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

Mr. Purdy. What is your present employment?

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

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

Dr. Petty.

Dr. Petty. Thank you.

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

When did you arrive first in the autopsy room?

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

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

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

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

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

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

Dr. Finck. I was at the time Chief of the Military
Environmental Pathology Division which included the Wound
Ballistic Pathology Branch. I was also Chief of the Wound
Ballistic Pathology Branch and the Director of the Armed
Forces AFIP Institute of Pathology. General Bloomburg had
given my name to Dr. Humes telling him that if he needed
consultation in the field of missile wounds I was available.
I was asked as the Chief of the Would Ballastic Pathology
Branch specifically to interpret the wounds.

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

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

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

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

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

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

Dr. Petty. When you left --

Dr. Finck. This may be in the record.

Dr. Petty. When you left, was the body reconstructed or
was it still in the process of embalming and so forth?

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

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

Dr. Finck. I would not know.

Dr. Petty. All right.

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

Dr. Petty. Because of why?

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

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

Dr. Finck. I would assume the head.

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

Dr. Finck. I remember, yes.

Dr. Petty. I see. All right.

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

Dr. Finck. There were restrictions coming from the
family and we were told at the time of autopsy that the autopsy should be limited to certain parts of the body. For example, autopsy limited to the head and modest extension but there were restrictions.

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

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

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

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

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

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

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

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

Dr. Petty. Perhaps I might modify the question. Were
the organs of the abdominal cavity exposed by means of the
primary incision?

Dr. Finck. I don't remember.

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

Dr. Finck. At the beginning there was that restriction.

As a matter of fact, when I reached the hospital, as far as
I can remember, the brain had been removed.

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

Dr. Finck. Yes.

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

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

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

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

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

Dr. Finck. Yes.

Dr. Petty. As you went on.

Dr. Finck. Yes.

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

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

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

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

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

Dr. Wecht. I was just saying with regard to what Charlie is asking you now, then you certainly remembered that somebody did give you orders not to do certain things.
Dr. Finck. I cannot say that it was this Army General, I don't recall that precisely. I remember the prosectors and Admiral Galloway. As far as saying now so and so told me that or didn't tell me that, it is extremely difficult. There was an Army General in that room and I cannot really pinpoint the origin of those instructions to comply with those family wishes.

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

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

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

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

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

Dr. Finck. I think I answered your question why was it
stopped or what was the reason for doing something, and the reason was as I mentioned.

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

Dr. Finck. Yes.

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

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

Dr. Petty. All right.

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

Dr. Petty. All right. What wounds did you see when you first arrived there? Let me put it that way. I am not trying to drive you into any corner at all, I just want to know what.
wounds were there to the best of your knowledge when you got there.

Dr. Finck. I saw a wound in the upper back/lower neck on the right side which I identified as a wound of entry.

It had soiled, inverted edges which in non-technical language it means turned inward. I interpreted that wound as a wound of entry.

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

In addition, I saw in the back of the head on the right side a wound corresponding to that wound of the scalp. I observed a hole in the skull. That hole in the skull in the back of the head showed no crater when examined from the outside of the skull but when I examined the inside of the skull at the level of that hole in the bone I saw a crater and to me that was a positive unquestionable finding indentifying a wound of entry in the back of the head.

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

Dr. Finck. I don't remember. I don't remember.
Dr. Rose. Were there fracture lines radiating out from that beveled wound of the back of the skull?

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

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

Dr. Finck. The brain had been removed.

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

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

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

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

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

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

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

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

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

Dr. Finck. I don't remember.

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

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

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

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

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

Dr. Petty. It was above it?

Dr. Finck. Yes.

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

Dr. Finck. Slightly above it as I remember.

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

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

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

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

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

Dr. Finck. Yes.

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

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

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

Dr. Baden. Which is approximately how far above the
level of the external extreme protuberance that you just
pointed to, Dr. Finck?

Dr. Finck. Could you please repeat the question.

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

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

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

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

Dr. Petty. We sure do.

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

Dr. Finck. I read my notes before coming.

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

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

Mr. Purdy. That includes all measurements?

