. Both Humes and Boswell were facing navy retirement and did not want to lose their benefits. According to Rydberg, they both were soon awarded a promotion in rank. Though he did not know Finck well personally, he occasionally worked with him. Rydberg notes that Finck was involved in the case of Lt. William L. Calley, Jr., of MyLai massacre fame (March 16, 1968).<sup>1</sup> Jim DiEugenio has previously noted Finck's cover-up in the case

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<sup>1</sup> The MyLai cover-up has strong psychological parallels to the JFK cover-up. One obvious parallel is that leading roles in both cases were played by military personnel. Believers in Oswald as a lone gunman often object to conspiracy on the grounds that too many individuals would have known the truth if there had been a conspiracy. Yet in the MyLai case, M. Scott Peck (*People of the Lie* 1983) informs us that at least 500 personnel knew that war crimes had been committed, yet no one said anything. This event became known only because Ron Ridenhour, a nonparticipant, sent a letter (March 1969) to several congressmen. I have previously pointed out that no one went public during the Manhattan project either and Gary Aguilar has noted a similar situation for the Pentagon Papers. In spring 1972, Peck chaired a committee of three psychologists. Their research proposals, intended to avoid future MyLai, were rejected by the military because they (1) could not be kept secret and (2) might prove embarrassing to the administration. Scott also notes that, to a considerable degree, those guilty at MyLai did not confess because they were not aware of their crime. Although they recalled the details of their acts, they did not appreciate the meaning and effect of their deeds. (Also see *Individual and Collective Responsibility: The Massacre at MyLai 1972*, edited by Peter A. French.) For me, the chief example of this psychological state in the JFK case is Robert Knudsen, the White House photographer. He told his family that he had photographed the

of Captain John McCarthy, which I have recounted in *Murder in Dealey Plaza* (James Fetzer 2000, editor, p. 286). Some readers will also recall that Boswell informed the ARRB that he was sent to New Orleans during the Garrison investigation, prepared to refute Finck in case Finck strayed too far off the official path. That never occurred, however. Even more curiously, Boswell was invited, but declined, to supervise the autopsy of Martin Luther King, Jr., a request that he himself disclosed to the ARRB.

Of all the interviewees, Rydberg provides the most insight into the pathologists. He describes Boswell as a very good, albeit reserved, doctor. Rydberg apparently had a comfortable relationship with Humes, as evidenced by the respect Humes paid to Rydberg's wedding, but also by Humes's unexpected appearance at Rydberg's office sometime later in Chapel Hill, after which they had a fine dinner together, joking, drinking, and eating roast beef, after which Humes paid the bill. To encapsulate Humes's dilemma, Rydberg employs the metaphor of a chess game: on November 22, 1963, Humes was checkmated. However, he was never happy "that he had to knuckle under." Even though Rydberg is no believer in the lone assassin theory, he agrees that Humes had no choice and that perhaps it was the better part of valor for Humes to do what he did.

Law cites a book (unnamed) in which Humes is described as trying to communicate via subtle language; phrases had to be read carefully to discern the true meaning. Rydberg agrees that this characterizes Humes; he believes that in this case Humes was trying to go along but at the same time trying desperately to save his own reputation. He believes Humes did not want to go down quietly, but left encoded messages to transmit what he could not say explicitly. Rydberg is persuaded that Humes was an honorable man—and so likewise was Boswell, though Boswell, in his view, was the weak link, the one who would have buckled under pressure.

This snapshot of the pathologists is entirely consistent with my own picture of them, as I have sketched it in *Murder in Dealey Plaza* (pp. 283-290). These were competent, honorable men, who earned respect throughout their lives, but on this one occasion they were thoroughly boxed into a corner—checkmated as Rydberg says. Their only other option was to throw away all they had earned during a lifetime in the military. Few individuals would so rashly risk all they had achieved. The pathologists told the truth when they could, but when trapped they went along. Boswell raised the back wound from where he had placed it on his autopsy diagram. Humes radically lowered the trail of metallic debris on the lateral skull X-ray; after all, a correct placement at the top of the skull, coexisting with an entry wound low on the skull (which the pathologists saw and felt) would unambiguously have meant two shots to the head—and unmistakable conspiracy. That was an intolerable conclusion—radically inconsistent with the developing official view. The bullet trail therefore had to be displaced downward by over 10 cm. When asked under oath by the ARRB about

