

Stenographic Transcript Of

HEARINGS

006551

Before The

MEDICAL PANEL

of the

SELECT COMMITTEE ON ASSASSINATIONS

HOUSE OF REPRESENTATIVES

MEDICAL PANEL MEETING

Washington, D.C.

March 11, 1978

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SHORT

AFTER RECESS

(The meeting reconvened at 1:35 p.m. with the same participants present that were in the morning session.)

Mr. Purdy. We will try to conclude by three fifteen. Dr. Finck will be available tomorrow if we need any further questioning.

Mark, do you want to start with the introduction.

Mr. Flanagan. This taping session is now in progress. The time is 1:36 p.m. The date is March 11, 1978. The place is National Archives, Washington, D. C., room 503.

Staff members present are Donald A. Purdy. Mark Flanagan, our medical man, is also present. Mr. Thomas Canning from the photographic panel is also present. Archives personnel are Marian Johnson and Mike Lahey. We also have a court reporter here at this time.

This is a questioning session of Dr. Pierre Finck. We are now ready to begin. Staff counsel Donald Purdy will swear in the witness and begin the session.

Mr. Purdy. Dr. Finck, do you swear the testimony you are about to give is true to the best of your knowledge, information and belief?

Dr. Finck. I do.

Mr. Purdy. Please be seated.

TESTIMONY OF PIERRE A. FINCK

Mr. Purdy. Please state your full name and address.

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1 Dr. Finck. My first name is Pierre, P-i-e-r-r-e,
2 middle initial A., last name Finck, F-i-n-c-k. My address
3 is Avenue D'Orbaix, No. 14, 1180 Brussels, Belgium.

4 Mr. Purdy. What is your present employment?

5 Dr. Finck. I am retired doing part time instruction.

6 Mr. Purdy. The initial questioning for the medical
7 panel will be conducted by Dr. Charles Petty.

8 Dr. Petty.

9 Dr. Petty. Thank you.

10 Dr. Finck, we are going to try to take you back to the
11 night of the actual autopsy that was carried on on the body
12 of the then President Kennedy.

13 When did you arrive first in the autopsy room?

14 Dr. Finck. It was approximately 2030 hours, 8:30 p.m.

15 Dr. Petty. Was the autopsy in progress at that time?

16 Dr. Finck. Yes, it was. I arrived after the start of
17 the autopsy.

18 Dr. Petty. Who requested that you come to the autopsy?

19 Dr. Finck. Dr. Humes called me at home asking that I
20 come to National Naval Medical Center.

21 Dr. Petty. And for what purpose, as you understand it,
22 did he ask you to be present?

23 Dr. Finck. I was at the time Chief of the Military
24 Environmental Pathology Division which included the Wound
25 Ballastic Pathology Branch. I was also Chief of the Wound

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3
1 Ballistic Pathology Branch and the Director of the Armed
2 Forces AFIP Institute of Pathology. General Bloomburg had
3 given my name to Dr. Humes telling him that if he needed
4 consultation in the field of missile wounds I was available.
5 I was asked as the Chief of the Would Ballistic Pathology
6 Branch specifically to interpret the wounds.

7 Dr. Petty. And so as you conceived your role or as you
8 were ordered, whichever it is, you were there as a consultant,
9 not as an actual member of the autopsy team, is that correct.

10 Dr. Finck. Well, being there and having been asked to
11 sign the autopsy report I have to say that I was a part of
12 the autopsy team although to start with I was there as a
13 consultant for the reasons I mentioned.

14 Dr. Petty. I see. When did you leave the autopsy room?

15 Dr. Finck. It must have been quite late during the night
16 because after the autopsy was completed we stayed there during
17 the embalming, so it must have been after midnight.

18 Dr. Petty. And when was the autopsy itself over as best
19 you recollect, the actual process of carrying out the autopsy?

20 Dr. Finck. Close to midnight, before midnight, and our
21 departure after midnight. Maybe several hours after midnight
22 for our departure.

23 Dr. Petty. When you left --

24 Dr. Finck. This may be in the record.

25 Dr. Petty. When you left, was the body reconstructed or

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1 was it still in the process of embalming and so forth?

2 Dr. Finck. From what I remember the body had been
3 embalmed, reconstructed and closed.

4 Dr. Petty. Which came first, the embalming or the
5 closure and reconstruction of the body?

6 Dr. Finck. I would not know.

7 Dr. Petty. All right.

8 Dr. Finck. It was a long process, the embalming and
9 the reconstruction. It was a long process.

10 Dr. Petty. Because of why?

11 Dr. Finck. The process of several hours to reconstruct
12 and embalm. That by itself was time consuming.

13 Dr. Petty. The reconstruction of what portion of the
14 body required the most time?

15 Dr. Finck. I would assume the head.

16 Dr. Petty. And you were there for that entire process?

17 Dr. Finck. I remember, yes.

18 Dr. Petty. I see. All right.

19 Now there is one thing that has concerned us and we have
20 gotten into this previously today and that is something con-
21 cerning any restrictions that might have been placed on the
22 type of examination that was to be conducted. Were there any
23 restrictions that you know of insofar as the extent of the
24 autopsy was concerned?

25 Dr. Finck. There were restrictions coming from the

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1 family and we were told at the time of autopsy that the
2 autopsy should be limited to certain parts of the body.
3 For example, autopsy limited to the head and modest extension
4 but there were restrictions.

5 Dr. Petty. The autopsy was limited then at least to the
6 head as far as you begin with.

7 Dr. Finck. For example, from what I remember we did not
8 remove the organs of the neck because of the restrictions.

9 Dr. Petty. Was an examination of the organs in the
10 thoracic area permitted?

11 Dr. Finck. Yes, because there was an extension after
12 those preliminary restrictions were mentioned. The lungs
13 were removed.

14 Dr. Petty. Were the organs of the abdominal cavity
15 also removed?

16 Dr. Finck. That I don't remember because I was really
17 focusing and concentrating on the aspect of the wounds. It
18 was my mission in that autopsy room, and my main mission was
19 to study the wounds so I cannot elaborate on the abdominal
20 organs.

21 Dr. Petty. Do you recall what sort of primary incision
22 was used to expose the organs?

23 Dr. Finck. That should be in the autopsy report. I
24 cannot recall now. I would say it is in the autopsy report.

25 Dr. Petty. Perhaps I might modify the question. Were

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1 the organs of the abdominal cavity exposed by means of the
2 primary incision?

3 Dr. Finck. I don't remember.

4 Dr. Petty. All right. Now if I understand you correctly
5 then there was a restriction; that is, that the organs of the
6 h-ad or the head only should be examined, is that correct?

7 Dr. Finck. At the beginning there was that restriction.
8 As a matter of fact, when I reached the hospital, as far as
9 I can remember, the brain had been removed.

10 Dr. Petty. All right. And then you say that this
11 restriction was at least partially limited so as to permit
12 other examinations, is that correct?

13 Dr. Finck. Yes.

14 Dr. Petty. Now is it your knowledge then or concept
15 that someone must have been in communication with the family
16 so that these restrictions could be altered as it became
17 necessary?

18 Dr. Finck. It is difficult for me to answer that ques-
19 tion because we did what we were told and it is hard for me
20 to say -- well, the sequence is difficult for me to establish.

21 Dr. Petty. All right. Does anybody want to add anything
22 in this regard?

23 Dr. Finck. Maybe I can help you here. Maybe Admiral
24 Galloway who was in charge of the center, as I remember --
25 he was the one as far as I can remember communicating those

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7
1 restrictions to us.

2 Dr. Petty. I see. And the restrictions were modified,
3 however.

4 Dr. Finck. Yes.

5 Dr. Petty. As you went on.

6 Dr. Finck. Yes.

7 Dr. Petty. Does anyone want to add or ask further in
8 this particular area?

9 Mr. Purdy. Did you indicate why the restrictions were
10 modified?

11 Dr. Finck. I don't know but -- I don't know. I was
12 not the one making those restrictions so it is hard for me to
13 explain them except it came from the family.

14 Dr. Wecht. Pierre, in your subsequent testimony in the
15 trial I believe you were asked about the bullet wound in the
16 back and in the neck and why it had not been dissected out
17 and you stated that all of you had been ordered and that your
18 recollection was that it was an Army General whose name you
19 did not recall.

20 Dr. Finck. And I still don't remember his name. I read
21 my notes and I found in my notes an Army General and I don't
22 know who it was.

23 Dr. Wecht. I was just saying with regard to what
24 Charlie is asking you now, then you certainly remembered that
25 somebody did give you orders not to do certain things.

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1 Dr. Finck. I cannot say that it was this Army General,
2 I don't recall that precisely. I remember the prosecutors
3 and Admiral Galloway. As far as saying now so and so told
4 me that or didn't tell me that, it is extremely difficult.
5 There was an Army General in that room and I cannot really
6 pinpoint the origin of those instructions to comply with
7 those family wishes.

8 Dr. Baden. Dr. Finck, just so I understand, when you
9 arrived the brain had already been removed from the cranial
10 cavity.