Dr. Finck. Yes.

Mr. Purdy. Did you make all measurements of the
location of the wounds?

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

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

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

Dr. Baden. Was it more than one?

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

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

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

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

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

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

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

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

Dr. Finck. Is it that and that or is it something else?
I don't know.

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

Dr. Baden. Clarified.

Dr. Petty. Clarified.

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

Dr. Finck. Yes. No. 42.

Dr. Petty. This is No. 42 also.

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

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

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

Dr. Petty. I am not pointing out anything.

Dr. Spitz. I don't know. I would have thought that on
the picture the protuberance, the external occipital
protuberance is here.

Dr. Finck. I really don't know.

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

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

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

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

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

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

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

Dr. Coe. I am a little confused because you said before
the brain had been removed before you came.

Dr. Finck. As far as I remember.

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

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

Dr. Finck. I think so.

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

Dr. Weston. He mentioned the crater specifically.

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

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

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

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

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

Dr. Petty. It is labeled NA Autopsy 12 Material.
Dr. Finck. Is this an enlargement of that in black and white?

Dr. Weston. It is enhanced with a computer.

Dr. Finck. That I never saw.

Dr. Weston. No, this is only new.

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

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

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

Dr. Finck. This one.

Dr. Petty. Which one are you pointing to?

Dr. Finck. The wound of entry.

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

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

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

Dr. Finck. In the lower half of the photograph. Would that be good enough identification for the record?
Dr. Petty. This is the one by the hairline.

Dr. Wecht. By the hairline.

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

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

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

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

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

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

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

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

Mr. Purdy. Yes.

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

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

Mr. Purdy. They are initialed. No. 43 here is a copy made from the original, which is initialed by Dr. Boswell.

These were initialed at the time of the review and they were turned over to the Archives.

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

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

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

Dr. Finck. Absolutely.

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

Dr. Finck. I don't think so—and I brought with me memorandum referring to the examination of photographs in 1967 when I was recalled from Vietnam. I was asked to look at photographs and as I recall there were two blank 4 by 5 transparencies; in other words, two photographs that had been...
exposed but with no image and as I can recall I never saw pictures of the outer aspect of the wound of entry in the back of the head and inner aspect in the skull in order to show a crater although I was there asking for these photographs. I don't remember seeing those photographs.

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

Dr. Finck. Yes.

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

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

Dr. Bader. Do you recall specifically that some dissection was done in the area?

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

Dr. Bader. Yes.

Dr. Finck. Yes. I don't know who did that. I don't know the difficulty involved but the scalp is adherent to the skull and it had to be separated from it in order to show in
the back of the head the wound in the bone.

Dr. Petty. Did you see the brain?

Dr. Finck. I saw the brain.

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

Dr. Finck. I don't remember.

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

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

Dr. Finck. I cannot.

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

Dr. Finck. I don't remember.

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

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

Dr. Finck. I don't know.

Mr. Purdy. Or above it?

Dr. Finck. I don't know. You don't see it, it is something you feel. As a matter of fact, you may have difficulty in finding it with your fingers. On a photograph I don't see it.

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

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

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

Dr. Finck. I don't know.

Mr. Purdy. By looking at the photograph.

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

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

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

Dr. Wecht. He has already answered that question before,
Mr. Purdy. How would you characterize as what you see just above the hairline? Is that the visible evidence of perforation of the scalp or is that something that is outside of the scalp?

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

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

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

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

Dr. Finck. Yes.

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

Dr. Finck. Perforation means through and through.

Mr. Purdy. Well, do you see the scalp penetration there?
Dr. Finck. I see some tissue coming out of a wound. That does not tell us yet the depth of that wound because that is where the naked eye examination and the examination of the wound itself comes into the picture in contrast to the flat photograph so I cannot say that this photograph shows a penetrating or a perforating wound. We don't see here --

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

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

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

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

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

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

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

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

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

Dr. Petty. All right.

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

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

Dr. Finck. Yes.

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

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

Dr. Finck. Yes.

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

Dr. Finck. I don't know.

