

Here are 10 statements. Before I had one of my best friends, dr Erland Goldman who helped with all these x-ray examinations we have done ( more than you see here) but for some years ago - when he for the first time accepted to disclose the brain project in TV) - it took 5 days before he was dead. His heart did stop to work during the sleep. What you can see from Lambros statement (he is an US prisoner, you can read about him at Boycott Brazil) dr Goldmans colleagues here in Stockholm made statements what they did see - but was silenced, not permitted from the Hospital where they worked. Then he had a friend as doctor in London - dr Thompson - as made some statements. I think he was US doctor but dont know his adress or anything

Some of the statements are of course of me. All this what I send is possible to use - but I like to make the text about the circumstances and so. If you will have some newspaper or magazine who like to buy the right to publish these - we share 50-50 of what it might be in profit.

1 - 2 - 3 -4 Is about my transmitters from the 1980s.  
5 is from Epidural -  
6-7 from dr Thompson  
8 Lambros  
9 is interesting...in fact I dont know this man or his case any more.  
10 is an English victim.

P. A. LINDSTROM, M.D.  
1695 CALLE DELICADA  
LA JOLLA, CA 92037  
(714) 270-1350

May 30, 1983

Mr. R. Naeslund

Dear Mr. Naeslund:

I have looked over the films you mailed me on May 17. A Swedish radiologist, Dr. Ingmar Wickbom, who for many years has been working at the local University of California Hospital kindly read your films with me. We did not see any clear abnormalities. That, of course, does not mean that there could not be some more or less serious changes in the frontal lobes where evidently your brain transmitters had been implanted. For example, damage to the brain cortex or various microscopic changes in deeper structures causing definite symptoms can not always be demonstrated by any radiological studies and often not by so-called EEG. For example, some people with chronic epilepsy have a normal EEG.

That is about all I can say now in your unfortunate case.

With best regards,

Very sincerely,



P. A. Lindstrom, M.D.

PAL/mjt

P. A. LINDSTROM, M.D.  
1695 CALLE DELICADA  
LA JOLLA, CA 92037  
(714) 270-1350

July 27, 1983

Mr. Robert Naeslund

Dear Mr. Naeslund:

In response to your most recent letter regarding the roentgen films I can only confirm that some foreign objects, most likely brain transmitters, have been implanted at the base of your frontal brain and in the skull.

The risk of such implantations is considerable and the risk of chronic infections and meningitis when the implantation has been made through the nose or the sinuses are real issues.

In my opinion, there is no excuse for such implantations if the patient has not been fully informed about the procedures, the purposes, the risks, the method of anesthesia, etc, and then gives a clear written consent.

I fully agree with Lincoln Lawrence, who in his book on page 27 wrote: "There are two particularly dreadful procedures which have been developed. Those working and playing with them secretly call them R.H.I.C. and E.D.O.M.--Radio-Hypnotic Intracerebral Control and Electronic Dissolution of Memory."

Many years ago I had some discussions with Delgado. He asked me to apply my ultrasonic technique for his particular purpose of altering patient's behavior but I declined because we had entirely different aims and approaches. However, I found Delgado to be an intelligent but somewhat strange man.

Best wishes!



P. A. Lindstrom, M.D.

PAL/mjt

PROGRESS RECORD

(Typewriter Copy)

Source

Request Date

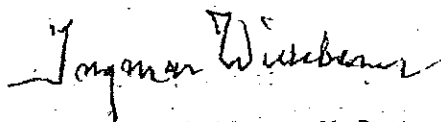
Patient Identification

TO WHOM IT MAY CONCERN:

Recently I reviewed a skull film marked: NASLUND, ROBERT and dated 26-11, 1981. That film shows a couple of unusual foreign bodies at the base of the skull, possibly some form of brain transmitters.

However, I have not examined or talked to this patient and do not know the pertinent history.

San Diego, CA  
October 6, 1983



Ingmar Wickbom, M.D.  
Professor of Radiology  
U.C.S.D.

