

COPY

**JOHN NICHOLS**

Department of Pathology and Oncology  
University of Kansas Medical Center  
Kansas City, Kansas 66103

CRIMINAL DISTRICT COURT

PARISH OF ORLEANS

STATE OF LOUISIANA

.....  
STATE OF LOUISIANA

vs.

CLAY L. SHAW  
.....

198-059

1426 (30)

SECTION "C"

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*Radiology*  
*Empire*

PROCEEDINGS IN OPEN COURT,  
Monday, February 24, 1969

B E F O R E :

THE HONORABLE EDWARD A. HAGGERTY, JR.,

JUDGE, SECTION "C"

Dietrich & Pickett, Inc.

*Steady file*

333 S. CHARLES AVENUE, SUITE 1221  
NEW ORLEANS, LOUISIANA 70129-522-3111

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I N D E X

WITNESS:                      DIRECT                      CROSS                      REDIRECT                      RECROSS

PIERRE A. FINCK, M.D.      2                      42

E X H I B I T S

<u>NUMBER</u>	<u>IDENTIFIED</u>	<u>OFFERED</u>	<u>RECEIVED</u>
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1 THE COURT:

2 Bring the Jury down.

3 I trust you gentlemen had a nice weekend.

4 Is the State and the Defense ready to  
5 proceed?

6 MR. DYMOND:

7 Ready.

8 MR. OSER:

9 We are ready, Your Honor.

10 THE COURT:

11 Proceed.

12 MR. DYMOND:

13 We now call Dr. Finck.

14 PIERRE A. FINCK, M.D.,

15 having been first duly sworn by the Minute Clerk,  
16 was examined and testified as follows:

17 DIRECT EXAMINATION

18 BY MR. DYMOND:

19 Q Dr. Finck, for the record, would you kindly  
20 state your full name.

21 A My first name is Pierre, P-i-e-r-r-e, A is my  
22 middle initial, and my last name is  
23 Finck, F-i-n-c-k.

24 Q Now, Dr. Finck, what is your profession, sir?

25 A I am a full Colonel in the United States Army

1 Medical Corps, I am a physician in the  
2 Army, a specialist in pathology.

3 Q Are you the holder of a medical degree, Dr.  
4 Finck?

5 A Yes, from the University of Geneva Medical  
6 School, Switzerland, I obtained a Federal  
7 Degree of Physician in 1948 in Switzerland.

8 Q Now, what has been your experience in the  
9 medical profession since having obtained  
10 your degree in 1948?

11 A I had four years of formal university training  
12 in Pathology, two of them at the Universi-  
13 ty of Geneva Institute of Pathology, and  
14 two of them at the University of Tennessee  
15 Medical School in Memphis, Tennessee.

16 Q Now, may I interrupt you one moment and ask  
17 you whether or not this specific training  
18 in pathology came after your having ob-  
19 tained a regular medical degree?

20 A I stated that I had four years of formal  
21 pathology training after my M.D. degree,  
22 and I was an instructor of Pathology at  
23 the University of Tennessee, Memphis.

24 Q Now, Doctor, of what have your duties consisted  
25 in the Army?

1 A I was drafted by the Doctor's Draft of the  
2 United States Army in 1955. I was sent  
3 to Germany where I was a Pathologist of  
4 the United States Army Hospital, Frankfurt  
5 F-r-a-n-k-f-u-r-t, and there I performed  
6 autopsies, many of them of a medical-  
7 legal nature, involving trauma, violent  
8 deaths, bullet wounds, accidents, and then  
9 in 1959 I was sent to the Armed Forces  
10 Institute of Pathology in Washington,  
11 D.C., on the grounds of Walter Reed  
12 Medical Center. The Armed Forces Insti-  
13 tute of Pathology is the central reposi-  
14 tory and consultation facility for the  
15 Federal Military Services, the Veterans  
16 Administration, and we have some 2,000  
17 civilian contributors in the United  
18 States and throughout the world who send  
19 cases to us for consultation of a  
20 pathological nature. In brief, pathology  
21 is the study of disease but in my particu-  
22 lar field, the field of forensic pathology,  
23 f-o-r-e-n-s-i-c, it is the interpretation  
24 of medical-legal cases as they pertain to  
25 the law, cases of violent deaths, of un-

1 explained deaths, unexpected deaths,  
2 poisonings, manners of deaths, such as  
3 homicide, suicide, accidents, undetermined  
4 deaths. The adjective "forensic" comes  
5 from the Latin Forum, f-o-r-u-m, which  
6 means the public place, the market place,  
7 so forensic indicates a public interest.  
8 It may relate to criminal matters, in-  
9 surance cases, claims, lawsuits, litiga-  
10 tion in general, and in November of 1960,  
11 I was appointed Chief of the Wound,  
12 W-o-u-n-d, Ballistics Pathology Branch  
13 at the Armed Forces Institute of  
14 Pathology hereafter abbreviated AFIP, I  
15 repeat AFIP.

