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Dear Mr. Orren:

Today I received a letter from you dated February 15, 1995, and two X-rays of John G. Lambros, one dated 07-17-92, the other dated 07-27-92. You described Mr. Lambros's attorney as essentially not representing his client, and effectively cooperating with the prosecution.

You and Mr. Lambros have in several instances described illegal activities of several members of the U.S. Government and Judiciary. It appears to be a much too familiar activity, for those who forsake their legal and moral responsibilities when an individual has been "targeted" by one of the powerful government agencies.

You wrote in your letter, "Please note that the 7/27 x-ray shows an opaque object just in front of the ear." I was not able to discern "an opaque object just in front of the ear." With my limited knowledge, the opaqueness of the film in that area seemed too obscure for me to ascertain an object.

However, I saw two sets of "clusters of punctate radiopaque foreign bodies." They were in two separate clusters; one approximately two (2) inches above and slightly forward from the ear canal, in the area known as the *auditory area* of the temporal lobe cerebral cortex; a second cluster approximately one (1) inch frontal to the above cluster in the area known as the *speech area* or *Broca's area* of the frontal lobe cerebral cortex. I used a magnification lens, and there appear to be approximately 10 to 15 radiopaque objects within each cluster, each object is about 1 millimeter (.039 inch), or less, in diameter. The objects are clustered in two separate groups and within a diameter for each group of approximately 1 centimeter (.39 inch). I viewed the 07-17-92 X-ray of John G. Lambros with a Christian minister familiar with X-ray material. He also saw several identifiable radiopaque bodies in the two separate clusters in the X-ray.

The sizes and locations of the objects seem very significant. Some literature discusses individual electrode implants less than 0.6 millimeters (.023 inch) in diameter, and radio-

transmitting crystals of even smaller dimensions. The viewable objects in the X-ray are located precisely where one would expect them to be implanted for radio biotelemetry neurological stimulation and monitoring.

If the radiopaque objects are *stimulators, electrodes, or radio transmitting material*, then the cluster of objects in the *auditory area* would allow for direct electrical stimulation of brain (ESB) with radio waves for auditory input, or direct verbal stimulation of the cerebral cortex. The cluster of objects in the *speech area* would allow for biotelemetry neurological monitoring of electroencephalograms (EEG) in the area most highly correlated with sub-vocalization of cognitive activity. The speech area's EEG are highly correlated with language, whether spoken allowed or used in sub-vocal thinking and perception. Therefore, complete monitoring and control of cognitive activity with radio telemetry would be possible.

If someone would ask neurologists, "Just suppose, if you planned to implant miniature electrodes in the *brain* for stimulating auditory input, where would you place them? If you planned to implant miniature electrodes in the *brain* for reading EEG that correlate with speech, whether spoken allowed or sub-vocalized, where would you place them?" I believe one would get near unanimous opinions that they would place the electrodes in the exact locations of the respective "clusters of punctate radiopaque foreign bodies," identifiable in Mr. Lambros's X-ray.

I suggest that you take the X-ray of 07-17-92 to a radiological expert and photographic expert. I believe that one or both of them can scientifically enhance the film to display with greater accuracy the identifiable objects. This may produce clearer images and a three-dimensional perspective, which could show the objects' depths in relation to one another and the surface of the cerebral cortex. Radiological and photographic refinement could show the reality of the objects, and the depths of their implantations.

At minimum, I hope you have a photographic specialist make a photo of the X-ray that could be photocopied and widely distributed. The publicly available X-ray material, such as Robert Nealand's, generally show much larger implanted devices in other locations. It seems very valuable to have a picture of the clusters of miniature objects in the neurologically most probable areas of the brain. Such a photograph may assist Mr. Lambros and other victims in their allegations of involuntary psychosurgery, implants, biotelemetry, enslavement, and torture. Additionally, a high quality photograph of the 07-17-92 X-ray may assist physicians, attorneys, and others unfamiliar with electrode implants, by giving them some idea of the probable miniaturization and brain locations.

I am still attempting to find an honorable and competent attorney or physician for myself. Please let me know if you know of anyone who will represent me, or provide medical evaluations and surgeries. Thank you for the X-rays and your letter.

Sincerely,

  
Glen Nichols