UNIVERSITY OF CALIFORNIA, SAN DIEGO



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DEPARTMENT RADIOLOGY

UNIVERSITY OF CALIFORNIA MEDICAL CENTER  
SAN DIEGO  
UNIVERSITY HOSPITAL  
125 DICKINSON STREET  
SAN DIEGO, CALIFORNIA 92103-9981

Radiological report regarding a skull film marked:

MAROLINSKA 26-11-1981

NASLUND, ROBERT

This film demonstrates at the skull base an unusual implanted foreign body about 1 cm in diameter. This foreign body appears to be some form of transmitter.

I have not examined the patient and am not familiar with his medical history.

October 10, 1983

Ricardo Centeno, M.D.

Assistant Professor of Radiology

UCSD Medical Center

San Diego, CA

लोक नयस जय प्रकाश नरसिंहन अस्पताल, नई दिल्ली  
LOK NAYAS JAI PRAKASH NARAIN HOSPITAL, NEW DELHI

एक्स-रे विभाग  
X-RAY DEPARTMENT

रोगी का नाम Name of Patient	Robert Naeslund	उम्र Age	50	लिंग Sex	M	कक्ष Ward	पलंग संख्या Bed No.	यूनिट Unit	सी.आर.नं० C.R. No.	635120
किसके द्वारा भिजिए Referred by	बाह्य रोगी विभाग O.P.D.						बाह्य रोगी नं० O.P. No.			
परीक्षण किया जाने वाला निश्चित भाग Exact part to be examined	Head						आय Income	तारीख Date	26.3 1991	
पिछला एक्स-रे परीक्षण (इस फॉर्म के साथ पिछला एक्स-रे फोटो भेजें) Previous X-Ray examination (send skiagram of previous examination with this form)										

संक्षिप्त चिकित्सा इतिहास व बीमारी की अवधि :  
Short clinical history and duration of illness : Foreign body

चिकित्सक द्वारा राय निम्न  
Clinical diagnosis

चिकित्सा अधिकारी  
Medical Officer

पद  
Designation

Defect  
L.N.J.

एक्स-रे रजिस्टर नं०  
X-ray register No.

एक्स-रे रिपोर्ट  
X-RAY REPORT

X-ray skull-lateral view

Shows a radio luscent defect at brains surface just behind the frontal sinus. An umbrella shaped foreign body is seen in relation to the defect just above the right orbital roof.