16 In 1961 I applied to take the examination in  
17 forensic pathology, the American Board of  
18 Pathology on the basis of my interest in  
19 this field as a medical student, as a  
20 physician, as a pathologist during my  
21 training, and in the Army in Europe. I  
22 had letters, for example, from the Provost  
23 Marshal, who is the Chief of Police, that  
24 is the title of the Chief of Police in the  
25 United States Army, who stated that I had

1 contributed to the interpretation of  
2 violent deaths, medical-legal cases in  
3 several instances. On that basis the  
4 American Board of Pathology accepted my  
5 training and my qualifications to take  
6 the examination of the American Board of  
7 pathology in the specialty of Forensic  
8 Pathology. I had taken already -- this  
9 is a requirement, I had taken the ex-  
10 amination to be Certified in anatomic  
11 pathology in 1956. On the basis of the  
12 requirements I mentioned, the Anatomic  
13 Pathology Board and my qualifications to  
14 take the examination, I was certified in  
15 1961, in 1961 by the American Board of  
16 Pathology in the special field of Forensic  
17 Pathology.

18 Going back to your question about my duties,  
19 except a tour of duty of one year in  
20 Vietnam as Commanding Officer of the  
21 Ninth Medical Laboratory, I have been in  
22 charge of the Wound Ballistics Pathology  
23 Branch of the AFIP since November, 1960  
24 and I am still in charge of it. This  
25 branch is part of the division of which

1 I am also in charge and which includes  
2 other branches pertaining to other  
3 medical-legal areas such as accidents,  
4 poisonings, aircraft accidents, ground  
5 traffic accidents, et cetera.

6 Q Now, Doctor, have you had any additional  
7 special training or experience in connec-  
8 tion with missile wounds?

9 A I have carried out experiments on missile  
10 wounds in Washington, D.C., and at  
11 Edgewood, E-d-g-e-w-o-o-d, Arsenal,  
12 Maryland, on wounds produced by bullets  
13 fired by rifles.

14 Q Doctor, did you have any training or experience  
15 while stationed in Panama, and, if so,  
16 what?

17 A In March, 1964, while stationed in Washington,  
18 D.C., I was called at home by a military  
19 aide of the Deputy Secretary of Defense  
20 who requested that I go to Panama, the  
21 Republic of Panama, on behalf of the  
22 United States as an expert medical witness.  
23 I had to provide an opinion based on some  
24 20 autopsy reports written in Spanish,  
25 autopsies performed by the Panamanian



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Coroner on victims of the riots, r-i-o-t-s  
of January, 1964. I had to state whether  
or not the wounds of these victims were  
consistent with the ammunition --

THE COURT:

We need general qualifications, not  
special cases. I would prefer you  
not going into any one special case.

MR. DYMOND:

All right, sir.

At this time we submit the Doctor as a  
duly qualified expert in the field  
of Anatomic Pathology and Forensic  
Pathology.

THE COURT:

Does the State wish to traverse?

MR. OSER:

No, Your Honor?

THE COURT:

I will certify the witness concerning his  
qualifications in the field of  
Anatomic and Forensic Pathology, and  
he can give us his opinions in that  
field.

You may proceed.

1 BY MR. DYMOND:

2 Q Did you have occasion to participate in the  
3 autopsy which was performed on the late  
4 President John F. Kennedy?

5 A Yes, I did.

6 Q Now, with whom else did you participate in  
7 the performance of this autopsy?

8 A The pathologist in charge of the autopsy of  
9 President Kennedy was Dr. Humes,  
10 H-u-m-e-s, he called me at home to come  
11 to the Naval Hospital in Bethesda, Maryland,  
12 and I went there. I found Dr. Humes and  
13 also Dr. Boswell, B-o-s-w-e-l-l, who was  
14 the Chief of Pathology in the same hos-  
15 pital. Dr. Humes was the Director of  
16 the Laboratory, the three of us were  
17 pathologists.

18 Q Now, Doctor, are you one of the co-authors of  
19 the pathology report in connection with  
20 the autopsy which was performed on our  
21 late President?

22 A Yes, I am.

23 Q Doctor, will you describe for the Court and for  
24 the Jury the nature of the examination of  
25 the body wound other than the head wound

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which had been inflicted upon President  
Kennedy?

A I would like to refer to my notes and use the  
small table.

Q Yes.

THE COURT:

I think they have a table set up for you.

MR. OSER:

I object to the use of the notes unless  
it is ascertained what notes these  
are and were they made by the Doctor.

MR. DYMOND:

He said his notes, we must assume he made  
them.

THE COURT:

He may refer to them, as we covered pre-  
viously, but he cannot read from  
them and testify, he cannot read  
from the notes already made and  
testify.

BY MR. DYMOND:

Q It is permissible for you to refer to your  
notes for the purpose of refreshing your  
memory; however, you may not read your  
notes to the Jury.

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A I understand.

Q All right, sir.

A I saw on the right side in the back of the neck of President Kennedy a small wound.

Q May I interrupt you one moment, Doctor, and ask, Doctor, let's have Mr. Wegmann step forward, and I ask you whether you can point out on his anatomy the approximate location of the wound to which you refer?

A Yes.