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autopsy (though no one saw him there) and he became quite distraught after viewing autopsy photographs, claiming that they had been altered and that he knew who had done it. He was not at home that night, so he himself may well have immediately altered autopsy photographs, possibly accepting the cover story that they needed to be cleaned up a bit—either for the public or for the Kennedys. His friend and fellow government photographer, Joe O'Donnell, recalled for the ARRB that Knudsen had shown him two successive photographs of the back of the head shortly after the event—one with the large posterior hole (that all the witnesses recalled) and the second with the head intact, covered by clean hair (as seen in the extant collection). As in the MyLai case, many of those involved in the JFK cover-up, too, did not understand the full implications of their acts; they simply followed orders. Not knowing they were guilty, they had nothing to confess. Peck makes one final point that bears directly on the JFK case. Warren Commission supporters often argue that the seven honorable Americans on the Commission could not possibly have misled their fellow countrymen. But we know that in the case of the Vietnam War, many respectable Americans tragically misled their country. One has only to read in *Retrospect: The Tragedy and Lessons of Vietnam* (1995), by Robert S. McNamara, to understand the degree to which this self-deception was practiced at the highest levels of the government. Lyndon Johnson even had ongoing recourse to a group of "Wise Men," an appellation rarely applied to the seven Warren Commissioners. High office, even for honorable men, is no warranty against error.

this incredible discrepancy in his autopsy report (with the disagreeable X-rays staring him in the face), Humes had no explanation whatsoever. In fact, Doug Horne, who was present, advised me that Humes nearly walked out of the interview, so frustrated had he become by that point.

I am not without sympathy for these unfortunate doctors. But they hardly stand alone in infamy. The Parkland doctors, too, changed their statements about the throat wound—even without seeing any new evidence. After merely being told that the official autopsy reported an exit (not an entrance) in the throat they, too, went along.

Doctors (of whom I am one) have no special birthrights of courage—nor even of moral uprightness. For example, by January 1933, before Hitler rose to power, 3000 doctors (6% of the total) had joined the Nazi party. By 1942, more than 38,000 were members, about half of the total. It is not, however, only doctors who were subverted by National Socialism. F.A. Hayek (*The Road to Serfdom* 1944) reports: “The way in which ...with few exceptions, her [Germany’s] scholars and scientists put themselves readily at the service of the new rulers is one of the most depressing and shameful spectacles...” Perhaps the lesson is merely one that applies to all of us: we humans are at amazing risk for social pressure.

This is no longer speculation. In 1963, the results of a startling psychological experiment offered proof of this conjecture. A headline in the *New York Times* (October 26, 1963) read: “Sixty-five Percent in Test Blindly Obey Order to Inflict Pain.” Stanley Milgram’s research at Yale University had shown that the majority of participants willingly inflicted electric shocks up to 450 volts on presumably real (but actually sham) participants who made mistakes on word-matching tests. These participants obeyed only because they were told to do so, not because they were under any specific threats. Later, at the University of San Diego, 23 of 24 law students told a client (who was only an actress, but the law students did not know this) to perjure herself, merely because law professor Steven Hartwell suggested this presumably authentic legal advice as the only hope for the client. Milgram’s experiments demonstrated with frightening lucidity that ordinary humans can be led to act immorally—even without physical threats—and, furthermore, that these humans need not be innately evil to act reprehensibly. While most of us prefer to believe that we would not mislead or distort, as Kennedy’s pathologists certainly did, the fact is that Milgram was right: when powerful social constraints enter the scene, our common moral senses become overwhelmed. Milgram specifically warned that when someone joins “... an organizational structure, a new creature replaces autonomous man, unhindered by the limitations of individual morality, freed of human inhibition, mindful only of the sanctions of authority.” Milgram moreover claimed that obedience to authority flowed naturally from the logic of social structures: “If we are to have [a]... society—then we must have members of society amenable to organizational imperatives.”

Milgram’s work has had both recreational and serious consequences. In 1973, British playwright Dannie Abse produced a play, “The Dogs of Pavlov,” based on Milgram’s work. In 1976, CBS aired “The Tenth Level,” starring William Shatner as a Milgram facsimile. In 1985, the U.S. Military Academy introduced two new mandatory psychology courses based on Milgram’s work. In 1986, musician Peter Gabriel recorded a song, “We Do What We’re Told (Milgram’s 37).”<sup>2</sup>

M. Scott Peck echoes the same theme heard in Milgram’s work:

Whenever the roles of individuals within a group become specialized, it becomes both possible and easy for the individual to pass the moral buck to some other part of the group. In this way, not only

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<sup>2</sup> Interested readers may consult *Psychology Today*, March/April 2002 or [www.stanleymilgram.com](http://www.stanleymilgram.com) or the book, *Obedience to Authority: An Experimental View* 1974, by Stanley Milgram.]

does the individual forsake his conscience but the conscience of the group as a whole can become so fragmented and diluted as to be nonexistent... any group will remain inevitably potentially conscienceless and evil until such time each and every individual holds himself or herself directly responsible for the behavior of the whole group—the organism—of which he or she is a part. We have not yet begun to arrive at that point. (M. Scott Peck, *People of the Lie: Hope for Healing Human Evil* 1983, p. 218.)