फिल्म नंबर और आकार  
Number and size of film taken

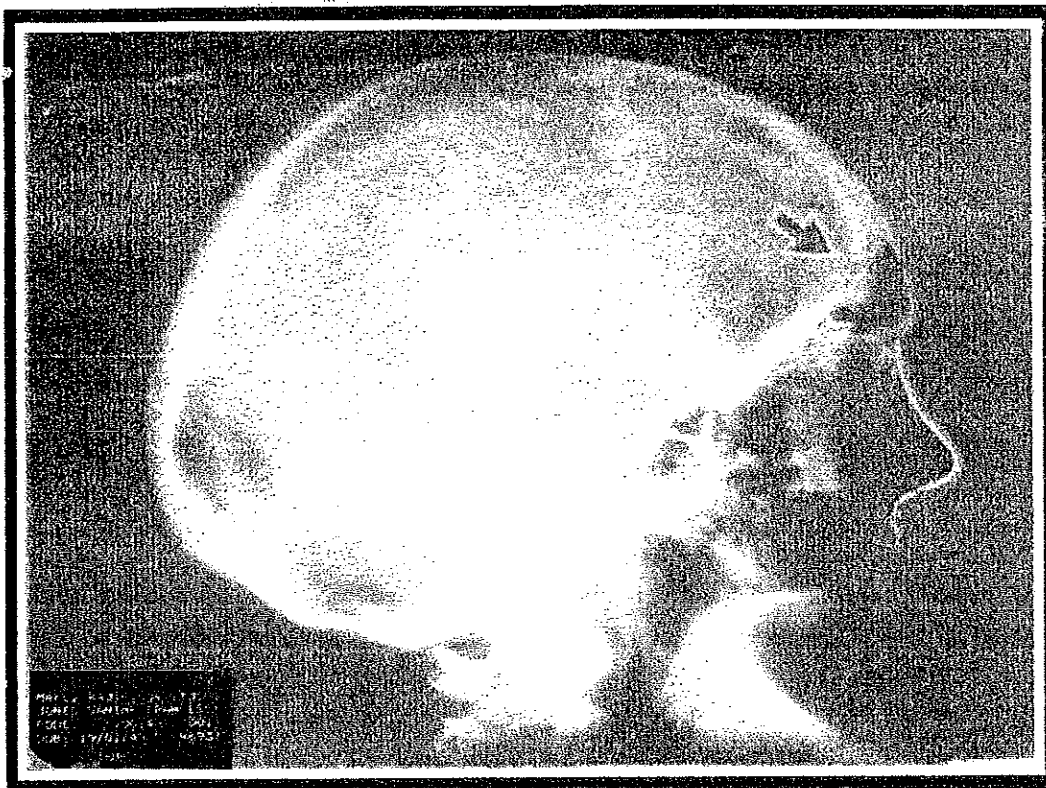
तकनीकियन  
Technician

एक्स-रे कराया व तारीख लिखें  
Repeat X-ray No. and Date

एक्स-रे विशेषज्ञ  
Radiologist

Dr. Manoj Chawla  
Medical Officer  
L.N.J.P.N. Hospital  
New Delhi.

(Film of the patient)



## **RADIOLOGICAL REPORT**

Cranial X-ray of Janine Francis Jones DOB 19/1 1949,  
number E29/hb 202.

Lateral projection shows a foreign object implanted in the frontal lobe directly adjacent to the nasal passages. This object is most probably a radio-transmitter.

Interference in blood-circulation is spreading over large areas of the brain, concentrated in the frontal lobes and in particular around the implanted foreign object. It is highly likely that this blood-flow impairment is the result of the radio-frequency emanating from the transmitter. This, in turn, causes a depletion in oxygen levels and a reduced nutrient supply to these areas of the brain, where changes in neurological activity are inevitable.

London, June 10th 1997

*R. Thompson*

Richard Thompson, M.D.

# RADIOLOGICAL EXAMINATION

Analysis of radiographs from Sophiahemmet taken by **name removed**  
(1949-08-04) Oct 26th 1995 .

Lateral projection number 72 exhibits a foreign object, probably a radio-transmitter, cylindrical in shape, 15mm long and 5mm in diameter, implanted adjacent to the nasal passage, posterior to the frontal bone, and just superior to the nasal root. There are also certain areas, in particular in the frontal lobes, that have diminished oxygen levels, probably as a result of the effect of the electromagnetic radiation on the brain tissue.

London, Oct 10th, 1996

A handwritten signature in cursive script that reads "R. Thompson". The letters are fluid and connected, with a prominent initial "R".

*Richard Thompson. M.D.*



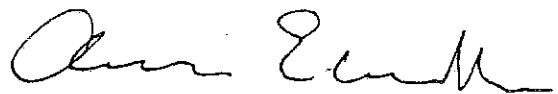
# RADIOGRAPHICAL REPORT

In comparison to the previous report published on the radiographic cranial examination of Mr. John Lambros, the present report, including radiographs numbered 7/17 and 7/27, will discuss additional opinions on what can be identified and what would most likely appear in the pictures if they were of normal quality. We can find no other explanation for the very poor exposure other than it was a deliberate act to hide the facts. The pictures are wrongly exposed and would normally never be accepted as the basis of a radiological examination. However, despite this, there is a great deal that we can establish.

Examination of radiograph 7/17 give us good reason to believe that a transmitter has been inserted in John Lambros sinus and is attached to the frontal lobes. This area is marked with three arrows in the radiograph. In this area can be seen certain faint shadowy formations which correspond to the shape of the transmitter as we know it from previous studies of implanted transmitters. This area is also in a direct line from the opening of the nasal passages. Moreover, in the frontal lobes, just above the previously mentioned area, there are large dark spots which have been caused by oxygen deficiency. This area has also been marked with an arrow in the radiograph. Reduced oxygen balance is a normal consequence of radiowaves penetration of biological tissue through the heat-energy and dehydrating effects of the electromagnetic energies. Oxygen deficiency can also cause a change in physiological conditions and has a detrimental effect of health.