11 Dr. Finck. As far as I remember, yes.

12 Dr. Baden. And at that point when you arrived, did a
13 decision have to be made as to whether to proceed further or
14 not in the autopsy?

15 Dr. Finck. Having only X ray films of the head, I am
16 the one who suggested the whole body X ray survey before
17 going further, as far as I remember, to rule out the presence
18 of an intact bullet in that cadaver. See, having a wound of
19 entry in the upper back/lower neck and at the time of autopsy
20 no wound of exit and only X ray films of the head showing
21 numerous metallic fragments, I am the one who asked for that
22 whole body X ray survey.

23 Dr. Petty. If you don't mind, I would like to go about
24 this orderly if I may.

25 Dr. Finck. I think I answered your question why was it

9 1 stopped or what was the reason for doing something, and the
2 reason was as I mentioned.

3 Dr. Petty. All right. Now let me recapitulate as I
4 understand what you said here. One, you arrived at about
5 8:30 in the evening, give or take a little bit. Two, at the
6 time you arrived you believed that the brain had already been
7 removed.

8 Dr. Finck. Yes.

9 Dr. Petty. What was the situation that was verbally
10 presented to you at the time you got there? How many gunshot
11 wounds were there there that had been discovered at that time
12 when you walked in the room? What was your briefing, in other
13 words?

14 Dr. Finck. I don't remember. I remember what I saw,
15 the wounds I saw.

16 Dr. Petty. All right.

17 Dr. Finck. I interpreted myself but now to say what was
18 the briefing at the time in detail, I unfortunately cannot do
19 it. I remember, however, that on the phone Dr. Humes told me
20 that he had good X ray films of the head. That I remember.
21 What he told me when I arrived in the autopsy room in addi-
22 tion to that, I don't remember.

23 Dr. Petty. All right. What wounds did you see when you
24 first arrived there? Let me put it that way. I am not trying
25 to drive you into any corner at all, I just want to know what

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1 wounds were there to the best of your knowledge when you got
2 there.

3 Dr. Finck. I saw a wound in the upper back/lower neck
4 on the right side which I identified as a wound of entry.
5 It had soiled, inverted edges which in non-technical language
6 it means turned inward. I interpreted that wound as a wound
7 of entry.

8 The incision of the tracheotomy performed in Dallas we
9 examined but I did not see a wound of exit along that
10 tracheotomy incision and that was the puzzle, having a wound
11 of entry with no corresponding wound of exit, and that was
12 one of the reasons for asking for additional X ray films
13 which I requested. So that is for the wound of the upper back/
14 lower neck on the right side.

15 In addition, I saw in the back of the head on the right
16 side a wound corresponding to that wound of the scalp. I
17 observed a hole in the skull. That hole in the skull in the
18 back of the head showed no crater when examined from the
19 outside of the skull but when I examined the inside of the
20 skull at the level of that hole in the bone I saw a crater
21 and to me that was a positive unquestionable finding indenti-
22 fying a wound of entry in the back of the head.

23 Dr. Loquvam. Dr. Finck, is that symmetrical, inward
24 beveled?

25 Dr. Finck. I don't remember. I don't remember.

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1 Dr. Rose. Were there fracture lines radiating out from
2 that beveled wound of the back of the skull?

3 Dr. Finck. I don't remember. We would have to refer to
4 the autopsy report.

5 Dr. Coe. If I understood you, you said that the head
6 post had already been done at the time you arrived.

7 Dr. Finck. The brain had been removed.

8 Dr. Coe. How had the skull cap been taken off to remove
9 the brain?

10 Dr. Finck. In that respect Dr. Humes told me that the
11 fractures of the top and right side of the head were so
12 extensive -- that wound was about 13 centimeters in diameter,
13 it was a very large one. The fractures were so extensive,
14 there was so much fragmentation of the skull that Dr. Humes
15 did not have much sawing to do or he may not even have had
16 any sawing to do.

17 Dr. Coe. You mean he did not have to extend around to
18 the left side of the head to remove the brain intact?

19 Dr. Finck. He may have had a little sawing to do but
20 as compared to an intact skull where you have to do complete
21 sawing to remove the calvaria, the skull cap. That was not
22 the case because of the extent of the fractures and damage
23 to the skull.

24 Dr. Coe. Did you see the wound of entry in a separate
25 piece of bone that was handed to you or was that still hooked

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1 on to the body?

2 Dr. Finck. It was definitely attached to the body, the
3 wound of entry.

4 Dr. Petty. Let me go back a little bit if I may. As I
5 understand you, when you first came there there was no ques-
6 tion in your mind but that there had already been discovered,
7 or observed perhaps would be a better term, a wound in the
8 upper right back.

9 Dr. Finck. I don't know if they had discovered that
10 wound, I don't remember. I remember what I saw but I can't
11 say that I was briefed on that wound in the back.

12 Dr. Petty. No, I don't mean briefed. What I mean is
13 when you walked in the room was it obvious at that time that
14 there was a back wound or did this discovery come later after
15 you got there? That is what I am trying to get to.

16 Dr. Finck. I don't remember.

17 Dr. Petty. You don't remember. Okay. Do you remember
18 whether that wound was discovered late in the autopsy or
19 early in the autopsy, in other words?

20 Dr. Finck. I would say rather early in the autopsy.
21 The wound in the upper back/lower neck rather early in the
22 autopsy.

23 Dr. Petty. All right. Let me get to another area then
24 if I may in relationship to the head. There was an in-shoot
25 wood, a wound of entry, in the right back of the head.

13

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1 Dr. Finck. Yes.

2 Dr. Petty. Was that above or below the level of the
3 tops of the ears?

4 Dr. Finck. It was above the external occipital protu-
5 berance which is not -- I am showing now with my finger.

6 Dr. Petty. It was above it?

7 Dr. Finck. Yes.

8 Dr. Petty. A long distance above it or just a short
9 distance above it or just about at?

10 Dr. Finck. Slightly above it as I remember.

11 Dr. Petty. Slightly above it. Was it to the midline
12 or to the right or to the left of the midline.

13 Dr. Finck. It was 2.5 centimeters to the right of the
14 midline.

15 Dr. Petty. All right. Would you be kind enough to
16 demonstrate or point to that point that you pointed to on
17 yourself on, say, Cyril for a second.

18 Dr. Wecht. If I were more completely bald --

19 Dr. Petty. That is the occipital protuberance that you
20 are pointing to?

21 Dr. Finck. Yes.

22 Dr. Petty. All right. Now where was the wound?

23 Dr. Finck. 2.5 centimeters to the right, slightly above.

24 Dr. Petty. And slightly above. Thank you very much.

25 Dr. Baden. Which is approximately how far above the

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1 level of the external extreme protuberance that you just
2 pointed to, Dr. Finck?

3 Dr. Finck. Could you please repeat the question.

4 Dr. Baden. Approximately how far above the level of
5 the external extreme protuberance did you just point to on
6 Dr. Wecht's head?

7 Dr. Finck. We said slightly above it. I can't --

8 Dr. Baden. One centimeter, is that in the ball park
9 of where you pointed?

10 Dr. Finck. I think we have photographs to go by for
11 that.

12 Dr. Petty. We sure do.

13 Mr. Purdy. Dr. Finck, do you recall that measurement
14 from your memory, from the autopsy or from some other source?

15 Dr. Finck. I read my notes before coming.

16 Mr. Purdy. When did you write your notes that you gave
17 the location of the wound?

18 Dr. Finck. After the autopsy because -- I take it back,
19 correction. During the autopsy I took measurements but all
20 my notes were turned over to Dr. Humes, and after the autopsy
21 I also wrote notes but the notes I wrote at the time of the
22 autopsy were turned over to Dr. Humes.

23 Mr. Purdy. That includes all measurements?

24 Dr. Finck. Yes.

25 Mr. Purdy. Did you make all measurements of the

15
1 location of the wounds?

2 Dr. Finck. Yes, I think so. Most of them.

3 Dr. Baden. Do you recall how many pieces of paper
4 actually you turned over to Dr. Humes?

5 Dr. Finck. No, I don't remember that.

6 Dr. Baden. Was it more than one?

7 Dr. Finck. It was written in like an autopsy room.
8 There were three prosectors, and I don't remember the number
9 of papers.

10 Dr. Baden. Was it on an autopsy form with a diagram on
11 it?

12 Dr. Finck. It had a diagram of the autopsy room but I
13 don't remember the number of pages, honestly.

14 Dr. Petty. This is the photograph that seems best to
15 show the back of the head. This seems to be a Photograph
16 No. 42. Now where is the wound of entrance on the back of
17 the scalp that you see in No. 42?

18 Dr. Finck. It is probably this wound. Probably. I
19 can't, I don't --

20 Dr. Petty. Dr. Finck has pointed to a mass right at
21 the junction of the hair with the neck.

22 Dr. Finck. This is not too clear so I can't tell if it
23 is this or that, honestly.

24 Dr. Petty. Say it again. You say this or not?

25 Dr. Finck. Is it that and that or is it something else?

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16

1 I don't know.

2 Dr. Petty. We have here a No. 43 which is one of the
3 -- What do you call these amplified photographs?

4 Dr. Baden. Clarified.

5 Dr. Petty. Clarified.

6 I don't want to point anything to you here or in any way
7 to put words in your mouth. Would you like also to look at
8 the color transparency which is probably better?