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

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

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

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

Dr. Baden. Dr. Finck has been referring to 46, 47, 48 and 50 photographs.
Dr. Petty. Just one further question. Do you see any damage to the cerebellar hemispheres in these photographs that could have been caused by a missile?

Dr. Finck. I don't know.

Dr. Petty. All right.

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

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

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

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

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

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

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

Dr. Weston. I would like to ask about the report preparation here because I have heard several different
versions. This is the work sheet and on the work sheet we all understand there are a number of different measurements. One thing that is noticeably absent is any reference to the exact location of this. Now I know that you assisted Dr. Humes in preparing the report and I know that he had—

Dr. Finck. That is not my handwriting.

Dr. Weston. Whose handwriting is this?

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

Dr. Baden. He is supposed to have.

Dr. Finck. I don't know.

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

Dr. Finck. I don't know.

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

Dr. Finck. I don't know.

Dr. Baden. Okay.

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

Dr. Baden. Dr. Finck, relative to the skull X rays had you had occasion on any previous time to review them for purposes of evaluating the injury to the head?
Dr. Finck. I saw the X ray films at the time of the autopsy and also I believe in January 1967 when I came back from Vietnam specifically to look at X ray films and photographs at the Archives.

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

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

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

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

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

Dr. Finck. Yes.

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

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

Dr. Baden. Did you also utilize it to see if you could precisely locate the entrance or exit perforation in the skull?
Dr. Finck. To a much lesser extent. When it comes to interpretation of radiographs I always consult the radiologists.

Dr. Baden. Was there a radiologist present?

Dr. Finck. Dr. Ebersole.

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

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

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

Dr. Finck. I don't remember.

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

Dr. Finck. I must have because being in charge of the Wound Ballistics Pathology Branch I reviewed most missile wounds sent to the AFIP for several years so I must have -- I did not keep track by weapon or the number of injuries
that I have reviewed but in my experience I have a great variety of injuries produced by a great variety of missiles from a great variety of weapons.

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

Dr. Finck. I arrived at the AFIP Institute in February 1959 and I was dealing from that time with forensic cases. In November 1960 as I recall, I was appointed Chief of the Wound Ballistics Pathology Branch in replacement of J. C. Beyer who left the branch. He is the author of the book Wound Ballistics published by the Surgeon General of the Army. I remained in charge of the Wound Ballistic Pathology Branch from November 1960 until May 1966 when I left for Vietnam. I returned from Vietnam in May 1967 and was in the same job, Chief of the Wound Ballistics Pathology Branch.

Dr. Wecht. That was May of 1966?

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

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

Dr. Finck. Most cases were fatal. There were very few
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.
Dr. Baden. Most?

Dr. Finck. Yes.

Dr. Petty. Anybody else, any questions?

Joe.

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

Dr. Finck. Yes.

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

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

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

Dr. Finck. Okay.

Dr. Davis. The point I am getting to is have you been impressed favorably with his analytical approach to reconstruction of the wounding patterns in this particular case?
Dr. Finck. I am impressed by his background experience. He has combat experience. He was a combat surgeon. I am impressed by the thoroughness of his work. My comment on what he wrote regarding the anatomic location of wounds stating that on the basis of the photographs such a wound seems to be higher than described in the autopsy report, my opinion is that the man who can see the wound itself on the dead body is in the best position to establish an anatomic location as compared to others who refer to drawings, photographs, X ray films. Again we need those, that is the only thing left, but when you have the choice in those various types of evidence my first choice is the examination of the wounds in place on the dead body to see where they are.

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

Dr. Finck. That is correct.

Dr. Davis. All right.

Dr. Finck. The photographs taken at the time of autopsy were turned over to the U. S. Secret Service and we did not see the photographs before writing our autopsy report which
I remind you we signed 36 hours after the autopsy, it is a short time. We signed that report on some date, the 24th of November 1963. The first time I saw those photographs of the autopsy was in January 1967 when we were asked to review them at the Archives. I was specifically brought back from Vietnam for that purpose.

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

Dr. Finck. I don't know.

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

Dr. Finck. I don't remember.

Dr. Petty. You did not yourself?

