

The “Lone Nutter” Refutation

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[Editor’s note: On *JFKresearch.com*, a forum for discussion of the death of JFK, some participants who affirm the “Oswald was a lone nut” view have made it a practice to repeatedly post as though they held rationally defensible views. This “challenge” demonstrates this is not an even remotely rational stance.]

Recent threads on *JFKresearch.com* have illustrated the tendency of lone-nutters to simply take their position for granted as though it were obviously true. If it were true, of course, then the “magic bullet” hypothesis—that a bullet entered the back of the President’s neck, transited his neck without hitting any bony structures, exited his throat right at the knot of his tie, entered John Connally’s back, shattering a rib, exiting from his chest, damaging his right wrist and then entering his left thigh—has to be true. If the “magic bullet” hypothesis is false, then *The Warren Report* (1964), *The HSCA Report* (1979), *Case Closed* (1993), and every other position that incorporates it must be false. And if it is false, then those who have rejected that hypothesis—the “conspiracy theorists”—have been right all along!



Figure 1. Warren Commission diagrams of JFK’s wounds.

So how can we determine whether or not the “magic bullet” hypothesis is true? It would obviously be false if the bullet had not entered the base of the back of the President’s neck, if it had not transited his neck without hitting any bony structures, or if it had not exited from his neck at the level of the knot of his tie. If any of those claims is false, then *The Warren Report*, *The HSCA Report*, *Case Closed*, and every other position incorporating it must be false. (This may sound just a bit repetitive, but I don’t want anyone to lose their way in tracking the structure of the argument as others may have failed to track the trajectory of the “magic bullet”.)

So is this theory true?

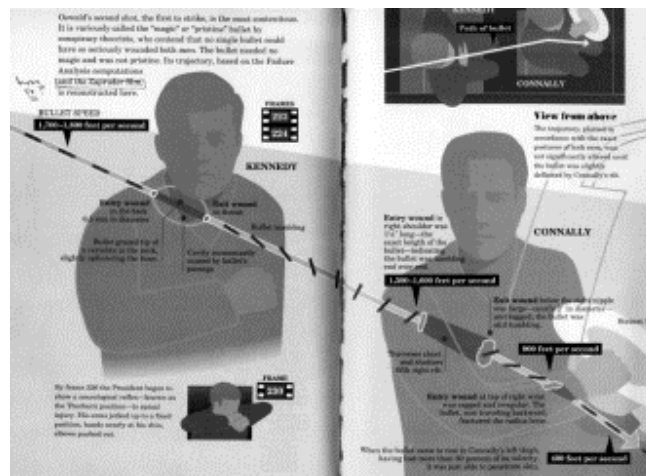


Figure 2. Gerald Posner's depiction of the single bullet theory.

Even Posner's own diagram appears to shift the location from the official diagrams. The physicians who conducted the autopsy at Bethesda did not actually dissect the neck to determine the trajectory that this bullet is supposed to have taken but determined it as a matter of “inference”. Thus, on page 4 of the autopsy report, which may be found in *Assassination Science* (1998), p. 433, the following critical sentences may be found:

2. The second wound presumably of entry is that described above in the upper right posterior thorax The missile path through the fascia and musculature cannot be easily probed. The wound presumably of exit was that described by Dr. Malcolm Perry in the low anterior cervical region.

Notice, in particular, that the entry and exit locations were matters of “presumption”, which Humes defended on the basis of an “inference” drawn *after the body had been removed from the morgue* for preparation for the funeral. After conversations with Parkland that allegedly only took place on Saturday, he belatedly realized that the wound to the back must have been the entry for the wound to the throat as its exit! Also notice that the description of “the upper right posterior thorax”, which is the upper-right portion of the chest cavity, does not quite place the wound where it has to be if the “magic bullet” hypothesis is true. Yet that is the basis for the theory!

Fortunately, we have other reports from physicians who were in the position to make the relevant observations, including George Burkley, Admiral, the President's personal physician, who was with the body in Dallas, accompanied it on the flight back, and was present during the autopsy. According to his death certificate, which has also been reprinted in *Assassination Science*, p. 439, “a second wound occurred in the posterior back at about the level of the third thoracic vertebra”. Burkley's death certificate may also be found in Gary Shaw, *Cover-Up* (1976/1992), p. 65, and in Stewart Galanor, *Cover-Up* (1998), Document 8, which both include most of the evidence that matters here.