9 Dr. Finck. Yes. No. 42.

10 Dr. Petty. This is No. 42 also.

11 Dr. Finck. Well, I would say that this was the wound of
12 entry to the right of the external occipital protuberance.
13 It is more accurate to determine an anatomic location when
14 you have the wound itself on the dead body. On the photo-
15 graphs it is embarrassing, it is distorted as far as the
16 angle of shooting is concerned, so you feel much more at ease
17 when you have the dead body and the wounds to establish a
18 location than when you have photographs.

19 Dr. Petty. Well, the reason we are showing you this is
20 that there are some problems in the specific location of the
21 wound and somebody has now handed me a 10 power glass, I think

22 Dr. Spitz. May I make a comment before you point out
23 anything?

24 Dr. Petty. I am not pointing out anything.

25 Dr. Spitz. I don't know. I would have thought that on

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1 the picture the protuberance, the external occipital
2 protuberance is here.

3 Dr. Finck. I really don't know.

4 Dr. Spitz. It is exactly where you are holding, I
5 think that is right. I can feel it.

6 Dr. Petty. It is just at about the upper level of the
7 portion of the ears.

8 Dr. Finck. We agree. And that wound was to the right,
9 on the photographs it is. I see something here and I see
10 something there but I remember the dead body itself and that
11 wound was to the right of this. See, here again you have
12 something here and something there but --

13 Dr. Baden. Were you present when these color photographs
14 were taken of the head?

15 Dr. Finck. I was at least for some of them. I remember
16 positively that a Navy photographer took pictures and I wanted
17 pictures of the crater in particular because this is a posi-
18 tive finding for a wound of entry in the back of the head. So
19 I wanted a picture showing no crater from the outside and a
20 clearcut crater from the inside, but I don't know.

21 Dr. Coe. You mean some of these pictures were taken
22 after the brain had been removed?

23 Dr. Finck. I don't know. The sequence of photographs,
24 I was there when some of the photographs were taken.

25 Dr. Coe. I am a little confused because you said before

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1 the brain had been removed before you came.

2 Dr. Finck. As far as I remember.

3 Dr. Coe. Then if you were there when photographs were
4 taken of the head, it must have been after the brain had
5 been removed.

6 Dr. Wecht. What Dr. Coe means is before you stated when
7 you got there the brain had been removed, right?

8 Dr. Finck. I think so.

9 Dr. Wecht. So if you remember that pictures were taken
10 at your specific request, then what John is asking therefore
11 by definition, one or more pictures of the head were taken
12 after the brain had been removed.

13 Dr. Weston. He mentioned the crater specifically.

14 Dr. Finck. Yes, and I don't know if all the pictures
15 were taken in my presence.

16 Dr. Coe. I just wonder how much distortion we are
17 getting from that. We have a lot of distortion.

18 Dr. Weston. Pierre, this happens to be an image process
19 photo blowup of this particular particular.

20 Dr. Spitz. You are doing an injustice to all the photos
21 if you are going to show them on this. The only thing that
22 is going to benefit is the transparency.

23 Dr. Weston. Would you want to comment on what that looks
24 like to you?

25 Dr. Petty. It is labeled NA Autopsy 12 Material.

19

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1 Dr. Finck. Is this an enlargement of that in black and
2 white?

3 Dr. Weston. It is enhanced with a computer.

4 Dr. Finck. That I never saw.

5 Dr. Weston. No, this is only new.

6 Dr. Baden. That is this area. Does that help you in
7 any way?

8 Dr. Weston. It does not. It does not.

9 Dr. Petty. Well, what we are trying to say is which in
10 your recollection, maybe -- which in your recollection, Dr.
11 Finck, is the gunshot wound of entrance, this at the hairline
12 from which we have this enhanced photograph or this toward
13 the end of the ruler just above the level of the ears?

14 Dr. Finck. This one.

15 Dr. Petty. Which one are you pointing to?

16 Dr. Finck. The wound of entry.

17 Dr. Petty. And that is near the hairline or that is up
18 toward the upper portion of the ear?

19 Dr. Finck. The best I can do for the wound of entry in
20 the back of the head.

21 Dr. Wecht. She still does not have anything to show
22 which you are referring to. Describe it so the stenographer
23 can get it down.

24 Dr. Finck. In the lower half of the photograph. Would
25 that be good enough identification for the record?

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1 Dr. Petty. This is the one by the hairline.

2 Dr. Wecht. By the hairline.

3 Mr. Purdy. We have here a black and white blowup of
4 that same spot. You previously mentioned that your attempt
5 here was to photograph the crater, I think was the word that
6 you used.

7 Dr. Finck. In the bone, not in the scalp, because to
8 determine the direction of the projectile the bone is a very
9 good source of information so I emphasize the photographs of
10 the crater seen from inside the skull. What you are showing
11 me is soft tissue wound in the scalp.

12 Dr. Petty. I won't comment. I just want to be sure
13 that this is what you feel is the in-shoot wound and that is
14 near the hairline and not the -- I hate to use any term to
15 describe it but not the object near the central portion of
16 the film near the end of the ruler.

17 Mr. Purdy. The red spot in the caldic area.

18 Dr. Finck, upon examining these two areas, what opinion
19 do you have as to what, if anything, that red spot in the
20 upper portions?

21 Dr. Finck. I don't know what it is.

22 Mr. Purdy. We have here a black and white blowup,
23 enlargement No. 16, of the upper area just to the right of
24 the centimeter ruler. I wonder if that gives you any
25 information as to whether you believe -- as to what you

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1 believe that could be.

2 Dr. Finck. Does that correspond to this photograph
3 here?

4 Mr. Purdy. Yes.

5 Dr. Finck. I don't know what it is.

6 How are these photographs identified as coming from the
7 autopsy of President Kennedy?

8 Mr. Purdy. They are initialed. No. 43 here is a copy
9 made from the original, which is initialed by Dr. Boswell.
10 These were initialed at the time of the review and they were
11 turned over to the Archives.

12 Perhaps it would be appropriate soon to show the X ray
13 which corresponds to this region.

14 Dr. Petty. May I ask one other question, perhaps two.

15 If I understand you correctly, Dr. Finck, you wanted
16 particularly to have a photograph made of the external
17 aspect of the skull from the back to show that there was no
18 cratering to the outside of the skull.

19 Dr. Finck. Absolutely.

20 Dr. Petty. Did you ever see such a photograph?

21 Dr. Finck. I don't think so and I brought with me
22 memorandum referring to the examination of photographs in
23 1967 when I was recalled from Vietnam. I was asked to look
24 at photographs and as I recall there were two blank 4 by 5
25 transparencies; in other words, two photographs that had been

22

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1 exposed but with no image and as I can recall I never saw
2 pictures of the outer aspect of the wound of entry in the
3 back of the head and inner aspect in the skull in order to
4 show a crater although I was there asking for these photo-
5 graphs. I don't remember seeing those photographs.

6 Dr. Petty. All right. Let me ask you one other question.
7 In order to expose that area where the wound was present in
8 the bone, did you have to or did someone have to dissect the
9 scalp off of the bone in order to show this?

10 Dr. Finck. Yes.

11 Dr. Petty. Was this a difficult dissection and did it
12 go very low into the head so as to expose the external aspect
13 of the posterior cranial fascia?

14 Dr. Finck. I don't remember the difficulty involved in
15 separating the scalp from the skull but this was done in order
16 to have a clear view of the outside and inside to show the
17 crater from the inside.

18 Dr. Bader. Do you recall specifically that some dissec-
19 tion was done in the area?

20 Dr. Finck. To free the skull from the scalp, to separate
21 the scalp from the skull.

22 Dr. Bader. Yes.

23 Dr. Finck. Yes. I don't know who did that. I don't
24 know the difficulty involved but the scalp is adherent to the
25 skull and it had to be separated from it in order to show in

1 the back of the head the wound in the bone.

2 Dr. Petty. Did you see the brain?

3 Dr. Finck. I saw the brain.

4 Dr. Petty. Was there any injury to the cerebellar
5 hemispheres?

6 Dr. Finck. I don't remember.

7 Dr. Petty. Would it be appropriate to show him those
8 photographs of the brain? I think they are all in here.

9 Dr. Bader. Dr. Finck, specifically in 42 Photograph it
10 appears as if the prosector -- could you identify the
11 prosector in 42 by chance?

12 Dr. Finck. I cannot.

13 Dr. Bader. It appears the prosector may be holding the
14 scalp tissue in such a way as to expose the back side of the
15 scalp especially as compared to No. 34 which shows the tissues
16 hanging loosely posteriorly and the question I have, (a) is
17 that your recollection and (b) what would he be exposing for
18 the purpose of the camera in such preparation for a photo-
19 graphy?

20 Dr. Finck. I don't remember.

21 Mr. Purdy. Dr. Finck, following up on this photo of the
22 back of the head before we move on to the brain, No. 43, you
23 described the wound of entrance as in the lower part of the
24 head when you examined this photograph.

