



WHAT CAUSED PRESIDENT KENNEDY'S THROAT WOUND?

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ABSTRACT

On November 22nd, 1963, President John F Kennedy was assassinated on Elm Street in Dallas TX. The origin of the throat wound - inflicted moments before multiple head wounds killed the President- is the focus of this investigation. JFK's small throat entry wound was not caused by a bullet consistent with the observation that JFK did not suffer any damage to the cervical vertebra, there was no neck exit wound and a forensic analysis indicated that JFK's tie and shirt collar were negative for copper, ruling out a bullet. JFK's throat entry wound, his immobilization before the fatal head shots, his slow physiological death following catastrophic injuries, 3 poison arrow specific cover-up actions were consistent with incapacitation by a poison arrow and incompatible with injuries from gunfire. A poison flechette made JFK a stationary target for a volley of bullets that shattered the brain, severed the tentorium and protruded the cerebellum out of the skull. JFK's homicide facilitated by some members of the US government, the measures to prevent violence against our elected representatives and how to prevent future cover ups are worthy of public discussion.

KEYWORDS: Jfk; President Kennedy; Jfk Assassination; Neurotoxin; Saxitoxin.

INTRODUCTION

On November 22nd, 1963, President John F Kennedy was assassinated on Elm Street in Dallas TX and was pronounced dead at Parkland hospital at 1:00 PM.^[1]

Within a week of Kennedy's death, the new President, Lyndon B. Johnson, created the President's Commission on the Assassination of President John F. Kennedy to investigate the deaths of both Kennedy and Lee Harvey Oswald the accused assassin.^[1]

The Report of the President's Commission on the Assassination of President John F. Kennedy presented two key findings^[1]

1. Lee Harvey Oswald shot John F. Kennedy from a sixth-floor window of the Texas School Book Depository.
2. Lee Harvey Oswald acted alone when he killed the president.

In the last decade, scientific evidence Invalidated the conclusions of the Warren report suggesting that the President was killed by a conspiracy^[2-7] and Lee Harvey Oswald was innocent proven by the photo evidence of Oswald at the entrance of TSBD at the time of the assassination.^[7,8]

An extraordinary scientific work of David Mantik Ph.D., MD," John F Kennedy's head wounds: A final synthesis and a new analysis of the Harper fragment", revealed

that JFK was neurologically killed instantly by three headshots, a posterior back shot, a right temple wound and a wound above the right eyebrow blowing away the Harper fragment severing the tentorium and protruding the cerebellum out of the skull on Elm Street.^[3,4] Also, evidence suggested that the president was shot in the back and in the throat before the head shots and JFK's throat wound was not caused by a bullet.^[3,4]

The aim of this study is to address a basic question: What caused the President's throat wound?

The origin of JFK's throat has been a topic of controversy: it has been hypothesized that a poison flechette was instrumental in JFK's death.^[9,10] This hypothesis was constructed upon the 1975 testimony of William Colby, the CIA director Mr. Charles Senseney a contract weapons designer for the CIA before the Senate Select Committee on Intelligence (the Church Committee) acknowledged that the US intelligent services had developed a special neurotoxin- weapon that could strike a human without knowledge of the person who had been struck, but also the toxin itself would not appear in the autopsy^[11] (image 1). It has also been hypothesized that the throat wound was caused by glass shards from.^[3,4]

The application of principles of scientific reasoning may help us answer this question. I acknowledge that many complex and important aspects of JFK's homicide - the

exact location of the shooters and their identities and the precise timing and sequence of gunfire will remain beyond the narrow focus of this study.

Did a bullet cause JFK's throat wound?

The Parkland Hospital doctors were unanimous in their description of JFK's throat wound as an entrance wound of 3 to 5 millimeters^[12,13] consistent with the autopsy report signed by Admiral George Burkley indicating a small throat wound.^[14]

During a press conference at 3:15 PM Malcolm Perry MD- who had performed a tracheotomy through a small incision in the president's throat- explained three times that the throat wound was a wound of entry.^[12,13] Charles Crenshaw MD reported a small opening throat wound to be an entry bullet hole^[15] Dr Ronald C. Jones also reported a small hole in anterior midline of the neck thought to be a bullet entrance wound.^[16] Dennis David and Joe O'Donnell saw the JFK photographs before the autopsy. They reported the throat wound to be a clean entrance wound and estimated its size to have been 3/8".^[17] Examination of the President's thoracic cavity revealed bruising of the muscles on the right side of the neck, and of the trachea and bruising of the tip of the right lung.^[2,3,4] For the record, the conclusions of the Warren report that the throat wound represented an exit wound caused by a bullet fired by Lee Harvey Oswald lacked scientific integrity.^[2,3,4] Did a bullet cause JFK's throat wound? The throat wound was not caused by a bullet because a forensic analysis revealed no copper residues in JFK's shirt collar ruling out a bullet.^[2,3,4] Furthermore, JFK's X-rays did not show cervical damage, and JFK's autopsy revealed neither a neck exit wound nor a bullet.^[2,3,4]