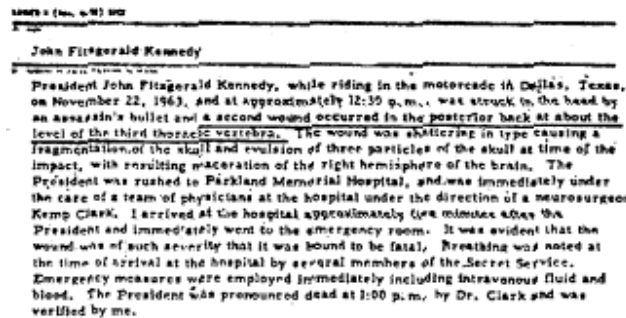


Figure 3. Section of Burkley's death certificate for President Kennedy.

The third thoracic vertebra, however, is too low to have been the entry location for a bullet fired from above and behind that could possibly have exited from the President's throat at the level of the knot of his tie. Anyone who may be in doubt should consult Gary Shaw, *Cover-Up* (1976/1992), p. 65, which includes a diagram that identifies that location specifically and, on p. 4, provides a diagram of the trajectory that the "magic bullet" had to have taken if it entered at the location specified by Admiral Burkley and exited at the location specified by Commander Humes, which has been widely ridiculed in the conspiracy literature. So which of them is right? Did the bullet enter high enough for the hypothesis to be true?

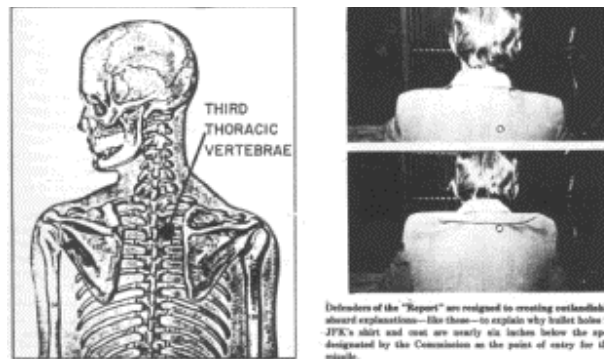


Figure 4. The location of the third thoracic vertebra.

Many books on the assassination, including Josiah Thompson, *Six Seconds in Dallas* (1967), Gary Shaw, *Cover-Up* (1976/1992), and many others have observed that damage may be found in the President's shirt and jacket that substantiate the lower entry point. Photographs of the shirt and jacket may be found, for example, in Thompson's *Six Seconds*, p. 48, Shaw's *Cover-Up*, p. 64, and many other sources, including Stewart Galanor, *Cover-Up* (1998), Documents 6 and 7. As Gary Shaw observes, moreover, the claim that the shirt and jacket were bunched (as described on his p. 65) appears to be rather difficult to sustain.

One reason is that photographs and films taken during the assassination do

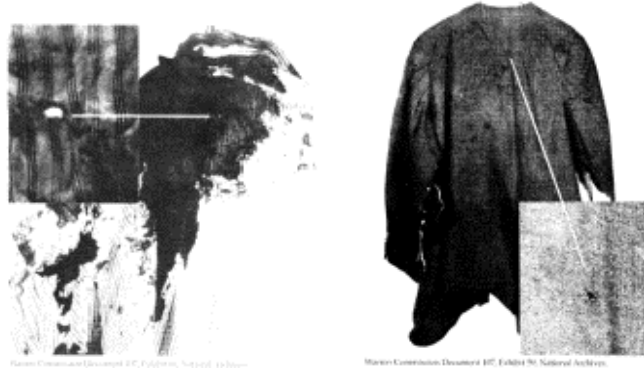


Figure 5. Photographs of the President’s shirt and jacket.

not show the jacket to be bunched-up as this defense requires. More importantly, however, other evidence from observations of the wound itself provide independent confirmation for the location supported by the shirt and jacket. This includes the diagram drawn by J. Thornton Boswell, Humes’ assistant, which may be found in Shaw’s *Cover-Up*, p. 62, and in Galanor’s *Cover-Up*, Document 5, which, like the shirt and jacket, show the wound to be about 5 or 6 inches too low to be the point of entry for a bullet that exited at the President’s throat. Boswell’s diagram, moreover, was verified by Admiral Burkley!

