

John F. Kennedy had a small bullet hole in both his upper back and his throat. The single-assassin theory dictates that a 6.5 Carcano round fired from the Sixth Floor of the TSBD entered Kennedy's upper back and exited his throat. Here is an album of Kennedy's genuine leaked autopsy photographs featured in various books and websites: <https://imgur.com/a/Ba6XbPh> [NSFW]

Medical professionals that examined Kennedy's body stated that the blood vessels in the neck area were not damaged, while the scientific literature would appear to indicate that a high-velocity 6.5 round would have severely damaged Kennedy's Subclavian and Common Carotid arteries just by transversing the path proposed by the single-assassin theory. High-velocity rounds do not have to directly strike the tissues to cause severe damage to them.

I found this diagram on a forum discussing the JFK case: <https://i.imgur.com/bhLJxGE.jpg>

And searching for another medical diagram, it would indeed appear that the Subclavian and Common Carotid arteries are right beside the proposed bullet path.

<https://i.imgur.com/8rOFsG7.jpg>

<https://i.imgur.com/uDCORGZ.jpg>

Kennedy's pathologists indicated that these vessels were not damaged.

(a tracheotomy incision was performed over the original small bullet hole in Kennedy's throat)

Dr. James J. Humes 3/16/1964 Warren Commission Testimony:

We examined in the region of this incised surgical wound which was the tracheotomy wound and we saw that there was some bruising of the muscles of the neck in the depths of this wound as well as laceration or defect in the trachea.

At this point, of course, I am unable to say how much of the defect in the trachea was made by the knife of the surgeon, and how much of the defect was made by the missile wound. That would have to be ascertained from the surgeon who actually did the tracheotomy.

There was, however, some ecchymosis or contusion, of the muscles of the right anterior neck inferiorly, without, however, any disruption of the muscles or any significant tearing of the muscles. The muscles in this area of the body run roughly, as you see as he depicted them here. We have removed some of them for a point I will make in a moment, but it is our opinion that the missile traversed the neck and slid between these muscles and other vital structures with a course in the neck such as the carotid artery, the jugular vein and other structures because there was no massive hemorrhage or other massive injury in this portion of the neck.

https://www.history-matters.com/archive/jfk/arrb/master_med_set/pdf/md11.pdf

Dr. J. Thornton Boswell 8/17/1977 House Select Committee on Assassinations interview report:

He indicated that he is certain there was no major blood vessel damaged by the path of the missile.

https://www.history-matters.com/archive/jfk/arrb/master_med_set/pdf/md26.pdf

Not just the three Maryland autopsy pathologists Drs. Humes, Boswell and Finck, but the Dallas emergency room Drs. Charles Carrico and Malcom Perry, who saw the original small bullet hole in Kennedy's throat before the tracheotomy was performed, similarly examined the perimeter of the original small bullet wound in the throat (before it was converted into a tracheotomy) and never reported noticing any damaged blood vessels.

Here is some scientific literature indicating that Kennedy's blood vessels should have been damaged according to the single-assassin theory.

The August 1970 JAMA article *Vascular Injuries: An Experimental Study of High and Low Velocity Missile Wounds* details an experiment involving high-velocity spherical bullets being fired into ballistics gel that contained suspended samples of blood vessel tissue. The temporary cavity formed by these bullets traveling through the gel caused blood vessels ruptured when one of these bullets traveled near them. This was recorded on fast-motion cameras.

<https://i.imgur.com/nnG6Biu.png>

<https://i.imgur.com/49BTbss.png>

(the broken black line on the top is the arterial segment, the bottom thick line is the bullet path)

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The December 1984 *Annals of Emergency Medicine* article *Wound ballistics: theory and practice* states the following:

Cavitation stretches the smaller blood vessels, shearing and rupturing them as well as nerves and even bone. This causes permanent bruising, or if the elasticity of the surrounding tissues is incapable of containing the temporary cavity, the structure explodes and the tissue is blown outward permanently.¹⁷

[...]

Vascular injury due to missiles shot at more than 1,000 feet/second has been shown to occur by neat shearing of the vessel without stretching it first, as with low-velocity missiles. This is followed by cavitation that damages a more extensive area of the blood vessel, possibly extending for at least 20 mm on each side of the bullet's path.^{18,19}

free download: <http://libgen.io/scimag/ads.php?doi=10.1016%2Fs0196-0644%2884%2980336-4&downloadname=>

The 1989 book *Gunshot Wounds: Pathophysiology and Management* by Drs. Kenneth and Roy Swan states the following:

Gunshot injuries of the larynx and trachea are infrequently seen in emergency rooms. The reasons are twofold: (1) such injuries are usually associated with fatal exsanguination from

injured common carotid arteries and internal jugular veins, and (2) airway obstruction is fatal before the patient reaches the hospital.

[https://books.google.com/books?id=1PtLAQAAIAAJ&dq=Gunshot+Wounds
%3A+Pathophysiology+and+Management*+by+Drs.
+Kenneth+and+Roy+Swan&focus=searchwithinvolume&q=infrequently+seen+in+emergency+rooms](https://books.google.com/books?id=1PtLAQAAIAAJ&dq=Gunshot+Wounds+%3A+Pathophysiology+and+Management*+by+Drs.+Kenneth+and+Roy+Swan&focus=searchwithinvolume&q=infrequently+seen+in+emergency+rooms)

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CIVILIAN GUNSHOT WOUNDS AND BALLISTICS- DISPELLING THE MYTHS

The temporary cavity would be at least the diameter of the bullet on each side.

6.5 times 3 = 19.5

Minimum path of destruction is 0.7677165 inch

<https://i.imgur.com/XGwRtCM.jpg>