25 Dr. Petty. Just above the hairline.

24

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1 Mr. Purdy. Just above the hairline. Is it your opinion
2 that that object is below the external occipital protuberance?

3 Dr. Finck. I don't know.

4 Mr. Purdy. Or above it?

5 Dr. Finck. I don't know. You don't see it, it is some-
6 thing you feel. As a matter of fact, you may have difficulty
7 in finding it with your fingers. On a photograph I don't see
8 it.

9 Mr. Purdy. You stated earlier that it was slightly above
10 the external occipital protuberance, is that correct?

11 Dr. Finck. From what I remember, correct. We have to
12 refer to the report.

13 Mr. Purdy. Approximately how far above the hairline
14 would you say that you characterize the wound of entry is?

15 Dr. Finck. I don't know.

16 Mr. Purdy. By looking at the photograph.

17 Dr. Finck. There was a scale but are we perpendicular
18 to the target so you may have some distortion in centimeters
19 here.

20 Dr. Wecht. I should also like to point out for the
21 record for your question, hairlines, maybe one has one hair-
22 line and I have got another hairline.

23 Mr. Purdy. I am talking about as represented on the
24 picture.

25 Dr. Wecht. He has already answered that question before.

25

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1 Mr. Purdy. How would you characterize as what you see
2 just above the hairline? Is that the visible evidence of
3 perforation of the scalp or is that something that is outside
4 of the scalp?

5 Dr. Finck. See, this is again the difference between
6 what you see with your naked eye and you try to maintain a
7 record of what you see and that photograph does not have the
8 same depth as what you see with the naked eye and we attempted
9 to have a photographic representation of the wound.

10 Mr. Purdy. My question is, does that represent the wound
11 itself?

12 Dr. Finck. It is an attempt to represent the wound
13 itself. That is the purpose of taking photographs at an
14 autopsy. When the body is gone it is too late to have
15 supporting illustrations.

16 Mr. Purdy. So on the black and white enlargement of that
17 photograph, that lower object which is the one I just referred
18 to as black and white enlargement No. 16, would you character-
19 ize that -- I understand you attempted to show that was the
20 wound itself.

21 Dr. Finck. Yes.

22 Mr. Purdy. Would you characterize that as a perforation
23 of the scalp or as something that is exterior to the scalp?

24 Dr. Finck. Perforation means through and through.

25 Mr. Purdy. Well, do you see the scalp penetration there?

26

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1 Dr. Finck. I see some tissue coming out of a wound.
2 That does not tell us yet the depth of that wound because
3 that is where the naked eye examination and the examination
4 of the wound itself comes into the picture in contrast to the
5 flat photograph so I cannot say that this photograph shows
6 a penetrating or a perforating wound. We don't see here --

7 Mr. Purdy. One final question. At the time of the
8 autopsy do you recall anything at the upper area where the
9 red spot is at the caldic? Do you remember anything that
10 would correspond to that red spot?

11 Dr. Finck. No. No, there was only one wound of entry
12 in the back of the head.

13 Dr. Petty. Dr. Finck, let me show you first an X ray
14 which is one of those taken at the time of the autopsy and
15 is identified as No. 2 by means of a small embossed number
16 in the upper right hand corner. Could you possibly point to
17 the area of the bullet entry on this X ray?

18 Dr. Finck. Where was the external occipital protuberance,
19 the bony prominence? Where was the wound in the vicinity?
20 Would it be here?

21 Dr. Petty. Well, no. I am asking the question, where
22 is the wound? You have pointed to what would appear to me
23 to be the external occipital protuberance. That is the bump
24 that protrudes in back. Now can you place the wound on the
25 skull by viewing the X ray? Can you tell where the wound is

27

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1 on the skull?

2 Dr. Finck. I would ask a radiologist to do that.

3 Dr. Petty. Okay. You don't believe that you are able
4 to --

5 Dr. Finck. All I see here is radio opaque fragments
6 and displacement of bone but as far as making a positive
7 identification of wounds on an X ray film I would refer that
8 to a radiologist.

9 Dr. Petty. All right. Would the anterior/posterior
10 view of this same skull help you?

11 Dr. Finck. Here again fracture lines, radio opaque
12 object. Probably metallic fragments. Fragments, and that
13 is all I can say.

14 Dr. Petty. All right.

15 Dr. Finck. The value of the X ray films and why I asked
16 for the X ray films is to have a whole body survey, not to be
17 told afterwards that there could have been an intake bullet
18 and that was the reason for those multiple X ray films. As
19 far as location of wounds, this is not as good a source as
20 the dead body itself.

21 Dr. Petty. All right. Then the X rays were taken
22 fundamentally to find missiles or fragments thereof?

23 Dr. Finck. Yes.

24 Dr. Petty. And not to determine the point of entrance
25 or exit, is that what you are saying?

1 Dr. Finck. Yes.

2 Dr. Petty. All right. Would you once again locate the
3 external occipital protuberance?

4 Dr. Finck. Yes.

5 Dr. Petty. If you point that out on Dr. Davis here,
6 where is that external occipital protuberance in relationship
7 to the cerebellar hemispheres? Is it above or below?

8 Dr. Finck. I don't know.

9 Dr. Petty. All right. Then there is just one other
10 thing I would like to show you and that is the photographs
11 of the brain which show you the cerebellum and of course the
12 cerebellar hemispheres and the brain stem. Are these of any
13 value to you in attempting to locate the area of the bullet
14 perforation?

15 Dr. Finck. I see extensive damage to the right hemis-
16 phere and the left hemisphere. I see blood under the thin
17 meninges but on the basis of the photograph of the brain I
18 cannot show an entry or an exit in the brain if that is what
19 your question is.

20 Dr. Petty. No, that is not quite what I asked. Can you
21 tell where the penetrating gunshot wound went? I am not
22 asking for entrance or exit but the course.

23 Dr. Finck. The track. I cannot identify a track.

24 Dr. Baden. Dr. Finck has been referring to 46, 47, 48
25 and 50 photographs.

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1 Dr. Petty. Just one further question. Do you see any
2 damage to the cerebellar hemispheres in these photographs
3 that could have been caused by a missile?

4 Dr. Finck. I don't know.

5 Dr. Petty. All right.

6 Now does anybody have any other question they would like
7 to ask of Dr. Finck?

8 Dr. Loquvam. If a missile had entered at this point,
9 would it have entered the posterior cranial vault and produced
10 subarachnoid hemorrhage in the cerebellar hemisphere?

11 I have pointed to color picture No. 43 at the point of
12 entrance that Dr. Finck is saying the entrance is and I am
13 referring to the four color photographs of the brain in which
14 I see no subarachnoid hemorrhage other than postmortem to the

15 My question is, if this is the point of entrance, isn't
16 that at the level of the posterior cranial vault where the
17 cerebellar hemispheres lie and would we not see subarachnoid
18 hemorrhage if a slug had torn through there?

19 Dr. Finck. Not necessarily because you have wounds
20 without subarachnoid hemorrhage.

21 Dr. Loquvam. You can have wounds in the brain without
22 a missile track slug tearing through brain tissue?

23 Dr. Finck. I don't know. I cannot answer your question.

24 Dr. Weston. I would like to ask about the report
25 preparation here because I have heard several different

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1 versions. This is the work sheet and on the work sheet we
2 all understand there are a number of different measurements.
3 One thing that is noticeably absent is any reference to the
4 exact location of this. Now I know that you assisted Dr.
5 Humes in preparing the report and I know that he had --

6 Dr. Finck. That is not my handwriting.

7 Dr. Weston. Whose handwriting is this?

8 Dr. Wecht. I think Boswell is the one who made the
9 sketch:

10 Dr. Baden. He is supposed to have.

11 Dr. Finck. I don't know.

12 Dr. Baden. Is this what you were referring to as one
13 of the pages of notes you were writing on?

14 Dr. Finck. I don't know.

15 Dr. Baden. Or did you have a distinct recollection of
16 other notes?

17 Dr. Finck. I don't know.

18 Dr. Baden. Okay.

19 Dr. Petty. Are there any other questions from anyone
20 in regard to Dr. Finck's participation in the autopsy and
21 his recollection thereof and interpretation of those photo-
22 graphs he so far has been shown?

23 Dr. Baden. Dr. Finck, relative to the skull X rays had
24 you had occasion on any previous time to review them for
25 purposes of evaluating the injury to the head?

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1 Dr. Finck. I saw the X ray films at the time of the
2 autopsy and also I believe in January 1967 when I came back
3 from Vietnam specifically to look at X ray films and photo-
4 graphs at the Archives.

5 Dr. Baden. Was that for identification purposes or to
6 utilize the X rays in arriving at your conclusions as to the
7 ballistic track?

8 Dr. Finck. I don't quite see the question. I don't
9 understand the question.

10 Dr. Baden. In our discussions of the interpretation of
11 the X rays, were X rays of gunshot wounds part of your general
12 expertise into wound ballistic studies in the past or prior
13 to the Kennedy assassination?

