

OUTSIDE CONTACT REPORT

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DATE 2/27/78 TIME _____I. Identifying Information:Name Dr. Norman Chase Telephone _____Address NYU Medical Center, New YorkType of Contact: Telephone
 PersonII. Summary of Contact:

Dr. Chase examined the JFK and Connally X-rays in the presence of Dr. Michael Baden, Mark Flanagan, and Andy Purdy. He made preliminary observations before we focussed his attention on particular areas of interest to the medical panel.

JFK: Skull X-ray - The lateral skull X-ray indicated that the missile "...blew the top of the head off. . .striking with enormous power." The wound was massive, not the kind he would expect from a single, jacketed bullet hitting straight on; it was possibly tumbling or hit on an angle. The entry point was visible on the upper rear head. Regarding the anterior-posterior X-ray, Dr. Chase noted the large metal fragment prominent in the X-ray and said he believes it corresponds to the metal fragment in the rear of the head as evi-

III. Recommended Follow-up (if any):

Signature: _____

*Andy Purdy**Mark Flanagan*

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dence on the lateral view. He said the frontal fragment would appear higher (than the aforementioned fragment) in the anterior view (and slightly left of center).

Dr. Chase said the head X-rays show extensive comminuted fractures of the calvarium. He said that while it is unclear exactly what happened to the top of the skull because of the extensive damage, he is sure that the skull was not perforated by a missile at any point below the one he designated as an entrance wound. When referred by Dr. Baden to the lower skull region and asked what his response would be if told that the autopsy surgeons believed there was a wound of entry there, he said he would say they were wrong.

He said the degree of damage to the skull and the fact that there was "little residual material" led him to believe the missile was jacketed. He said there is no evidence in the X-rays of a shot coming from the front or of more than one bullet striking the skull; for there to have been a second bullet, Dr. Chase said there would have to be another exit point in the skull or a bullet which was left behind (which entered the exit hole of the one bullet which entered in the upper rear of the head).

Regarding the circular temporal bone area, Chase said it appeared to represent normal skull thinning at that point but said there could be bone missing, noting the area was ". . . awfully luscant." When viewing a pre-assassination lateral skull X-ray, Dr. Chase said he believed there was

exit of bone from the temporal area, the zygomatic process (lateral view). He also noted fracture of the right orbit.

In the neck X-ray, Chase noted the presence of a metal fragment or artifact in the area of the transverse process--definitely not a bone fragment. The first rib appeared to be separated from the sternum but he had trouble noting specific evidence of a missile passing through the first or second rib. Air was noted in the subcutaneous tissue in this same region, caused by the passage of a missile and/or air entering the region due to the tracheostomy incision. He said the object present was not bone because it was too small and too dense; the little trail of dots near the fragment were believed to be artifacts. The object was about 1 mm x 2½mm--"very small." Chase said that if a break occurred in T-1 it was peculiar and had no displacement. He said that extra work on X-ray #9 might bring out this fragment in another view.

CONNALLY: Regarding the thigh X-ray, Chase said there was a metal fragment in the subcutaneous tissue and there was no fragment in the femur; the object thought to be such a fragment is artifact.

Regarding the chest X-ray, he said there was no evidence of pneumothorax. The fifth rib appears fractured in the post-operative X-ray but is not evident in the pre-op

(region of posterior axillary line or mid-axillary line).

Soft tissue damage is evidenced by the presence of air and blood.

Dr. Chase had no recommendations for experts in forensic radiology.