I would add one final, personal observation: the higher in the hierarchy someone stands, the more susceptible he or she is to social pressure. The more this individual has to lose—both in prestige, money, and future success—the less likely he or she is to risk such a loss. That the paramedical personnel interviewed for this volume have stood so resolutely by the truth as they saw it on November 22, 1963, while their superiors have offered only half-truths, is clear confirmation of this general principle. We should be particularly grateful for their presence at the autopsy and for their willingness to speak forthrightly about this unnecessarily confusing event. And hats off, too, to Law and Eaglesham for caring so intensely. History is now deeply indebted to them. The case now lies before the bar of history. If we can seek truth in advertising, why can we not have truth in history? Surely our children deserve no less.

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August 1, 2003



# Plastic and Reconstructive Surgery

## January 2015

2. Saalabian AA, Unglaub F, Horch RE, Kneser U. Free vascularized metacarpal bone graft combined with extended dorsal metacarpal artery flap for phalangeal bone and soft tissue loss: Case report. *Arch Orthop Trauma Surg.* 2012; 132:137–140.
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### **Reply: Vascularization of the Dorsal Base of the Second Metacarpal Bone: Implications for a Reverse Second Metacarpal Dorsal Artery Flap**

Sir:

We would like to thank Rozen et al. for their thoughtful comment and the presentation of another application of the second metacarpal dorsal artery flap as a “reverse” flap. The authors correctly mentioned that the same approach has been applied successfully for reconstruction in the fifth ray by Cavadas et al.<sup>1</sup> Kaki-noki et al. published a clinical case of a distally based fifth metacarpal dorsal artery bone flap in 2008<sup>2</sup> for reconstruction of an infected nonunion of the proximal phalanx of the fifth finger following a gunshot injury. These published clinical cases emphasize the relevance of distally based bone flaps for reconstruction of phalangeal defects. Our personal experience also suggests that the robust blood supply and the vascular anatomy support use of the second metacarpal dorsal artery flap. not only for transfer based on the proximal pedicle but also as “reverse” flap Even combined osseocutaneous distally based second metacarpal dorsal artery flaps might be applicable for selected patients. Further anatomical and clinical studies are needed to gain more profound knowledge of reverse second metacarpal dorsal artery flaps. In conclusion, although proximally based second metacarpal dorsal artery flaps are useful for selected carpal bone defects or microsurgical transfer, reverse second metacarpal dorsal artery flaps as described by Rozen et al. might become a novel option for reconstruction of complex bone defects in the phalanges.

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## DISCLOSURE

*The authors have no financial interest to declare in relation to the content of this communication.*

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# The Assassination of John F. Kennedy: Revisiting the Medical Data

Sir:

The November 2013 article by Rohrich et al. entitled “The Assassination of John F. Kennedy: Revisiting the et al. might become a novel option for reconstruction of the Medical Data” (*Plastic Reconstr Surg* 2013; 132:1340–1350) summarizes the medical evidence through 1992, including the House Select Committee on Assassinations (1979). My response here emphasizes recent developments.

From 1994 to 1998, the Assassination Records Review Board liberated 60,000 JFK records and released deposition transcripts of medical personnel from Bethesda and Parkland. I interviewed the autopsy radiologist twice<sup>1</sup> and visited the National Archives and Records Administration on 9 separate days,<sup>2</sup> initially in 1992 with Dr. Cyril Wecht. I have performed hundreds of optical density measurements directly on the extant JFK skull radiographs and have often viewed the extant autopsy photographs at the National Archives and Records Administration. I have interviewed the Bethesda paraprofessionals; I also participated in a long video interview with them in 2002 in Fort Myers,

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Florida. In November of 2013, I encountered James Jenkins in Dallas, Texas. I have repeatedly read (and listened to) all of the medical depositions for the House Select Committee on Assassinations and the Assassination Records Review Board. Here is a brief summary of what we have learned.

