MEETING REPORT

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Meeting Logistics

Date: 2/6/96 and 2/7/96
Agency Name: Assassination Records Review Board
Attendees: Dr. John J. Fitzpatrick (Forensic Radiologist), David Marwell, Jeremy Gunn, Dennis Quinn, Douglas Horne, and Steve Tilley of NARA
Topic: Independent Review of JFK Autopsy X-Rays and Photographs By Outside Consultant (Forensic Radiologist)

Summary of the Meeting

At the request of David Marwell (ARRB Executive Director), Mr. John J. Fitzpatrick, a Forensic Radiologist employed by the Cook County Hospital in Chicago, agreed to conduct an independent review of the JFK autopsy X-Rays and photographs for the benefit of ARRB staff members who were preparing to depose Drs. Humes and Boswell. The goal of this independent review was to allow a forensic radiologist who was not immersed in the debate over the medical evidence in the JFK assassination to view these critical materials and pass on to the staff any pertinent observations or concerns. The review of the autopsy X-Rays and photographs was conducted on February 6, 1996 in the offices of Steve Tilley at NARA in College Park, Maryland; a subsequent, follow-on meeting was held with ARRB staff members the following day, February 7, 1996 at the ARRB office spaces in Washington, DC.

Dr. Fitzpatrick was requested to simply view the X-Rays and photographs taken at the autopsy of President Kennedy, and pass on any observations or questions which came to mind. The X-Rays were viewed first. For the ease of the reader, this summary of his observations is recorded in categories (shown below in bold type) by general subject matter, in a somewhat arbitrary order which does not necessarily reflect the order in which the comments were made, or their relative importance:

X-Rays:

Anterior-Posterior X-Ray of the Head (# 1):

(1) It was noted that the brain is in the cranium; the outline of the left cerebral hemisphere can be seen in the A-P X-Ray. The consultant's observations were that left frontal brain is present, and that right frontal brain is missing.

(2) The extremely dark region on the A-P X-Ray depicting the upper right side of the cranium indicates both some absence of brain, and the presence of air inside an open wound.

(3) The orbit of the right eye is cracked and displaced.

(4) No entry wound was seen on the A-P X-Ray.

(5) The bright, radio-opaque object located on the 2-dimensional X-Ray in the vicinity of the orbit of the right eye was noted, and observed to be metallic by the forensic radiologist.
(6) Has never seen burn marks like the two artifacts on this A-P X-Ray; someone was very careless with a hot-light.

Lateral X-Rays of the Head (#s 2 and 3):

(1) No entry wound can be seen on the lateral head X-Rays.
(2) No object directly and clearly corresponding to the bright, 6.5 mm wide radio-opaque object in the A-P X-Ray could be identified by the consultant on the lateral skull X-Rays. Although there is a mere trace of some additional density near the fragment bilocation at the vertex of the skull, the consultant did not feel this object was anywhere near the density/brightness required for it to correspond to the bright, radio-opaque object on the A-P X-Ray. After briefly speculating that the small metallic density behind the right eye in the lateral X-Rays might correspond to the bright radio-opaque density in the A-P X-Ray, this idea was abandoned because neither the locations nor the density/brightness of the 2 objects are consistent.
(3) Most missing bone in the skull is parietal.
(4) The lateral skull X-Rays seem to show a possible/probable exit wound in the right-front of the parietal region.
(5) There is a "snow trail" of metallic fragments in the lateral skull X-Rays which probably corresponds to a bullet's track through the head, but the direction of the bullet (whether back-to-front, or front-to-back) cannot be determined by anything about the snow trail itself.
(6) Following comparison of the A-P skull X-Ray and the lateral skull X-Rays, the forensic radiologist determined that most of the frontal bone was present, at least up to the level where the hairline would start. This conclusion was arrived at by comparing sinuses present on both the A-P and lateral skull X-Rays. It was repeated that much of the dark appearance in the anterior portion of the skull as depicted on the lateral X-Rays was due to air present in the open head wound; additionally, some of the dark appearance in the anterior portion of the skull on the lateral X-Rays is due to missing bone (above the level of the hairline in the frontal bone, and also in the parietal area).
(7) Overlapping bone is clearly present in the lateral skull X-Rays.