14 Dr. Finck. Well, X ray films are often used or requested
15 by pathologists to see the extent of injuries and to eventually
16 reveal the presence of foreign bodies.

17 Dr. Baden. So had you utilized X rays previously in
18 evaluating gunshot tracks?

19 Dr. Finck. Yes.

20 Dr. Baden. And in this particular instance did you so
21 utilize these X rays? You did mention that you utilized the
22 X ray to see if there was an intact bullet present.

23 Dr. Finck. That was the main reason for me.

24 Dr. Baden. Did you also utilize it to see if you could
25 precisely locate the entrance or exit perforation in the skull?

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1 Dr. Finck. To a much lesser extent. When it comes to
2 interpretation of radiographs I always consult the radiolo-
3 gists.

4 Dr. Baden. Was there a radiologist present?

5 Dr. Finck. Dr. Ebersole.

6 Dr. Baden. Did you consult with Dr. Ebersole about that?

7 Dr. Finck. Dr. Ebersole interpreted the radiographs as
8 far as I remember. He came to the autopsy room.

9 Dr. Baden. Did you have a discussion with him what was
10 the entrance, what was the exit before December?

11 Dr. Finck. I don't remember.

12 Dr. Petty. Dr. Finck, I know you have had a lot of
13 experience with certain types of wound ballistics and as I
14 understand it the combat rifles that were used up to about,
15 oh, the late Fifties or early Sixties generally had a muzzle
16 velocity of somewhere around the 2700, 2800 foot per second
17 range and then with the development of the M16s and some of
18 the higher velocity weapons the muzzle velocities went much
19 higher. Have you had any experience with the M1 carbine
20 wounds? Have you seen individuals who have been shot and
21 killed with M1 carbines or similar assault rifles?

22 Dr. Finck. I must have because being in charge of the
23 Wound Ballistics Pathology Branch I reviewed most missile
24 wounds sent to the AFIP for several years so I must have --
25 I did not keep track by weapon or the number of injuries

3
1 that I have reviewed but in my experience I have a great
2 variety of injuries produced by a great variety of missiles
3 from a great variety of weapons.

4 Dr. Wecht. What was the span of years, Pierre, that you
5 spent at the AFIP Institute of Forensic Pathology and Histology?
6 What years?

7 Dr. Finck. I arrived at the AFIP Institute in February
8 1959 and I was dealing from that time with forensic cases.
9 In November 1960 as I recall, I was appointed Chief of the
10 Wound Ballistics Pathology Branch in replacement of J. C.
11 Beyer who left the branch. He is the author of the book
12 Wound Ballistics published by the Surgeon General of the Army.

13 I remained in charge of the Wound Ballistic Pathology
14 Branch from November 1960 until May 1966 when I left for
15 Vietnam. I returned from Vietnam in May 1967 and was in the
16 same job, Chief of the Wound Ballistics Pathology Branch.

17 Dr. Wecht. That was May of 1966?

18 Dr. Finck. In May of 1967 when I returned from Vietnam
19 after one year of duty in Vietnam I was in the same job I had
20 when I left and I kept that job until July 1970. So in round
21 figures it is ten years of experience at the AFIP.

22 Dr. Baden. Could you clarify for me, Dr. Finck, when
23 you say wound ballistic cases were sent to you, what does
24 that mean -- pictures, slides, deaths of wounded people?

25 Dr. Finck. Most cases were fatal. There were very few

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injuries and few non-fatal cases of missile wounds. Most of the cases I reviewed were fatal caused by bullets, fragments, explosions. That was the mission of the wound ballistics pathology mission.

Dr. Baden. What was sent to you, what would you review?

Dr. Finck. An autopsy report, photographs, microscopic slides, X ray films, reports on investigation. I am not saying these were in every case but in an ideal case that is what I reviewed.

Dr. Baden. How many ideal cases would you have in a year, say, sent to you just to give me an approximate idea?

Dr. Finck. Oh, I must have reviewed a thousand cases in my career at the AFIP but I cannot tell you how many cases were ideal, how many cases were very complete. Some cases were excellent, others were less complete but I must have reviewed roughly 1,000 cases of missile wounds.

Dr. Baden. Why would they be sent to you, just routinely in every case or problem cases?

Dr. Finck. The AFIP is the central facility for the Federal Government; it is a repository for autopsy reports for the Army, Navy, Air Force.

Dr. Baden. So all autopsy reports on wounded persons would come to you automatically?

Dr. Finck. Most of the reports. I don't pretend that I would say all autopsy reports but a large number.

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1 Dr. Baden. Most?

2 Dr. Finck. Yes.

3 Dr. Petty. Anybody else, any questions?

4 Joe.

5 Dr. Davis. Dr. Finck, there has been a lot written in
6 reference to the assassination since it occurred, many
7 articles -- some critical, some not critical, some studious
8 types and various studies and so forth. You know, varying
9 degrees of scientific caliber. There is one author who has
10 written several articles based on experimentation and that
11 is John Lattimer.

12 Dr. Finck. Yes.

13 Dr. Davis. Have you had occasion to read a number of
14 his articles? I cannot give you the exact citations but I
15 have them here. I can't recall what journals they were
16 published in but there have been a number of them. Have
17 you had occasion to review his articles?

18 Dr. Finck. I read one article by Dr. Lattimer published
19 in May 1972. Is that enough or do you want the more complete
20 reference?

21 Dr. Davis. No, I don't need the complete reference.

22 Dr. Finck. Okay.

23 Dr. Davis. The point I am getting to is have you been
24 impressed favorably with his analytical approach to recon-
25 struction of the wounding patterns in this particular case?

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1 Dr. Finck. I am impressed by his background experience.
2 He has combat experience. He was a combat surgeon. I am
3 impressed by the thoroughness of his work. My comment on
4 what he wrote regarding the anatomic location of wounds
5 stating that on the basis of the photographs such a wound
6 seems to be higher than described in the autopsy report, my
7 opinion is that the man who can see the wound itself on the
8 dead body is in the best position to establish an anatomic
9 location as compared to others who refer to drawings, photo-
10 graphs, X ray films. Again we need those, that is the only
11 thing left, but when you have the choice in those various
12 types of evidence my first choice is the examination of the
13 wounds in place on the dead body to see where they are.

14 Dr. Davis. One follow up question that may have been
15 touched on already, I might have missed it in the previous
16 questions, but I believe that neither you nor the other two
17 pathologists who participated in the autopsy were ever
18 afforded an opportunity to review the photographs that were
19 taken at the autopsy until long after the written autopsy
20 report had been prepared, is that correct?

21 Dr. Finck. That is correct.

22 Dr. Davis. All right.

23 Dr. Finck. The photographs taken at the time of autopsy
24 were turned over to the U. S. Secret Service and we did not
25 see the photographs before writing our autopsy report which

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1 I remind you we signed 36 hours after the autopsy, it is a
2 short time. We signed that report on some date, the 24th
3 of November 1963. The first time I saw those photographs of
4 the autopsy was in January 1967 when we were asked to review
5 them at the Archives. I was specifically brought back from
6 Vietnam for that purpose.

7 Dr. Davis. And as far as the photographs taken at the
8 autopsy, do you recall whether or not any of the other
9 pathologists made a request to anyone to have an opportunity
10 to see these photographs prior to the completion of the
11 autopsy report prior to having to having to sign your name
12 to the report? Do you know if that request was ever made of
13 anyone?

14 Dr. Finck. I don't know.

15 Dr. Petty. Did you ever make such a request?

16 Dr. Finck. I don't remember.

17 Dr. Petty. You did not yourself?

18 Dr. Finck. I do not remember.

19 Dr. Wecht. Did anybody offer, Pierre, to show them to
20 you when you went to give testimony before the Commission in
21 Charch of 1964?

22 Dr. Finck. The Warren Commission?

23 Dr. Wecht. Yes, or any member of the staff.

24 Dr. Finck. We were told at the time by I believe Arlen
25 Specter who was a counsel for the Warren Commission that

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1 Robert Kennedy, Attorney General, did not want the X ray
2 films and photographs introduced in the hearings of the
3 Warren Commission.

4 Dr. Wecht. Pierre, I would like to, unless somebody
5 has another question --

6 Dr. Finck. There is a question mark here. Is it Arlen
7 Specter or somebody else? From what I remember in March 1964
8 at the time of my testimony before the Warren Commission, we
9 did not have the X ray films and the photographs taken at the
10 time of autopsy. We did not in March 1964.

11 Dr. Wecht. Pierre, you will recall that you along with
12 Dr. Humes and Dr. Boswell conducted a supplemental examination
13 of a normal and fixed brain on December 6, 1963, which would
14 have been just about exactly two weeks after the autopsy. The
15 last sentence in there states something like, Cranial sections
16 of the brain are not made in order to preserve the specimen.
17 That is pretty close, I imagine.

18 Dr. Finck. Yes, I remember the spirit.

19 Dr. Wecht. Who suggested or requested or ordered that
20 the brain not be sectioned and in what context was the
21 preservation concept used -- to be preserved for whom, for
22 what purpose?