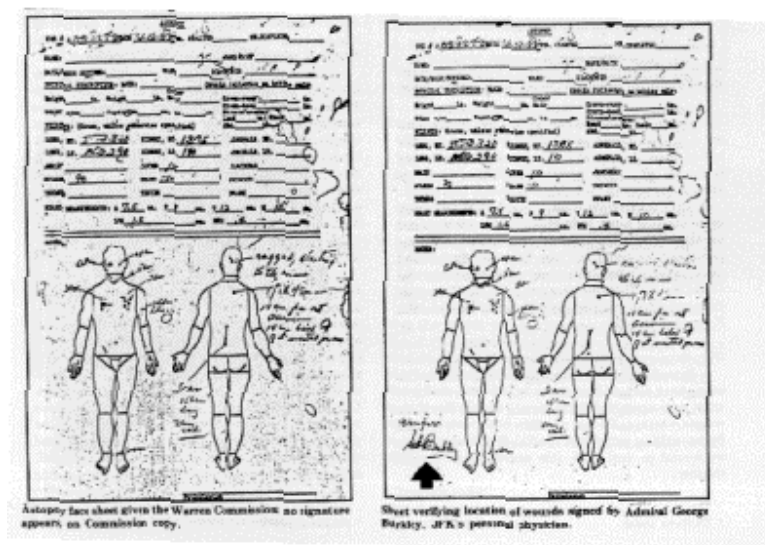


Figure 6. Boswell’s autopsy diagram, verified by Burkley.

Another diagram was prepared by FBI Special Agent James W. Sibert, who observed the autopsy at Bethesda, and may be found in Noel Twyman, *Bloody Treason* (1997), p. 100. It plainly demonstrates the paradox confronted by the “magic bullet” hypothesis even in relation to its most elementary assumptions, since the back wound is clearly too low to be the entry point for a wound that exited from the throat, if the bullet was fired from a position above and behind

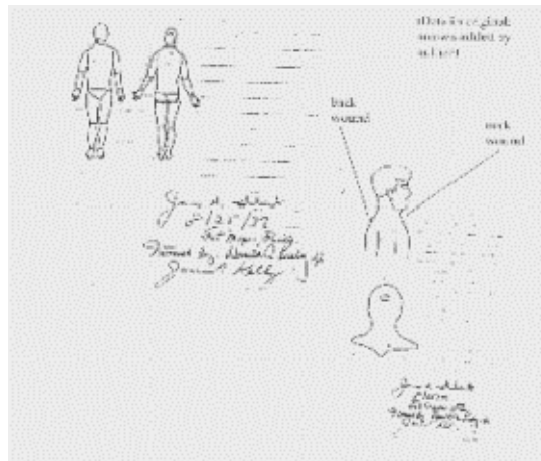


Figure 7. Agent Sibert's diagram of the location of the wounds.

the President.

So, unless Lee Oswald was actually, say, firing from inside the trunk of the Lincoln limousine, this trajectory cannot be sustained. It also shows that Warren

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RESULTS OF AUTOPSY ON JOHN F. KENNEDY

On November 23, 1963, an autopsy was performed on the body of former President JOHN F. KENNEDY at the National Naval Medical Center, Bethesda, Maryland. A total body X-ray and autopsy revealed one bullet hole located just below shoulders to right of spinal column and hand-probing indicated trajectory at angle of 45 to 60 degrees downward and hole of short depth with no point of exit. No bullet located in body.

A second bullet entered back of head and thereafter emerged through top of skull. Two metal fragments removed from brain area, the first 7 x 2 millimeters and the other 3 by 1 millimeters in size.

The above two metal fragments were turned over to Agents of the FBI for delivery to the FBI Laboratory.

A piece of skull measuring 10 by 6.5 centimeters had been flown in to Bethesda from Dallas hospital and this disclosed minute metal fragments where bullet emerged from skull.

With respect to the bullet hole located in the back, pathologist at National Naval Medical Center was of the opinion this bullet worked its way out of the victim's back during cardiac massage performed at Dallas hospital prior to transportation of the body to Washington.

With respect to this situation, it is noted that Secret Service Agent RICHARD JOHNSON turned over to the FBI Laboratory one 8.5 millimeter rifle bullet (approximately .25 caliber), copper alloy, full jacket, which he advised was found on a stretcher in the emergency room of the Dallas hospital to which the victim was taken. JOHNSON was unable to advise whether stretcher on which this bullet was found had been used for the President.