X-Rays of Bone Fragments (#s 4, 5 and 6):

(1) Metallic fragments were noted in the largest of the 3 bone fragments on each of these three X-Rays.

(2) Beveling appeared to be present on the largest of these 3 fragments in each of the 3 X-Rays, but it is impossible to tell from the X-Rays alone (without the fragments present) the nature and direction of the beveling.
(3) Suture, as well as an adjacent bone break-line was noted on the largest of these bone fragments in each of the 3 X-Rays, but the type of suture could not be determined from the X-Rays alone.
(4) The origin of these fragments in the skull could not be determined from the X-Rays alone.

X-Rays of Thorax and Neck:

(1) Right transverse process at T-2 could be broken; or, air in open wound could account for what is seen in X-Rays. Uncertain whether T-1 or T-2.

X-Rays of Thorax and Abdomen:

(1) X-Ray #7 is post-incision, but prior to removal of organs.
(2) X-Ray #8 is post-incision.
(3) X-Ray # 11 is post-incision, after removal of organs.
(4) X-Ray #9 shows thyroid cartilage to be present; it is visible halfway up its length. After that, air in the larynx makes the X-Ray dark and obscures the rest of the view. Both lungs and the thyroid cartilage are present in this X-Ray; however, there is air in the larynx.
(5) The small, round radio-luminescense in the abdomen is a residue of dye used for tests in the 50s and 60s.

Photographs:

Head:

(1) In photos of the right side of the head and right shoulder (# s 5, 6, 26, 27, and 28) the red flap above the ear equates with the overlapping bone in the lateral skull X-Rays.
(2) Cannot visualize the two pieces of bone above the forehead incision (in same photos mentioned above in subpara 1) i.e., the V-notch, white in color, in the lateral skull X-Rays. Wishes he had a hot-light.
(3) The very straight line of reflected scalp (left of midline) in the superior view of head photos (#s 7, 8,9,10,32,33,34,35,36,and 37) may represent or match a fracture seen on the A-P X-Ray. Brain may be present in part of this photo...not sure because of the large amount of blood present.
(4) Cannot determine, without the body present to examine, what the red spot and white spot are in back of the head photos (#s 15, 16, 42 and 43). Cannot determine precise location of entry wound without the body present.
(5) Cannot orient the photos of the large skull defect (#s 17, 18, 44 and 45) due to lack of anatomical landmarks. Much speculation was engaged in, but ultimately no firm orientation could be determined.

The following day, February 7, 1996, Dr. Fitzpatrick met with ARRB staff after reviewing some brief summaries of the independent research efforts of Drs. Mantik, Robertson, and Dr. Riley (PhD) at ARRB's request. He did not find the work of Drs. Mantik or Robertson to be persuasive, and did not concur with their findings, noting frequently that they were not forensic radiologists as he was. (He later admitted that his specialty was not bullet wounds, but was broken bones in child abuse cases.) He did not discuss the work of Dr. Riley.

He continued to be disturbed and puzzled by the fact that the large radio-opaque object in the A-P skull X-Ray could not be located on the lateral skull X-Rays. At one point he speculated that perhaps this fragment fell off of the President's body before the lateral X-Rays were taken. He opined that the 6.5 mm radio-opaque object in the A-P skull X-Ray looked "almost as if it had been machined off, or cut off of a bullet."

Dr. Fitzpatrick gives no credence whatsoever to any observations made by trauma room surgeons and personnel, in terms of forensic location and accurate reporting of wounds. He promised to provide ARRB a copy of a long article on the subject. END