23 Dr. Finck. I don't remember who said that no sections
24 should be made. I don't recall the purpose. I think I
25 remember suggesting that a neuropathologist of the AFIP be

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1 consulted for the examination of the brain and that may have
2 been the reason for placing that brain in Formalin to have
3 it examined by a qualified neuropathologist.

4 Dr. Wecht. Was that ever done, Pierre, to your knowl-
5 edge?

6 Dr. Finck. To my knowledge it was not. I suggested
7 that a neuropathologist be asked to do that examination but
8 to my knowledge it was not done.

9 Dr. Bader. Do you recall the container that the brain
10 was in at that time? Do you have any recollection?

11 Dr. Finck. No. It was placed in Formalin but I don't
12 recall.

13 Dr. Bader. Round, square?

14 Dr. Finck. I don't recall.

15 Dr. Wecht. Who was in charge of the brain at that time,
16 Pierre, do you recall?

17 Dr. Finck. I consider Dr. Humes as in charge. He was
18 the chief.

19 Dr. Wecht. When you came back in January of 1967 on
20 special orders bringibg you back from Vietnam to review all
21 the autopsy materials, do you recall if you viewed the brain
22 at that time, whether any of your team asked about the brain
23 or for the brain or if anything was said to you about either
24 its availability or its unavailability?

25 Dr. Finck. I don't remember. Specifically in January

1 1967 what was told them?

2 Dr. Wecht. Yes.

3 Dr. Finck. I don't recall.

4 Dr. Wecht. Do you recall whether you saw the brain at
5 that time?

6 Dr. Finck. I can answer that question by referring to
7 the memorandum of the Department of Justice.

8 Dr. Wecht. Do you have that?

9 Dr. Finck. I gave it to the committee.

10 Mr. Flanagan. Yes.

11 Dr. Finck. I returned temporarily from Vietnam to D.C.
12 to examine photos and X ray films from President Kennedy,
13 January 1967. I don't think there was any brain examination
14 there.

15 This is available to the committee.

16 Dr. Wecht. Yes, I know. I think we have copies of it,
17 Pierre. I thought maybe you were referring to a different
18 memorandum.

19 Dr. Finck. No. Specifically regarding January 1967,
20 I don't recall seeing the brain. I think we mentioned only
21 photographs.

22 Dr. Wecht. Would you have any recollection of what
23 Dr. Humes' response to you was on December 6, 1963, when you
24 suggested that a forensic neuropathologist examine the brain?

25 Dr. Finck. From what I remember he said that it was not

possible or something to that effect.

Dr. Wecht. Yes, that is in your memorandum. John Coe just showed it to me here. It is in your memorandum, right?

Dr. Baden. What page?

Dr. Coe. Page 4, "Where the Commander called me and I asked for a representative of the Neuropathology Branch."

Dr. Finck. He told me no additional personnel -- okay.

Dr. Baden. Dr. Finck -- Go ahead.

Dr. Wecht. No, go ahead, Michael.

I was just going to say that we had talked before that somebody had asked Dr. Finck about the complete versus incomplete autopsy report. Charlie, do you want to do that?

Well, it has been discussed, Pierre, because you will recall in your memoranda you referred to yourself whether it was a complete or an incomplete autopsy.

Dr. Finck. Looking back, the autopsy accomplished its purpose. I think Dr. Humes made that point. He said the purpose of the autopsy was to establish the number of wounds, the direction of the projectiles and establish a cause of death and from that viewpoint it was complete.

Dr. Wecht. But at that time -- This is not meant to disclaim or place anybody in an adversary position but merely to ascertain facts. In your memoranda you yourself referred to the fact that you had felt that it should not be listed or designated as a complete autopsy.

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1 Dr. Finck. At the time I felt so because of the
2 restrictions and I suggested or I said I felt it is not
3 complete but Dr. Humes then said that the autopsy had accom-
4 plished its purposes as stated -- the number of wounds, the
5 direction of the projectiles and the cause of death -- so I
6 was actually satisfied.

7 Dr. Coe. Dr. Finck, was your statement that you thought
8 the autopsy was incomplete based on a lack of examination
9 during the autopsy or a lack of ability to write all the
10 information which was garnered from the examination?

11 Dr. Finck. Lack of examination at the time of autopsy,
12 in that sense.

13 Dr. Rose. In what sense?

14 Dr. Finck. Well, more dissection of the neck, in that
15 sense.

16 Dr. Rose. Abdominal?

17 Dr. Finck. Or an autopsy complete, all the cavities
18 should be examined. But when the wounds involved the head
19 and the neck, if the abdomen is not examined it is of
20 secondary importance so I finally felt I could --

21 Dr. Rose. Is it your recollection that the abdominal
22 organs were not examined?

23 Dr. Finck. I don't remember in detail whether it was
24 examined or not because again as I said at the beginning I
25 was there for wounds.



1 Dr. Wecht. Pierre, did anybody say specifically to the
2 autopsy pathologist that there should be no examination of
3 the adrenal gland?

4 Dr. Finck. I don't recall that. Again I was focusing
5 on wounds and for me the purpose of the autopsy was not to
6 examine the adrenal glands.

7 Dr. Weston. Pierre, can I ask you a question. When
8 you got the chance to look at the pictures and were indexing
9 them into the Archives, so to speak, and assigning numbers of
10 them and looking at the pictures and the X rays did it occur
11 to you independently or anybody else that when you looked at
12 the picture of the back of the head that perhaps the location
13 of the wound as it was described in the report was not the
14 location of the wound as it was depicted in the photo? Was
15 there any conversation about that by you or anybody else in
16 the group?

17 Dr. Finck. I don't recall. I didn't recall.

18 Mr. Purdy. Was there discussion where the entry was in
19 the head specifically when you examined the photograph?

20 Dr. Finck. In January 1967 I would say there was but we
21 have to refer to the memorandum of the Department of Justice.
22 In that respect for January 1967 the record will be better.
23 Do I answer the question?

24 Mr. Purdy. When you examined the photograph in 1967 did
25 you consider or was it pointed out to you the red spot in the



1 higher portion on the head that we pointed out to you?

2 Dr. Finck. I don't remember. If it is not in the
3 memorandum, I cannot remember.

4 Dr. Spitz. Pierre, when you all tried to put the
5 account together at the end of it when everything was com-
6 pleted you mentioned at the beginning they were embalming
7 the body and they were putting it back together. Did you
8 try or do you know whether it was tried to re-establish the
9 shape of the head by putting back the features? I mean there
10 is a pretty large cavity there.

11 Dr. Finck. Oh, yes.

12 Dr. Spitz. Was an attempt made to cover up the cavity
13 with the bone pieces?

14 Dr. Finck. From what I remember there was but there
15 must have been bones missing because there were multiple
16 fractures and fragmentation of the skull and I don't say that
17 all the pieces of bone were found. I don't say that, no.

18 Dr. Coe. Were the pieces that were brought in during
19 the course of the autopsy included when they were attempting
20 to make this reconstruction, do you know?

21 Dr. Finck. I don't know.

22 Dr. Baden. Do you know if those pieces were retained
23 or put back into the body?

24 Dr. Finck. I don't know.

25 Dr. Baden. One point about the photographs. When you

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1 signed the report you mentioned you had not seen the photo-
2 graphs.

3 Dr. Finck. That is correct.

4 Dr. Baden. Is it your custom in doing autopsies on
5 gunshot wounds to review the photographs before you complete
6 your report?

7 Dr. Finck. That is a good point. It is desirable, yes.

8 Dr. Baden. You usually wait until photographs come back
9 before completing the report?

10 Dr. Finck. If I had the chance, I do it.

11 Dr. Baden. When you do yours --

12 Dr. Finck. Oh, yes.

13 Dr. Baden. Now in addition to the cases sent to you as
14 Director of the Wounds Ballistic Section, did you have occa-
15 sion to do autopsies ab initio in gunshot wound cases?

16 Dr. Finck. I was called as a consultant by the Walter
17 Reed residence, for example, but you mean an autopsy for me
18 alone?

19 Dr. Baden. Yes.

20 Dr. Finck. No. The autopsies performed by the staff
21 of the AFIP, they were for victims of aircraft accidents.

22 Dr. Baden. But in your experience the Wounds Ballistic
23 Section is essentially used as a consultant to review what
24 other persons had done or were doing?

25 Dr. Finck. Well, I was not always at the AFIP. I had

46 1 duties as well where I performed autopsies of gunshot wounds
2 before 1959.

3 Dr. Baden. In your course as a general pathologist?

4 Dr. Finck. Yes.

5 Dr. Baden. As a general pathologist.

6 Dr. Finck. Yes, and interested in forensic pathology;
7 I always was.

8 Dr. Baden. When the cases were sent to you for review,
9 would you have occasion to review it for accuracy or what did
10 the review encompass? Your review of the cases, were they
11 sent to you to review it?

12 Dr. Finck. To send an opinion to the contributor whether
13 we agree or we don't agree or we need additional information.

14 Dr. Baden. Would there be many times in which you would
15 disagree with what the contributor's contribution was? The
16 reason I am asking you is relative to your point about the
17 prosector having the best opinion as to the Wounds Ballistics.