1. Ronald C. Jones, M.D., has just confirmed a superior location for the throat wound: “I noticed a small wound in the midline of the neck just above the tie knot that was approximately a quarter of an inch or 6 mm in diameter.”<sup>3</sup> If Jones is correct, the single bullet theory—a sine qua non for the lone gunman—is dead.
2. The camera lens located by the House Select Committee on Assassinations does not match the extant autopsy photographs.
3. Optical density data from the extant JFK radio- graphs (taken at the National Archives and Records Administration) strongly imply that the 6.5- mm metallic-like object within JFK’s right orbit is an artifact. Larry Sturdivan, the ballistics expert who consulted for the House Select Committee on Assassinations, agrees that it cannot represent a bullet fragment.<sup>4</sup> This striking state of affairs, by itself, delivers a crippling blow to a central pillar of the Warren Commission and the House Select Committee on Assassinations.
4. Although the House Select Committee on Assassinations concluded that this 6.5-mm object represented the cross-section of a bullet, officially both the nose and tail of this same bullet were found inside the limousine.
5. The Assassination Records Review Board specifically asked each of the three pathologists if they had seen this 6.5-mm object on the radiographs during the autopsy. None of them had.
6. The optical density (as measured at the National Archives and Records Administration) of a posterior whitish area on both lateral skull radiographs matches the optical density of the petrous bone (the densest bone in the body), which is grossly unlike any other skull radiograph in my experience. Furthermore, this area is nothing like the same area in a premortem radiograph of JFK.
7. Optical density data (taken at the National Archives and Records Administration) from the

lateral radiographs show absent frontal brain in a fist-sized area. On the contrary, the autopsy photographs, for this same area, show an entirely intact left brain and a nearly intact right brain. This is a flagrant paradox—either the photographs are inauthentic or the radiographs are inauthentic. Both cannot simultaneously reflect physical reality.

8. The photographer, John Stringer, denies taking the extant brain photographs.<sup>5</sup>

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# Association between Agent Orange Exposure and Nonmagnetic Invasive Skin Cancer:

## A Pilot Study

Sir:

The following comment pertains to “Association between Agent Orange Exposure and Nonmagnetic Invasive Skin Cancer: A Pilot Study” by Clemens et al. (*Plast Reconstr Surg.* 2014; 133:432–437).<sup>1</sup> In that article, the authors report a higher incidence of nonmelanoma skin cancers in people who were exposed to Agent Orange several decades earlier; moreover, this incidence was higher in people who developed chloracne.

Since the International Agency for Research on Cancer, a World Health Organization agency, classified 2,3,7,8-tetrachlorodibenzo-p-dioxin as a known human carcinogen, many studies have been aimed at confirming the carcinogenic potential of dioxins—in particular, 2,3,7,8-tetrachlorodibenzo-p-dioxin. However, this classification is quite controversial. 2,3,7,8-tetrachlorodibenzo-p-dioxin is not mutagenic, and long-term follow-up of the Seveso population exposed to 2,3,7,8-tetrachlorodibenzo-p-dioxin in 1976 did not confirm this statement.<sup>2,3</sup> In our study on the acute intoxication of Victor Yushchenko, the former president of Ukraine, a whole genome gene expression analysis at various time points did not show significant modulations of genes involved in carcinogenesis or in cancer prevention.<sup>4</sup> In the study by Clemens et al., the control population is not adequate, as mentioned in the Discussion section, and this opens the door to many confounding factors, in particular, over a period as long as 40 years.

# John F. Kennedy's Back: A few supplementary comments

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**Keywords:** [JFK](#), [John F. Kennedy](#), [President Kennedy assassination](#), [Oswald](#), [Newman](#), [Lattimer](#), [Goodrich](#), [Paige](#), [Breo](#), [Lisagor](#), [Mandel](#), [Armstrong](#), [Chesser](#), [Mantik](#), [Dealey Plaza](#), [Klein's Sporting Goods](#), [Pantopaque](#), [lumbar fusion surgery](#)

**Abstract** Several responses are made to statements by Pait and Dowdy. The current diagnosis and treatment of back pain is summarized from the *medical* literature.

