DRAFT MEETING REPORT

Document's Author: Doug Horne/ARRB **Date Created:** 4/16/96

Meeting Logistics

Date: 4/11/96
Agency Name: Assassination Records Review Board
Attendees: Dr. Robert H. Kirschner (Forensic Pathologist), David Marwell, Jeremy Gunn, Tom Samoluk, Doug Horne, and Steve Tilley of NARA
Topic: Independent Review of JFK Autopsy Photographs and X-Rays By Outside Consultant (Forensic Pathologist)

Summary of the Meeting

At the request of David Marwell (ARRB Executive Director), Dr. Robert Kirschner, a Forensic Pathologist employed by Physicians for Human Rights (where he is the Director, International Forensic Program), agreed to conduct an informal, independent review of the JFK autopsy photographs and X-Rays for the benefit of the ARRB staff members involved in medical depositions aimed at clarifying the medical records related to the death of President Kennedy. The meeting was held on April 11, 1996 in the offices of Steve Tilley at NARA in College Park, Maryland.

It was explained to Dr. Kirschner that the goals of the review were not to have him form any opinions, nor were they to record his verbatim observations; rather, the goals were to help ARRB staff understand what is depicted in the photographs and X-Rays, and to ensure that ARRB is pursuing the right questions in its attempt to clarify the record.

This meeting summary is not a verbatim transcript but a condensation of Dr. Kirschner's major points as discussed during the 4/11/96 review of materials.

(1) There are no inconsistencies noted between the X-Rays and photographs.

(2) On the photographs showing the back of the head (#s 15, 16, 42 and 43), the so-called red spot in the upper part of the photo near the end of the ruler has an appearance consistent with a bullet entrance wound, and probably represents an entrance wound. On these same photographs, the so-called white spot near the hairline appears to be a small piece of fat, or brain tissue, and not a wound.

(3) When asked to speculate on what the pencil lines on X-Ray #2 probably mean, Dr. Kirschner was of the opinion that they are probably not trajectory lines *per se*, but probably do represent the radiologist's attempt to determine a point of entry on the skull.

(4) The two photo groups depicting the right side of the head and right shoulder (#s 5, 6, 26, 27 and 28) and the superior view of the head (#s 7, 8, 9, 10, 32, 33, 34, 35, 36, and 37) both clearly depict considerable amounts of exposed and damaged brain tissue--more brain tissue than scalp.

(5) The feature commonly called the "bat wing" (red triangle) in the photos of the right side of the head and shoulder (photos # 5, 6, 26, 27, and 28) was interpreted as the external surface of right temporal bone which had been dislocated by the force of a bullet and moved aft and exterior to its former location, which would have been behind the scalp at the right side of the hairline on the right side of the skull (i.e., what the layman would call the right temple, forward of the right ear). However, no conclusions were drawn as to whether the bullet which caused this was traveling from rear-to-front, or from front-to-rear. It was stated that when a bullet disintegrates and fragments after entry, and when its force disrupts bone, these disruptions and displacements occur in a direction 90 degrees from the axis of travel of the projectile. Additionally, what is often called a "laceration" above the right eye, which extends slightly into the forehead, was interpreted as a small triangular area in the upper right forehead from which the scalp was torn and displaced in an anterior-to-posterior direction; one of the large sections of torn scalp in these photographs which is laying back with its underside exposed is estimated to have originated from this area above the right eye.

(6) No entrance wound could be located on either the two lateral, or the single A-P X-Rays. Dr. Kirschner stated he would defer in this matter to whatever our Forensic Radiologist had interpreted in regard to this matter.

(7) Photographs of ARRB "View 7," (#s 17, 18, 44 and 45) could not be oriented or identified with any precision. Dr. Kirschner did say that he could not visualize this photograph as being the rear of the head, and that the curvature of the exterior surface of the skull in the photo could represent frontal bone, but that he could not be sure. The "ripples" inside the cranial cavity were interpreted as probably being the base of the skull. The notch in the photograph was opined to be too large to be an entrance wound; it was further observed to appear to exhibit external beveling. However, because of a lack of clearly identifiable anatomic landmarks, this photograph ultimately could not be definitively oriented. The "yellow spot" in the color photos near the skull was thought to be muscle and fat which had possibly been exposed by the reflection of skin pulled back as a result of the Y-incision during the autopsy. The artifact in the photograph which appears to be made of glass was tentatively identified by Dr. Kirschner as a formaldehyde bottle.

(8) On X-Ray # 8, no metal was seen anywhere near the neck, but some dark areas were noted on the X-Ray near T-1/T-2. These small dark areas near T-1 and T-2 were felt to be air due to

some disruption...either the back wound or the skull wound. Dr. Kirschner said he would defer to the opinion of our Forensic Radiologist on this matter.

(9) Regarding the basilar photographs of the brain (#s 19, 21, 22, 46, 47, 48 and 49), Dr. Kirschner confirmed that the left cerebellum was indeed disrupted, but it did not look to him like damage caused by an ante-mortem bullet wound, but rather a post-mortem artifact, perhaps from the brain's removal.

(10) Dr. Kirschner identified the "gray brown rectangular structure" (photos # 20, 23, 24, 25, 50, 51 and 52) in the superior views of the brain (referred to on page 8 of the Clark Panel report) as simply clotted blood in the membrane which carries cerebral spinal fluid. He felt he could also see the underside of this same damaged area (further evidence of blood clot) on the basilar views of the brain.

(11) When asked how well the brain in the brain photographs was fixed, Dr. Kirschner said that it was very well fixed, and initially estimated that it had been fixed two weeks or more, based on its appearance (very firm, and very pale--no pink color at all). After further discussion, he modified his original impression by saying that it may have been fixed between 1-2 weeks only, and that for it to have been fixed less than a week this brain would have to have been placed in an extremely concentrated solution of formaldehyde.

(12) The entry wound in the posterior thorax (photos # 11, 12, 38 and 39) looks like a typical gunshot entrance wound, and since its abrasions are more on the top than the bottom, the bullet which caused this wound was most likely traveling down into the body (a high-to-low trajectory).

(13) The anterior throat wound (in photos # 13, 14, 40 and 41) was described as a typical E.R. tracheotomy, done in haste on a patient who was terminal. It was observed to be a large tracheotomy, but at the same time Dr. Kirschner said he had seen many other E.R. trachs this large, also.

(14) Regarding the A-P X-Ray, Dr. Kirschner stated that the pattern of disruption appeared to outward, from posterior to anterior. The rear of the right orbit was observed to be missing. When asked about the bright radio-opaque 6.5 mm object near the right eye in the A-P X-Ray, Dr. Kirschner speculated that it might possibly be a plug of bone forced forward into the skull by an entering bullet. He caveated all of these observations by reminding us that he deferred to the opinions and interpretations of the Forensic Radiologist which we had consulted.
(15) Dr. Kirschner examined CE 399 at his own request. He was very dubious about the possibility of the single bullet theory being true, for two reasons:

(A) Lack of deformation of the nose of the bullet was incompatible, he felt, with a medium-high velocity rifle projectile inflicting the bone damage known to have been inflicted on Governor Connally;

(B) In order for the bullet to remain pristine and undeformed after performing the described bone damage to Connally, he opined that its velocity would have to have been slowed considerably prior to striking Governor Connally; this, however, would have ensured a massive cavity and very large wound track, and an unmistakable, large gaping exit wound in the anterior throat as well, which is not consistent with what was observed at Parkland, namely a small, neat nearly circular 3-6 mm wound. Almost certainly, a breached carotid artery and massive hemorrhaging would have accompanied this kind of exit wound.