18 Dr. Finck. I see. It would be hard to say in what ways
19 I disagreed and for what reasons. There are difficult points
20 in that question.

21 Dr. Wecht. Pierre, what is your best recollection as
22 to the time, the circumstances under which you and your
23 colleagues Humes and Boswell first learned about the fact
24 that the tracheotomy wound that you had seen in the Navy
25 autopsy had been superimposed upon a bullet wound in the neck?

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1 Dr. Finck. From what I remember it was a phone call
2 from Dr. Humes to Dallas and that was after the autopsy.
3 Does that answer your question?

4 Dr. Wecht. Well, when you say after the autopsy, would
5 that be sometime on Saturday, November 23?

6 Dr. Finck. This is someone -- Stop the tape. I will
7 look for it.

8 Dr. Wecht. If I may tell you what you said, I know you
9 said, "I think on Saturday morning or sometime Saturday, the
10 23rd." If you want to find it, go ahead. I just wanted to
11 save you some time.

12 Dr. Finck. Would it be satisfactory to say it was
13 probably -- I know the phone call was made by Dr. Humes and
14 we signed the report on Sunday and I would say that phone
15 call was probably made on Saturday, the 23rd probably. Do
16 you want me to look for it?

17 Dr. Wecht. If you have it here and it is not too much
18 trouble.

19 Mr. Purdy. I am not certain that for these purposes
20 that is particularly important. We can have him check it
21 after the taping section.

22 Dr. Wecht. All right.

23 Mr. Purdy. But on the issue that that relates to I
24 wonder if you could go into a little more detail. You say
25 you were primarily there to examine the wounds. What area



1 did you do in probing the area and what did you find from
2 doing that?

3 Dr. Finck. The probing was unsuccessful.

4 Dr. Wecht. Could you describe in a little more detail
5 what "unsuccessful" means?

6 Dr. Finck. Well, you cannot go into a track when --
7 you know, this is difficult to explain. You can make an
8 artificial track if you push hard enough with an instrument
9 so you go gently to see that there is a track, and the fact
10 that you don't find a track with a probe may be because of
11 contraction of muscles after death.

12 Dr. Wecht. Was the probe done with a metal probe?

13 Dr. Finck. That is why I said probing was unsuccessful.

14 Mr. Purdy. How far into the body did the probe go
15 before you were afraid it might create an artificial track?

16 Dr. Finck. I don't know.

17 Mr. Purdy. What was your confusion that you had said --
18 I am not sure that you used the word "confusion." I think
19 you used a word to describe the state of mind when you could
20 not find the track and you could not find an exit wound and
21 you could not find evidence of a bullet. How did you resolve
22 that confusion that night during the autopsy?

23 Dr. Finck. By asking for the X ray films.

24 Mr. Purdy. And what was the answer?

25 Dr. Finck. There was no bullet remaining in the cadaver.

1 Mr. Purdy. What did you conclude about where the
2 bullet must have gone?

3 Dr. Finck. I don't know when that news came regarding
4 the wound of exit in the front of the throat. Part of the
5 tracheotomy decision, I don't know.

6 Mr. Purdy. Our previous testimony before the Warren
7 Commission indicates that it was the next day, it was
8 Saturday, November 23, when the phone call was made which
9 was, as you said, after the autopsy which means, is it not
10 correct, that you did not know when the autopsy was finished
11 that there was a wound of exit in the front of the throat?

12 Dr. Finck. Probably not. That sounds all right.

13 Mr. Purdy. When the autopsy was concluded, then what
14 did you think could have happened to the bullet if it was not
15 in the body and didn't exit the front of the body?

16 Dr. Finck. It is hard to say now but I don't know.
17 With no bullet shown on X ray films, a wound of entry in the
18 back, I don't know.

19 Mr. Purdy. Do you recall a phone call to Dallas during
20 the autopsy?

21 Dr. Finck. I don't know if there was a phone call to
22 Dallas during the autopsy.

23 Mr. Purdy. Did you recall any information during the
24 autopsy that you received about a bullet being found in
25 Parkland Hospital?

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1 Dr. Finck. There was confusion along that line because
2 someone said it was on the stretcher of Kennedy and someone
3 else said it was on the stretcher of Governor Connolly so
4 here we are with confusion, but I don't know when that news
5 came.

6 Mr. Flanagan. Excuse me. I will have to interrupt to
7 change tape.

8 Dr. Wecht. Pierre, if I may ask that one question as
9 a corollary to Andy's, Mr. Purdy's last question, a sequel,
10 do you recall -- not necessarily directly to you, by phone
11 or even directly to you, but somebody addressing you about
12 just some information that came to be accepted among the
13 team in the autopsy room that evening that the bullet found
14 around the stretcher back at Parkland Hospital earlier in the
15 day, that information then relayed somehow that evening that
16 that bullet had in some way fallen out or been forced out of
17 the President's back by some pressure that might have been
18 applied to his anterior chest for external cardiac massage?

19 Dr. Finck. I recall vaguely the concept yes, but now
20 after being completed it is immaterial.

21 Mr. Purdy. When you learned that on the morning of
22 November 23 that there was evidence of a wound of exit in the
23 front of the neck, did that in any way conflict with the
24 conclusions you had reached during the autopsy?

25 Dr. Finck. No, because it was a wound of exit corres-

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1 ponding to the wound of entry. I had positively identified
2 in the upper back/lower neck so that made a bullet track with
3 an entry and an exit and I was satisfied.

4 Mr. Purdy. If you had known during the autopsy that
5 there was a wound of exit in the front of the throat, would
6 you have taken or exercised any different autopsy procedures
7 than you did do?

8 Dr. Finck. The interpretation would have been less
9 difficult at the time. I can't say what I would have done
10 if I had seen -- I would have asked for a whole body X ray
11 films anyway -- anyway -- to answer your question.

12 Mr. Purdy. Would you have done more extensive work in
13 the area of the trachea?

14 Dr. Finck. From what I remember there were restrictions
15 and this was the reason for not working in that area.

16 Mr. Purdy. Did you ask that you should be permitted to
17 examine the trachea more than you were permitted?

18 Dr. Finck. We were told to do certain things. I don't
19 recall if someone asked for permission to. I don't recall
20 that.

21 Dr. Spitz. May I ask something.

22 Pierre, do you remember seeing bruising of the pleurity(?)
23 pleura at the dome?

24 Dr. Finck. On the right side?

25 Dr. Spitz. Yes.



1 Dr. Finck. Yes, and this I would say is explained by a
2 high velocity bullet creating what has caused a temporary
3 cavity with a lot of concussion and disturbance of tissue.

4 Dr. Spitz. You actually saw it?

5 Dr. Finck. I think so.

6 Mr. Purdy. Is there anything that you would like to add
7 or that -- maybe confusion that has come up over the years
8 that you have not had a chance to clear up on the record that
9 you might like to state at this time or anything else of
10 significance that you think you should mention to us?

11 Dr. Finck. Again I think that there were only two wound
12 tracks, one in the back and one exit, and the front of the
13 throat that is wound track number one and the second wound
14 track was an entry in the back of the head with a large exit
15 on the top and right side of the head. Although there had
16 been rumors that shots came from the front, I did not see any
17 evidence on the dead body of President Kennedy of wounds of
18 entry in the front portions of the cadaver.

19 At the time of autopsy in the autopsy report we estab-
20 lished the number of wound tracks. We did not establish a
21 sequence of wounds and I think that is where the motion
22 picture film taken by an amateur is of value; it permits to
23 say that the wounds of entry in the upper back/lower neck on
24 the right side was wound number one and that the second
25 projectile struck in the back of the head. That is the great

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1 value of the movie. So I think that evidence has to be used
2 for what it is worth.

3 The cadaver itself for the determination of the anatomic
4 position of the wounds, my request of the whole body X ray
5 film survey ruling out the presence of an intact bullet in
6 the body of President Kennedy, the value of the motion picture
7 film to establish a sequence of tracks. I think that is about
8 all I have to say.

9 Dr. Baden. If you had had an opportunity to see the
10 photographs taken at the time of the autopsy prior to your
11 signing the report as you have seen subsequently, you have
12 seen the photographs subsequently, would that viewing in any
13 way alter, change your autopsy report?

14 Dr. Finck. I would not think so.

15 Dr. Wecht. Pierre, on the pieces of bone that were
16 brought to you that evening from Dallas or on any of the
17 remaining portions of fragmented bones in the President's
18 skull, cerebellum essentially, do you recall seeing anything
19 that looked like or suggested a circular or a semi-circular
20 or any portion of a circle, circular type wound that would be
21 consistent with or suggestive of a gunshot wound in the right
22 parietal region or in any of the bone fragments that were sent
23 to you from Dallas that evening?

24 Dr. Finck. From what I remember in the fragments of
25 bone I established first what is the outer surface of the

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1 skull and what is the inner surface of the skull in those
2 fragments and after doing that you look at both surfaces and
3 you determine where is the beveling. The beveling was in the
4 outer surface, thus identifying a portion of a wound of exit
5 if that is your question.