The above information was received by communication from the Baltimore Office, dated November 25, 1963.

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Figure 8. The Sibert and O'Neill Report.

Commission diagrams of this wound are hopelessly inaccurate. Sibert attended the autopsy with another agent, Francis X. O'Neill, subsequently submitting a report of their observations at the time. Dated 9 December 1963, it reads, in part, as follows:

Medical examination of the President's body revealed that one of the bullets had entered just below his shoulder to the right of the spinal column at an angle of 45 to 60 degrees downward, that there was no point of exit, and that the bullet was not in the body.

An excerpt of their report, which includes this passage, may be found in Mark Lane, *Rush to Judgment* (1966), Appendix IV. They also reported the conclusion that the bullet had worked its way out of the body during cardiac massage at Parkland Hospital. Further discussion of this wound, including diagrams, may be found in Robert Groden, *The Killing of a President* (1993), pp. 78–79.

No doubt, the estimate of the degree of downward trajectory as falling between 45 and 60 degrees should not be taken to be exact, since it was done by an autopsy physician using his finger to probe the wound! A precise determination of the location from which the missile had been fired would also require knowledge of the position of the body in the vehicle, of the vehicle in the street, and of the inclination of the street as relevant variables. But this report nevertheless clearly substantiates that the wound was at a downward angle, that there was no point of exit, and that the bullet was not in the body.

As though this evidence left any room for doubt, reconstruction photographs demonstrate that the location they support was in fact *taken to be correct* for the purpose of reenactment of the crime. A photograph from the FBI reenactment, for example, may be found in Galanor's *Cover-Up* as Document 4. Observe where the large round white patch is located!



Figure 9. FBI re-enactment photograph.

And a similar photograph even appears on the inside front cover of *The New York Times* Bantam paperback edition of *The Warren Report* (1964)!



Figure 10. NEW YORK TIMES reenactment photograph.

The best of all is a photograph of the author of the “magic bullet” hypothesis, Arlen Specter, using a pointer to demonstrate the trajectory that the bullet had to have taken, when the marking patch is visible several inches below his hand, which may be found in *Assassination Science*, p. 34!

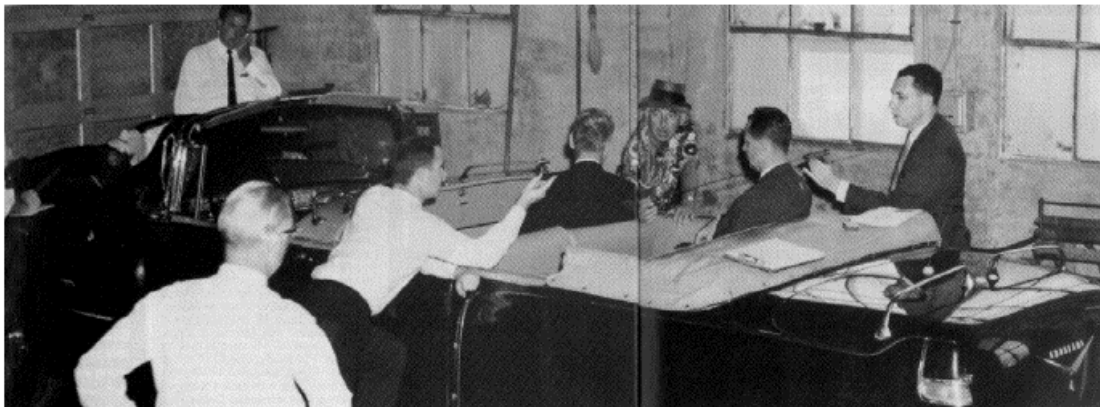


Figure 11. *Newsweek* (22 November 1993) re-enactment photograph.

Readers who are unfamiliar with this case may wonder how in the world, given all of this evidence, *The Warren Report* (1964) could have concluded that JFK was hit at the back of the base of the neck. But, thanks to the good work of the Assassination Records Review Board (ARRB), we know the answer to that question. Gerald Ford, a member of the commission, had the description of the wound changed from “his uppermost back” to “the back of his neck”, a discovery that was among the first of the ARRB’s important releases, which came in time for me to include parts of *The New York Times* (3 July 1997) story in *Assassination Science*, p. 177. *The Times* considered it important enough to print on p. A8, insuring that most readers would miss it!

