

HMAS SYDNEY II

From: Jo Duflou - Department of Forensic Medicine [REDACTED]
Sent: Thursday, 1 May 2008 7:30 AM
To: michael montgomery
Cc: Blenkin, Matthew CMDR; McNaught, Fiona CMDR
Subject: RE: Cls remains

Dear Mr Montgomery,

I think the best way to answer your questions in the first instance is to provide you with the conclusions in my report of 18 December 2006:

- *"The only definite antemortem/perimortem injuries in this case were found on the skull, although I cannot exclude the possibility of injuries to the ribs of the deceased.*
- *The projectile injury to the left frontal bone has physical characteristics indicating a direction of the projectile from anterior to posterior without passage through the cranial vault, i.e. the fragment of metal lodged in the front of the skull on impacting with the head of the deceased. The lack of radiating fracture lines and the physical nature of the projectile are consistent with a fragment of shrapnel impacting with the front of the head with a moderate degree of force.*
- *The presence of the sagittally aligned fracture is consistent with having been caused at the time of impact by the piece of shrapnel or may have been caused by impact with a second, probably larger, object.*
- *If the damage to the left squamous temporal bone of the skull is a fracture, then either a separate blow to the left side of the head caused this injury or it was sustained when the deceased fell over with significant force on being struck to the front of the head – I am unable to determine which of these scenarios is more likely.*
- *Assuming the only cranial injuries are as described, then these injuries need not have been immediately fatal. It is not possible to indicate, however, how long the deceased would have survived such injuries. It is entirely possible that associated brain damage would have resulted in a very rapid death, but it is also possible that the deceased may have survived a number of days if there was no significant brain damage."*

I was not involved in the exhumation of the skeleton, although I was involved in an earlier excavation on Christmas Island which was unsuccessful. I am aware though that an apparent projectile injury was noted on the skull at the time the skull was removed from the soil. We had to be very careful in terms of preserving the skull and then extracting the projectile. At the time of my examination, which took place in Sydney after the remains had been transported here, I was of the view it was likely a piece of shrapnel, in part because of the lack of typical fracture lines radiating from the wound which is typically seen in gunshot wounds. Also, there was significant corrosion of the missile, hence mistaking it for shrapnel. I understand though that metallurgical analysis has shown the projectile to be a bullet.

With reference to your questions concerning the injury to the back of the head, I think my summary above is fairly self-explanatory.

It should of course be remembered that what I have provided is an opinion, albeit based on my expertise and examination of the remains. I was not the only person who examined the remains, and as in most "forensic" investigations, there are many possible interpretations. Unlike the TV series "CSI", our answers are almost

never black and white, and I find more often than not that there are more questions at the end of my examinations than when I started.

Sincerely,

Jo Duflou
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From: michael montgomery [REDACTED]
Sent: Tuesday, 29 April 2008 11:12 PM
To: Jo Duflou
Subject: CIs remains

Dear Professor Duflou,

Many thanks for getting in touch with me, and I would be very grateful for your help in clearing up the confusion as described below surrounding the wounds to the skull of the Christmas Island remains.

On November 10th 2006 Minister Bruce Billson stated that "forensic experts had confirmed it [a small-calibre bullet, the type fired from a pistol] had been fired from behind his head just above the neck as though the man had his head bowed. The bullet lodged in the skull on the inside of the forehead." However, in a further statement of February 16th 2007 he amended this to "One wound is the shrapnel that struck the front of the skull and lodged in the left forehead, the other is behind the left ear from a separate blow or a heavy fall around the same time."
 The questions that arise are thus:

- 1) How could the wound in the front of the skull still not apparently have been visible a month after the first public announcement of the discovery in October?
- 2) How could that in its rear, originally described as a bullet hole, have become a much less specific trauma?

Cdr. McNaught subsequently quoted you yourself as having explained the latter wound by "His head must have hit something in the Carley float". However, it is unclear how striking the outer layer of the float, which consisted of nothing more solid than canvas and kapok, could have caused such a severe trauma, and moreover a drawing done from descriptions of the body at the time of its original recovery in February 1942 shows it to have been in a sitting position with the head well clear of the rim of the float (Naval Historical Review, December 1989).

Mr. Billson also said of the latter that "it would have immediately been fatal," so that it would obviously have been impossible for the sailor to have incurred it before swimming to the float and climbing aboard; the inescapable inference is therefore that it was then inflicted by some outside agency. Would you care to comment on this too?

With kind regards,

Michael Montgomery

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