6 Dr. Wecht. Your answer then is that you did see some
7 kind of a circular area or defect?

8 Dr. Finck. A portion of the crater, I would say. This
9 is the outside of the skull of the cadaver.

10 Dr. Bader. Can I give you X ray No. 6 if that will
11 refresh your recollection in any manner about the fragments
12 brought to you in the course of the autopsy?

13 Dr. Finck. Well, I see three bone fragments with
14 metallic fragments contained in those bone fragments but I
15 cannot give the direction of the crater.

16 Dr. Bader. Would those to your recollection be the
17 three fragments brought to you in the course of the autopsy
18 that were X rayed in the course of the autopsy?

19 Dr. Finck. Probably.

20 Dr. Bader. Is there a suggestion there of gunshot
21 entrance or exit wound on one of those fragments?

22 Dr. Finck. I would have to see the specimen itself to
23 see what is outside, what is inside and on what surface there
24 was beveling on the X ray film. I don't see that.

25 Dr. Petty. Yes, but, Dr. Finck, you have already said

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1 you have examined the three fragments of bone and this X ray
2 film is of those three bone fragments and that you identified
3 in the three fragments the outer surface and the inner surface
4 of the skull and that the beveling of the crater was to the
5 outside. Can you point on those three fragments where the
6 beveling was regardless of which surface is shown?

7 Dr. Finck. I don't know.

8 Dr. Petty. You don't recall?

9 Dr. Finck. I don't recall.

10 Mr. Prudy. Can you state whether or not those X rays
11 are representative of the size of the bone fragments or are
12 they larger or smaller than the bone fragments?

13 Dr. Finck. I don't know. I would not know. I don't
14 recall.

15 Mr. Purdy. When you examined the skull itself that was
16 still intact?

17 Dr. Finck. The skull was not intact.

18 Mr. Purdy. The part of the skull that was still attached,
19 did you see any evidence in that of an exit wound at the
20 margin of the large defect?

21 Dr. Finck. I don't recall.

22 Dr. Bader. I give you No. 44 and ask if this in any way
23 refreshes your memory?

24 Dr. Finck. No.

25 Mr. Purdy. Do you see anything on that photograph which

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1 would represent the exit hole of a bullet?

2 Dr. Finck. I don't know what this is.

3 Mr. Purdy. His answer is no.

4 I will point out at this time at the margin of the skull
5 there is not a straight edge, there is a variation there.
6 Could that audible semi-circle be an exit wound?

7 Dr. Finck. No. Hazy, blurred.

8 Mr. Purdy. One question I wanted to ask about color
9 photograph No. 43 which was the subject of our discussion
10 earlier about the entrance wounds in the head. You said that
11 your work with the AFIP gives you the opportunity to review
12 photographs from many autopsies.

13 Dr. Finck. Yes.

14 Mr. Purdy. So I assume that means that you have examined
15 photographs of wounds from many autopsies.

16 Dr. Finck. Yes.

17 Mr. Purdy. If you were shown a photograph containing,
18 as does No. 43 -- showing the back of a person's head and
19 showing that red spo-ted area, if that doctor -- well, first
20 of all what inference would you draw if you saw just that?

21 Dr. Finck. On the basis of the photograph alone, nothing.

22 Mr. Purdy. If you were shown the photograph and given
23 an accompanying report by the person who performed the autopsy
24 and that person said that that was a bullet wound, would you
25 be in a position to say by looking at this photograph that it

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1 was or it was not correct?

2 Dr. Finck. I really don't know what I would say.

3 Mr. Purdy. And my next question is, could that be the
4 entrance wound of a bullet?

5 We are now examining the transparency under the 10
6 magnifier.

7 Dr. Finck. I don't know what I would answer.

8 Mr. Purdy. Could that be the entrance wound of a bullet?
9 If you were shown that photograph, would you be in a position
10 to say that it was not the entrance wound of a bullet?

11 Dr. Finck. No, I don't know what answer I would give
12 really. See, I am influenced by something I have seen,
13 described, and when shown something outside I cannot say that
14 there was an additional wound really.

15 Dr. Petty. May I ask another question.

16 In the usual composition of photographs taken at the
17 time of an autopsy, is it or is it not the usual custom to
18 place the object to be photographed near the center or near
19 the margin of the photograph?

20 Dr. Finck. Yes. I cannot explain the framing of this
21 if it is your question because I did not take the picture.

22 Dr. Petty. Yes, I understand you didn't take the picture
23 but my question is would you focus the central portion of the
24 field on the area that you wanted to photograph or would you
25 put that area that you wanted to photograph out to the

1 periphery of the photograph?

2 Dr. Finck. You have to emphasize it would be in the
3 center.

4 Mr. Purdy. Dr. Finck, did you hold the ruler or
5 participate in the framing of this picture even though you
6 didn't actually take it?

7 Dr. Finck. I don't recall who had the ruler and I can't
8 say that I was there for all these pictures because some of
9 them I was --

10 Mr. Purdy. Focusing just on that red spot in the calnic
11 area, is the size of that red spot consistent with what you
12 recall was the size of the entry wound in the head?

13 Dr. Finck. Would you mention the wound of the head?

14 Mr. Purdy. I am just trying to ask you based on your
15 recollection of the wound, is that consistent with your
16 recollection of the size?

17 Dr. Finck. I think it looks smaller but, see, the
18 limits of this wound are not clear so how can I measure
19 something which is not clear and give measurements of some-
20 thing which is not sharply demarcated?

21 Dr. Davis. Let's presume that these photographs have
22 nothing to do with the assassination of President John F.
23 Kennedy and we look at the transparency through the magnify-
24 ing lens of that red spot that is close to the ruler up here
25 in line with the upper portion of the ear. Would you say

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1 just looking at this, disregarding who this picture is but
2 does that suggest to you or have some characteristics -- I
3 am not saying it is a wound or not, but does the photographic
4 appearance have some consistency with the wound or some
5 exactness of a wound? Just take a look at it with the
6 magnifying glass.

7 Dr. Finck. That is terribly embarrassing. To commit
8 yourself on the basis of this is a hazardous thing just
9 looking at a photograph.

10 Dr. Davis. Right. I agree to that.

11 Does it indicate that there is something there? I mean
12 I am not saying what it is but in toto does it have some of
13 the characteristics, if you will, or consistency with -- I
14 think that is probably a better way of putting it rather than
15 to say definitely it is. Could it be a wound, assuming that
16 this photograph is somebody entirely different -- an experi-
17 mental subject, an experimental cadaver, for example -- and
18 we were having a lesson in photographic interpretation?

19 Dr. Finck. It could be a wound. You cannot go further
20 than that, give measurements or accurate demarcations. It is
21 irregular. It has different planes which makes it difficult
22 to measure on the basis of a photograph. It is not a chart.
23 Is that your question?

24 Dr. Davis. Yes. In fact, you used a very good choice
25 of words, different planes.

1 Dr. Finck. How can you measure something which is not
2 sharp?

3 Dr. Petty. Dr. Weston has a final question.

4 Dr. Weston. I just wanted to ask a final question,
5 Pierre. At the time this examination was done there was a
6 possibility that there was going to be a criminal prosecution.
7 What is your practice as a forensic pathologist to stop short
8 of doing a short medical legal autopsy in face of criminal
9 prosecution notwithstanding the wishes of anybody else?

10 Dr. Finck. What you are saying, we should not have
11 listened to the recommendations --

12 Dr. Weston. No, I am not saying anything. I am asking
13 you if it is not accepted medical legal practice when you
14 anticipate a criminal prosecution to do a complete examina-
15 tion?

16 Dr. Finck. Yes.

17 Dr. Weston. Okay. Then the reason that you did not do
18 a complete examination was that you were ordered not to, is
19 that correct?

20 Dr. Finck. Yes, restrictions from the family as the
21 reason for limiting our actions. —

22 Dr. Weston. But do you really believe that the family
23 has -- is this not physical evidence which belongs to the
24 state notwithstanding the wishes of the family when there is
25 a suspected criminal prosecution?

1 Dr. Finck. Of course it is ideal. In those circum-
2 stances you are told to do certain things. There are people
3 telling you to do certain things. It is unfortunate.

4 Dr. Weston. The last question. What do you consider
5 would be the personal consequences of you or any of the
6 other members of the team had you chosen to withdraw from
7 the examination and not complete the examination or sign
8 your name to it in view of the restrictions placed upon you?
9 Did you consider that at that time?

10 Dr. Finck. No. It is a delicate situation to say the
11 least.

12 Dr. Weston. I understand that but it is still a deli-
13 cate situation.

14 Dr. Finck. We were handicapped by those restrictions.

15 Dr. Weston. Okay. Those restrictions you mentioned
16 were, as you remember now, Admiral Galloway?

17 Dr. Finck. Who passed them on to us as I remember so
18 he should be consulted and asked who asked to have those
19 restrictions.

20 Dr. Petty. Pierre, we want to thank you so very much
21 for coming by. You are among lots of good friends. It is
22 good to see you again.

23 Mr. Flanagan. Concluding this tape at 3:24.

24 (Whereupon, at 3:24 p.m., the meeting was concluded.)
25

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