Finally, we can also verify the appearance of what the U.S. doctors refer to as: "...Clusters of punctate radiopaque foreign bodies." These objects have absolutely no natural origin and are most probably some kind of transmitters. These foreign bodies are also visible in radiograph 7/17 and have been marked with an arrow. It also seems natural to suppose that these objects are the cause of the problem Mr. Lambros has at the right side of his face, which we can see from the enclosed photograph as swollen and which also causes him pain judging by what has been referred to us. We would like to recommend that Mr. Lambros undergo an new radiological examination of his skull.

Stockholm, February 21, 1995



# The Macadam Clinic, P.c.

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## Medicine and Chiropractic

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31 October 1998

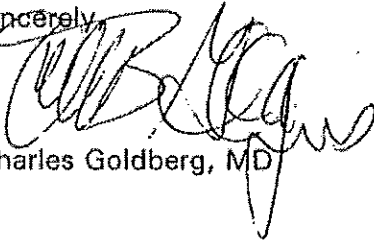
RE: Peter Jamtgaard

To Whom It May Concern:

This will verify that Mr Peter Jamtgaard was seen and treated on 28 October 1998. During this time a surgical procedure was done in which some apparent foreign body/granuloma tissue was removed from the right side of his neck.

Thank you for your attention.

Sincerely,



Charles Goldberg, MD

Doctors of Medicine

*Charles B. Goldberg, MD, AAFP*  
Physician & Surgeon  
American Academy of  
Family Physicians

*David R. Miloy, MD, ABIM*  
Physician & Surgeon  
American Board of  
Internal Medicine

*William E. Winans, DO*  
Osteopathic Physician  
& Surgeon

Family Nurse Practitioner  
*Pat Widenoja, RN, MN, FNP*

Doctors of Chiropractic  
*Larry C. Lubeke, DC, DABCO*  
Chiropractic Physician  
Diplomate American Board of  
Chiropractic Orthopedics

*Frederick N. Rhead, DC*  
Chiropractic Physician

*Kevin W. Larocque, DC*  
Chiropractic Physician

Clinical Social Work  
*Etta Martin, LCSW, CGP*  
Board Certified Diplomate in  
Clinical Social Work

Acupuncturist  
*Eduardo Fernandez, L.Ac.*

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& Associates  
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SE25 6XP.

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22.09.10

To whom it may concern

I have been treating Kieron Perrin as a patient for a number of years, during which time he has consistently complained of severe pain resonating from the soft palate area at the back of his mouth where two protrusions I cannot identify are clearly palpable. Historically too I did refer him to hospital – as I'm aware did other dentists – in order to have what I believed to be clearly impacted Wisdom Teeth removed and was at a complete loss as to why he was refused an operation. I could see no 'reasonable' explanation as to why he had been continually rebuffed concerning extractions because the swelling at the back of his mouth was quite inordinate, he was obviously in extreme discomfort and had been so for a considerable amount of time. As a consequence of this and against my better judgement, having gained the patients assurance that I would not be held responsible for any further resulting problems, I performed a very difficult operation to remove one of his deep lying teeth in my surgery under local anaesthetic. As I'd explained at the time, ordinarily such an operation should not be performed outside of an operating theatre and also done whilst the patient is under general anaesthetic. The procedure was very lengthy and complicated because the obstructing protrusion behind the tooth prevented me from being able to push it backwards as one would normally be able to do. I have never before encountered such a problem and therefore can state that in my opinion there are abnormalities at the back of Mr. Perrin's mouth.

Furthermore, having viewed copies of MRI Scans the patient has had taken of the area, it is my opinion too that there are clearly foreign bodies present as I can see no anatomical explanation for what they're showing. Again to my mind, this is so obvious, that I believe a person without any medical training whatsoever could see it. Therefore I have urged Mr. Perrin to seek an independent medical opinion from a Radiologist with a view to then seeking the removal of whatever is blatantly present inside his head, and, as he states, is responsible for the serious pain he's been suffering from for many years now.

Yours sincerely,



(Dr. A. N. Boneh)