Dr. Finck. I do not remember.

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

Dr. Finck. The Warren Commission?

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

Dr. Finck. We were told at the time by I believe Arlen Specter who was a counsel for the Warren Commission that
Robert Kennedy, Attorney General, did not want the X ray films and photographs introduced in the hearings of the Warren Commission.

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

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

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

Dr. Finck. Yes, I remember the spirit.

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

Dr. Finck. I don't remember who said that no sections should be made. I don't recall the purpose. I think I remember suggesting that a neuropathologist of the AFIP be
consulted for the examination of the brain and that may have been the reason for placing that brain in Formalin to have it examined by a qualified neuropathologist.

Dr. Wecht. Was that ever done, Pierre, to your knowledge?

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

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

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

Dr. Bader. Round, square?

Dr. Finck. I don't recall.

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

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

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

Dr. Finck. I don't remember. Specifically in January
1967 what was told them?

Dr. Wecht. Yes.

Dr. Finck. I don't recall.

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

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

Dr. Wecht. Do you have that?

Dr. Finck. I gave it to the committee.

Mr. Flanagan. Yes.

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

This is available to the committee.

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

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

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

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

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

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

Dr. Rose. In what sense?

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

Dr. Rose. Abdominal?

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

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

Dr. Finck. I don't remember in detail whether it was examined or not because again as I said at the beginning I was there for wounds.
Dr. Wecht. Pierre, did anybody say specifically to the autopsy pathologist that there should be no examination of the adrenal gland?

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

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

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

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

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

Mr. Purdy. When you examined the photograph in 1967 did you consider or was it pointed out to you the red spot in the
higher portion on the head that we pointed out to you?

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

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

    Dr. Finck. Oh, yes.

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

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

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

    Dr. Finck. I don't know.

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

    Dr. Finck. I don't know.

    Dr. Baden. One point about the photographs. When you
signed the report you mentioned you had not seen the photographs.

Dr. Finck. That is correct.

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

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

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

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

Dr. Baden. When you do yours --

Dr. Finck. Oh, yes.

Dr. Baden. Now in addition to the cases sent to you as Director of the Wounds Ballistic Section, did you have occasion to do autopsies ab initio in gunshot wound cases?

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

Dr. Baden. Yes.

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

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

Dr. Finck. Well, I was not always at the AFIP. I had
duties as well where I performed autopsies of gunshot wounds before 1959.

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

Dr. Finck. Yes.

Dr. Baden. As a general pathologist.

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

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

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

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

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

Dr. Wecht. Pierre, what is your best recollection as to the time, the circumstances under which you and your colleagues Humes and Boswell first learned about the fact that the tracheotomy wound that you had seen in the Navy autopsy had been superimposed upon a bullet wound in the neck?
Dr. Finck. From what I remember it was a phone call from Dr. Humes to Dallas and that was after the autopsy. Does that answer your question?

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

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

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

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

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

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

Dr. Wecht. All right.

Mr. Purdy. But on the issue that that relates to I wonder if you could go into a little more detail. You say you were primarily there to examine the wounds. What area
did you do in probing the area and what did you find from doing that?

Dr. Finck. The probing was unsuccessful.

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

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

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

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

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

Dr. Finck. I don't know.

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

Dr. Finck. By asking for the x ray films.

Mr. Purdy. And what was the answer?

Dr. Finck. There was no bullet remaining in the cadaver.
Mr. Purdy. What did you conclude about where the bullet must have gone?

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

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

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

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

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

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

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

Mr. Purdy. Did you recall any information during the autopsy that you received about a bullet being found in Parkland Hospital?
Dr. Finck. There was confusion along that line because someone said it was on the stretcher of Kennedy and someone else said it was on the stretcher of Governor Connolly so here we are with confusion, but I don't know when that news came.

Mr. Planagan. Excuse me. I will have to interrupt to change tape.

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

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

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

Dr. Finck. No, because it was a wound of exit corres-
ponding to the wound of entry. I had positively identified in the upper back/lower neck so that made a bullet track with an entry and an exit and I was satisfied.