Saxitoxin

William Colby informed us of a special neurotoxin-weapon that could deliver a deadly shellfish poison and could strike a human without knowledge of the person.^[11]

Saxitoxin is the best-known paralytic shellfish toxin, a highly potent non-polypeptide neurotoxin of relatively low molecular weight.^[19,20] Its chief action is an interference with the production of action potentials in nerves and involuntary muscles. In this regard saxitoxin is 100,000 times more important than cocaine.^[19] Saxitoxin induced neurotoxicity seems to be associated with paralysis due to reduced sympathetic tone and hypotension.^[19,20] Animal studies indicated that with 0.1 saxitoxin, muscle fibers were rendered incapable of producing excitability.^[19] Saxitoxin has been pharmacologically utilized to treat anal fissures due to its anti-bruising properties.^[21,22,23] Saxitoxin has a latency of one or two seconds when administered intramuscularly.^[19]

Hypotheses by Mantik

David Mantik Ph.D., M.D. hypothesized that glass shards from the front windshield caused JFK's throat wound.^[3,4] Mantik observed: "This piece came from the glass of the limousine as a bullet passed through the front windshield. We know that something struck JFK in the throat while he was on Elm Street. This conclusion derives from the autopsy report. At the autopsy, bruises were seen in the strap muscles of the anterior neck. Both the strap muscles and the lung contusion prove that JFK's heart was still beating when these injuries occurred so these wounds must have occurred on Elm Street."^[3,4]

Was the throat wound inflicted by a glass shard?

The following observations and tables A and B may determine whether a poison flechette or a glass shard inflicted the throat wound.

1. JFK was silent and immobilized before the fatal head shots

For about eight seconds during the ambush JFK was silent^[2,20] and immobilized until the fatal head shots.^[2,20] JFK's silent immobilization was consistent with incapacitation by a poison arrow or injuries from a glass shard. Mrs. Kennedy said the President was silent and had a quizzical facial expression.^[20] JFK did not show a natural response to injuries from gunfire -in contrast to Governor Connolly's loud screams and wild body movements. These observations are compatible with a throat wound inflicted by a poison flechette or a glass shard.

2. JFK did not instantly die despite suffering catastrophic brain injuries

After suffering catastrophic head injuries that destroyed the right brain, severed the tentorium and protruded the cerebellum, JFK was neurologically dead, yet slow agonal respiratory efforts and scant cardiac beats by auscultation were observed^[17] 1pm at the Parkland hospital^[1,10] for 30 minutes until he was declared dead at 1pm. Dr. C. James ("Jim") Carrico was the first physician to see him. He found, slow agonal respiratory efforts and scant cardiac beats by auscultation.^[17] JFK's slow physiological death was consistent with saxitoxin induced neurotoxicity associated with paralysis due to reduced sympathetic tone and hypotension and incompatible with injuries from a glass shard.^[18] Saxitoxin is the best-known paralytic shellfish toxin.^[18] Its chief action is an interference with the production of action potentials in nerves and involuntary muscles. However, although very unlikely, it may be argued that consistent with different organs and tissues having different death clocks JFK's cardiovascular system continued to function for approximately 30 minutes after he suffered catastrophic injuries.

This observation is compatible with a throat wound inflicted by a poison flechette and incompatible with a glass shard inflicted wound.

3. No Pallor Mortis

8 hours after death JFK's body did not show any signs of Pallor Mortis. This finding was consistent with the biological profile of saxitoxin's, anti-bruising effects() and neurotoxicity associated with paralysis due to reduced sympathetic tone.

This observation is compatible with a throat wound inflicted by a poison flechette and incompatible with a glass shard inflicted wound.

4. Poison Arrow Specific Cover -Up

There were numerous actions specifically aimed at concealing incapacitation by a poison arrow (Table B). The common goal seemed to be the detection of neurotoxin. For instance, If not lost, JFK's brain and tissue samples would have been helpful to validate saxitoxin intoxication. Also, it made sense as to why JFK's small throat wound was misrepresented as a large exit wound to conceal incapacitation by a poison flechette. Furthermore, the photographic and audio-visual alterations and the removal of the Stemmons street sign were necessary to cover up the umbrella man and his actions.

it is not surprising that an intelligent cover -up would shadow JFK's death by gunshots engineered by an intelligent conspiracy. However, worthy of emphasis is the observation that some of the cover up efforts matched perfectly for an incapacitation by a poison flechette and made no sense for a ballistic cover-up.