**ABBREVIATIONS** JFK = John F. Kennedy; LBJ = Lyndon Baines Johnson; WC = Warren Commission; NSAM = National Security Action Memorandum, NARA = National Archives and Records Administration, JAMA = Journal of the American Medical Association; FBI = Federal Bureau of Investigation

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A Letter to the Editor (regarding Goodrich and Pait):

1. "Editorial—John F. Kennedy's back" by James T. Goodrich, MD, PhD, DSci  
*J Neurosurg Spine* 27:245-246, 2017
2. "John F. Kennedy's back: chronic pain, failed surgeries, and the story of its effects on his life and death" by T. Glenn Pait, MD, and Justin T. Dowdy, MD.  
*J Neurosurg Spine* 27:247-25, 2017
  1. Goodrich describes *two* bullet wounds to JFK's head, not just one. Since the Warren Commission (WC) had conceded only one, it is gratifying to see this correction of the historical record. After a recent meticulous analysis of the medical and ballistic evidence, multiple headshots were found to be inescapable.<sup>9</sup>
  2. Without sourcing his allegation, Pait names JFK as the initiator of the Vietnam War. On the contrary, an opposite consensus is now emerging among historians, as became evident (again) during the recent Vietnam War documentary by Ken Burns.<sup>3</sup> If JFK had lived, we would not even recall a Vietnam War. JFK had decided to withdraw 1000 troops from Vietnam later that year; he had approved NSAM-263 on October 11, 1963. After the assassination, LBJ promptly reversed that decision, and so the war came.<sup>13</sup>
  3. Pait describes an air myelogram, but he does not cite a Pantopaque procedure. Although it was well known before our (independent) visits, Michael Chesser, MD, and I have both observed remnants of this dye in JFK's autopsy X-rays at NARA.
  4. Although Pait visualizes Oswald as peering through a "scope sight" on the weapon, he fails to name the origin of this apparition. On the other hand, it is well known that the sight was badly misaligned; see the testimony of Robert Frazier of the FBI before the WC.<sup>6</sup>

5. Marine Colonel Allison Folsom,<sup>6</sup> testifying before the WC, characterized Oswald (while he was in the Marines and using a Marine-issued M-1) as "a rather poor shot." Between May 8, 1959, and November 22, 1963, despite diligent efforts by the FBI, no evidence was ever unearthed to show that Oswald fired a weapon during those 1,600+ days. Yet on November 22, using a far inferior weapon, he was supposedly perfect.
6. Moreover, the purchase of the weapon by Oswald is still in grave doubt. WC Exhibit 788 is the money order supposedly used for the purchase. However, according to the WC, this money order was deposited into the bank account of Klein's Sporting Goods of Chicago during February 1963—a month *before* [sic] the money order was purchased in Dallas!<sup>1</sup>
7. Although Pait cites some "excellent" literature articles, an excessive number are by John Lattimer, a urologist (none of the Dealey Plaza shots struck urologic sites), whose work has largely been debunked.<sup>11</sup> The articles by Dennis Breo for *JAMA* won a Peter Lisagor Award, but that award later encountered stiff headwinds—and even a call for retraction of the award.<sup>10, 12</sup>
8. An excellent article that should have been cited (but was not) is by L. R. Mandel.<sup>8</sup>
9. Pait does not cite hyperbaric oxygen for bone or soft tissue infections, possibly because it was not utilized in that era. That is changing, however.<sup>4</sup>
10. More than 10% of visits to primary care physicians relate to back or neck pain; these visits account for \$86 billion/year.<sup>7</sup>
11. Although about 200 options are available for low back pain, *no single treatment is clearly superior.*<sup>2</sup>
12. Increasingly, current treatments *disagree with national guidelines.* These misdeeds include the use of CTs and MRIs, referrals to other physicians, and even prescribing narcotics. Meanwhile, referrals to physical therapy have not changed.<sup>7</sup>
13. A recent meta-analysis revealed that narcotics provide little or no benefit for acute back pain. They have *no use* in chronic back pain, and *43% of these patients have concurrent substance abuse disorders.*<sup>7</sup>
14. The recent *spectacular increase in spine surgeries* is due to excessive imaging. In one study, an early MRI for acute back pain was associated with an 8-fold increased risk of surgery.<sup>7</sup>
15. N.M. Paige et al. have presented a sophisticated systematic review and meta-analysis, including 26 eligible randomized trials of manipulation for acute back pain (≤6 weeks). These authors agree with the clinical guidelines of the American College of Physicians: *most patients with acute low back pain improve with time, regardless of treatment.*<sup>2</sup>
16. The recent 106% increase in referrals to other physicians correlates with costly, morbid, and often ineffective spinal surgeries. Recent meta-analyses of lumbar fusion surgery have shown *no improvement* in patient outcomes. Furthermore, as JFK discovered, these operations come with side effects: 5.6% are life-threatening and 0.4% kill the patient.<sup>7</sup>

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