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

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

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

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

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

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

Dr. Spitz. May I ask something.

Pierre, do you remember seeing bruising of the pleurisy pleura at the dome?

Dr. Finck. On the right side?

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

Dr. Spitz. You actually saw it?

Dr. Finck. I think so.

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

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

At the time of autopsy in the autopsy report we established the number of wound tracks. We did not establish a sequence of wounds and I think that is where the motion picture film taken by an amateur is of value; it permits to say that the wounds of entry in the upper back/lower neck on the right side was wound number one and that the second projectile struck in the back of the head. That is the great
value of the movie. So I think that evidence has to be used for what it is worth.

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

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

Dr. Finck. I would not think so.

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

Dr. Finck. From what I remember in the fragments of bone I established first what is the outer surface of the
skull and what is the inner surface of the skull in those
fragments and after doing that you look at both surfaces and
you determine where is the beveling. The beveling was in the
outer surface, thus identifying a portion of a wound of exit
if that is your question.

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

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

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

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

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

Dr. Finck. Probably.

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

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

Dr. Petty. Yes, but, Dr. Finck, you have already said
you have examined the three fragments of bone and this X-ray film is of those three bone fragments and that you identified in the three fragments the outer surface and the inner surface of the skull and that the beveling of the crater was to the outside. Can you point on those three fragments where the beveling was regardless of which surface is shown?

Dr. Finck. I don't know.

Dr. Petty. You don't recall?

Dr. Finck. I don't recall.

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

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

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

Dr. Finck. The skull was not intact.

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

Dr. Finck. I don't recall.

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

Dr. Finck. No.

Mr. Purdy. Do you see anything on that photograph which
would represent the exit hole of a bullet?

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

Mr. Purdy. His answer is no.

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

Dr. Finck. No. Hazy, blurred.

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

Dr. Finck. Yes.

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

Dr. Finck. Yes.

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

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

Mr. Purdy. If you were shown the photograph and given an accompanying report by the person who performed the autopsy and that person said that that was a bullet wound, would you be in a position to say by looking at this photograph that it
was or it was not correct?

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

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

We are now examining the transparency under the 10 magnifier.

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

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

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

Dr. Petty. May I ask another question.

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

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

Dr. Petty. Yes, I understand you didn't take the picture but my question is would you focus the central portion of the field on the area that you wanted to photograph or would you put that area that you wanted to photograph out to the
Dr. Finck. You have to emphasize it would be in the center.

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

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

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

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

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

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

Dr. Davis. Let's presume that these photographs have nothing to do with the assassination of President John F. Kennedy and we look at the transparency through the magnifying lens of that red spot that is close to the ruler up here in line with the upper portion of the ear. Would you say
just looking at this, disregarding who this picture is but does that suggest to you or have some characteristics -- I am not saying it is a wound or not, but does the photographic appearance have some consistency with the wound or some exactness of a wound? Just take a look at it with the magnifying glass.

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

Dr. Davis. Right. I agree to that.

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

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

Dr. Davis. Yes. In fact, you used a very good choice of words, different planes.
Dr. Finck. How can you measure something which is not sharp?

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

Dr. Weston. I just wanted to ask a final question,

Pierre. At the time this examination was done there was a possibility that there was going to be a criminal prosecution. What is your practice as a forensic pathologist to stop short of doing a short medical legal autopsy in face of criminal prosecution notwithstanding the wishes of anybody else?

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

Dr. Weston. No, I am not saying anything. I am asking you if it is not accepted medical legal practice when you anticipate a criminal prosecution to do a complete examination?

Dr. Finck. Yes.

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

Dr. Finck. Yes, restrictions from the family as the reason for limiting our actions. --

Dr. Weston. But do you really believe that the family has -- is this not physical evidence which belongs to the state notwithstanding the wishes of the family when there is a suspected criminal prosecution?
Dr. Finck. Of course it is ideal. In those circumstances you are told to do certain things. There are people telling you to do certain things. It is unfortunate.

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

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

Dr. Weston. I understand that but it is still a delicate situation.

Dr. Finck. We were handicapped by those restrictions.

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

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

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

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

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