For instance, the disappearance of JFK's tissue samples and the Stemmons sign or the misrepresentations by Mr.

Witt-the person who claimed to be the umbrella man - during his testimony before the house committee did not seem to correspond for an attempt to conceal the ballistic evidence. In contrast, they were intelligent measures to conceal a death by a poison umbrella weapon.

These observation are compatible with a throat wound inflicted by a poison flechette and incompatible with a glass shard inflicted wound.

JFK's Throat Wound: Synopsis

There is substantial evidence to suggest that the President was shot in the back and in the throat before several head shots killed him.

It has been proven that the throat wound was not caused by a bullet suggesting that either a poison flechette or a glass shard caused it.

The throat wound was caused by a poison flechette. There are 8 signs associated with Injuries from glass shards or a poison flechette; 7 of those match incapacitation by a poison flechette except the facial wounds. Glass shards caused the facial wounds. However, this observation cannot rule out incapacitation from a poison flechette. Of importance, 2 signs (no pallor mortis and no instant death upon catastrophic head injuries) and 3 poison flechette specific cover up efforts are incompatible with injuries from glass shards suggesting that a poison flechette caused the throat wound.

Table A

JFK's Throat Wound: Poison Flechette or Glass Shard?

Evidence	Evidence Consistent with Glass Shard	Evidence Consistent with Poison Flechette
Facial wounds	Yes	No
Bruised strap muscles	Yes	Yes
Bruised trachea	Yes	Yes
Right lung contusion	Yes	Yes
Vocal paralysis	Yes	Yes
Paralysis	Yes	Yes
Slow death	No	yes
No Pallor mortis	No	Yes
Lost brain	No	Yes
Lost tissue samples	No	yes
Washing off the limo	No	Yes
The testimony of the CIA director William Colby and Senseney before the Senate Intelligence Committee: :top secret umbrella poison weapon capable to kill without detection	No	Yes
Umbrella flechette weapon	No	Yes
Umbrella man	No	Yes
Fake Stemmons sign	No	Yes
Disappearance of Stemmons sign sometime between November 22nd 1963 and June 24th 1964	No	Yes
Total	5	15

Table B
Markers of Incapacitation by a Poison Flechette Weapon(IPFP)

Predicted saxitoxin effects	JFK
<i>Anti-bruising</i>	1. No pallor mortis
<i>Paralysis</i>	2. Immobilization
<i>Vocal paralysis</i>	3. No fight or flight response
<i>Hypotension</i>	4. Total silence
<i>Reduced sympathetic tone</i>	5. Slumping motion
Predicted Flechette Injury	JFK
<i>Small entry wound</i>	<i>Small throat wound</i>
<i>No exit wound</i>	<i>No exit wound</i>
<i>Not detectable by X-rays</i>	<i>No flechette in X-Rays</i>
<i>Not easily observable</i> because of its small size or it dissolves.	<i>No flechette observed by Parkland drs</i>
<i>Soft tissue injury</i>	<i>Bruised trachea ,R lung apex contusion</i>
Predicted Saxitoxin Cover-Up	JFK
Prevention of chemical detection of saxitoxin	<i>Lost brain</i>
	<i>Lost tissue samples</i>
	<i>Washing off presidential limo</i>
Predicted Shooter ID Cover- Up	JFK
Audio-visual cover-up	1. Fake Stemmons sign-Z movie
	2. Z movie alterations to conceal the shooter.
	3. The fake shooter testimony
Predicted Flechette Injury Coverup Alteration of the entry wound	JFK 1. Enlarged throat wound

Color code: IPFP= Purple Cover-up Red

Image A



Sprague's and Cutler's illustration of the Neurotoxin Umbrella Weapon. Drawing by Salerian.

DISCUSSION

A seamless integration of diverse independent data suggests a poison flechette wound was instrumental in President Kennedy's death. JFK's throat entry wound, his

immobilization before the fatal head shots, his slow physiological death following catastrophic injuries, and several poison arrow specific cover-up actions were consistent with incapacitation by a poison flechette.

Undoubtedly, laboratory studies of tissue and blood samples from Parkland hospital or the autopsy are necessary to validate this conclusion.

It is reasonable to observe that in the absence of the cover up actions, the CIA's role in JFK's homicide would have been discovered without a 60-year delay. The identity of the poison flechette shooter and the precise origin of JFK's back wound remain unknown and are worthy of future investigation.

How can we prevent future crimes against democracy and intelligent cover ups?

For, our progress will require pragmatic measures to provide safety of our elected representatives and effective remedies against intelligent cover ups. Undoubtedly, this vital mission would require collective efforts from all segments of our society.

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