Under these circumstances, it appears to be “piling on” to note that David W. Mantik, M.D., Ph.D., has now demonstrated that no bullet could have entered the President’s neck at the location alleged and exited at the location alleged

Ford Made Key Change In Kennedy Death Report

WASHINGTON, July 2 (AP) — Thirty-three years ago, Gerald R. Ford changed — ever so slightly — the Warren Commission's main sentence on the place where a bullet entered President John F. Kennedy's body when he was killed in Dallas.

Mr. Ford's change strengthened the commission's conclusion that a single bullet passed through Kennedy and wounded Gov. John B. Connally, — a crucial element in the commission's finding that Lee Harvey Oswald was the sole gunman.

Mr. Ford, who was a member of the commission, wanted a change to show that the bullet entered Kennedy "at the back of his neck" rather than in his uppermost back, as the commission originally wrote.

Mr. Ford said today that the change was intended to clarify meaning, not alter history.

"My changes had nothing to do with a conspiracy theory," he said in a telephone interview.

But his editing was seized upon by conspiracy theorists who reject the commission's conclusion that Mr. Oswald had acted alone.

"This is the most significant lie in the whole Warren Commission report," said Robert D. Morningstar, a computer systems specialist in New York City who said he has studied the assassination and written an Internet book about it.

If the bullet had hit Kennedy in the back, it could not have struck the Governor in the way the commission said it had, Mr. Morningstar said.

Figure 12. *The New York Times* (3 July 1997) report on Gerald Ford.

without impacting cervical vertebrae, as Galanor's *Cover-Up*, Document 45, and *Murder in Dealey Plaza* (2000), pp. 3–4, explain.

Nor does it appear necessary to add that Malcolm Perry, M.D., who performed a tracheostomy in a vain attempt to save the President's life, described the wound to the throat as an entry wound three times during a press conference held at Parkland beginning at 3:16 PM, a report that was widely broadcast over radio and television that day—the transcript of which may now be found in *Assassination Science* as Appendix C—and even published in *The New York Times* (23 November 1963), p. 2, which may also be found in *Assassination Science*, p. 15, and which has been confirmed by Charles Crenshaw, M.D., in his work and diagrams that may also be found there. So to simplify the challenge for lone nutters, let me merely ask:

Where did the bullet that hit the president in the back enter?

Because if it was not at the base of the back of the neck, then *The Warren Report* (1964), *The HSCA Report* (1979), *Case Closed* (1993), and every other work taking it for granted cannot possibly be true. It follows that the throat wound and the damage to John Connally had to have been caused by separate shots and could not have been inflicted by a lone assassin. But if this most elemen-

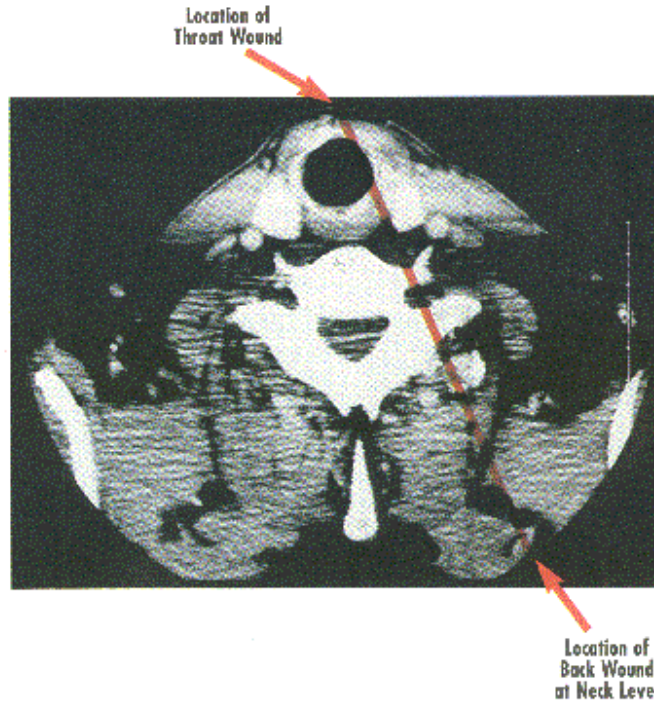


Figure 13. Mantik plotted the trajectory on a CAT scan.

tary assumption upon which they are based is false, then it is not conspiracy theorists who have been indulging in flights of fancy in support of their untenable hypotheses, but lone nutters!