THE COURT:

Can you do this, sir, rather than doing it right here, can you do it in that area so the Jury can see?

MR. DYMOND:

Would you kindly step down, Doctor, and do it in full view of the Jury.

THE COURT:

I don't believe the Jury can see what you are doing, Doctor.

MR. DYMOND:

I think that is better now.

THE WITNESS:

Yes.

MR. DYMOND:

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Would you mark that with this pen,  
Doctor.

THE WITNESS:

I would like to call your attention at this time to the fact that I have made this mark on the shirt, and I apologize for it, but on the skin of President Kennedy I saw on the right side at approximately five inches from the right mastoid process, which is a bony prominence behind the right ear, the tip of it is at the bottom of the bony prominence, at approximately five inches from it down, a wound. This wound is approximately five inches from the right acromion, which is the upper extreme bony prominence of the shoulder, and approximately two inches from the midline. When examining this wound, I saw regular edges pushed inward what we call, what we call inverted. I saw a regular wound with regular edges pushed inward. This is what we call

1 inverted, i-n-v-e-r-t-e-d.

2 BY MR. DYMOND:

3 Q Now, Doctor, did you make --

4 A May I add one thing?

5 Q Surely.

6 A This edge showed what we call an abrasion,  
7 a-b-r-a-s-i-o-n, which is usually seen  
8 when a projectile rubs against the skin  
9 and then goes through, it rubs it off  
10 and this is called an abrasion.

11 Q Now, Doctor, did you make a minute examination  
12 of this wound in the back of President  
13 Kennedy that you have just pointed out  
14 on Mr. Wegmann?

15 A I looked at it very closely and I had the  
16 opinion based on the character I mentioned,  
17 regular edges, with abrasion, and turned  
18 inward, that this was a wound of entry,  
19 e-n-t-r-y, which is a synonym for entrance,  
20 e-n-t-r-a-n-c-e.

21 Q From the nature of this wound and your examina-  
22 tion thereof, could you give a professional  
23 opinion as to what had entered that wound,  
24 that is, what it was caused by?

25 A It was compatible with a wound caused by a

1 . . . . . bullet.

2 Q Doctor, did you find anything in the nature of  
3 that wound which was incompatible or in-  
4 consistent with its being a wound of  
5 entry of a bullet?

6 A No.

7 Q Now, Doctor, did you examine on the remains of  
8 the late President Kennedy a wound in the  
9 frontal neck region?

10 A At the time of the autopsy I saw in the front  
11 of the neck of President Kennedy a trans-  
12 versal, which means going sideways, a  
13 transversal incision which was made for  
14 the purpose of keeping the breathing of  
15 the President, and this is called a  
16 tracheotomy, t-r-a-c-h-e-o-t-o-m-y. I  
17 examined this wound made by a surgeon, it  
18 is very commonly found in unconscious  
19 patients, the incision is made to allow  
20 them to breathe. I did not see a wound of  
21 exit at that time, but the following day  
22 Dr. Humes called the surgeons of Dallas  
23 and he was told that they --

24 MR. CSER:

25 I object to hearsay.

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BY MR. DYMOND:

Q You may not say what the surgeons in Dallas told Dr. Humes. That would be hearsay evidence.

A I have to base my interpretation on all the facts available and not on one fact only. When you have a wound of entry in the back of the neck and no wound of exit at the time of autopsy, when the X-rays I requested showed no bullets in the cadaver of the President, you need some other information to know where that bullet went. At the time of the autopsy there was a wound of entry in the back of the neck, no exit, no X-rays showing a bullet, that bullet has to be somewhere, so that information to me is of great importance. I insist on that point, and that telephone call to Dallas from Dr. Humes --

THE COURT:

You may insist on the point, Doctor, but we are going to do it according to law. If it is legally objectionable, even if you insist, I am going to have to sustain the objection.

*Why did he call this X-ray?*



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Do you understand me, Mr. Dymond?

MR. DYMOND:

I do.

BY MR. DYMOND:

Q You say the X-rays showed no bullet or projectile in that area of the president or in any area?

A In the entire body we saw X-rays of, I requested whole body X-rays for the reasons I mentioned, that when I arrived in Bethesda, there were only X-rays of the head showing fragments due to another bullet wound.

Q Now, Doctor, let me ask you this: Was the location of the scar, that is, the tracheotomy incision which you saw, was this medically consistent with that area as having served as a point of exit of the bullet which entered the back of the president?

A Entirely.

Q Medically, was there anything inconsistent with its having been the point of exit?

A NO.

Q As an expert, then, do you have an opinion as

1 to what was the point of exit of the  
2 bullet which entered the President's  
3 back?

4 A Yes, I do.

5 Q Would you indicate, would you kindly tell us  
6 what that is and upon what you based it.

7 A I have seen the shirt of President Kennedy.

8 Q Would you tell us what you observed in connec-  
9 tion with this shirt of President Kennedy?

10 A In connection with the exit I am now asked to  
11 testify on, I have seen in the front of  
12 the shirt of President Kennedy a small  
13 wound at the -- approximately the level  
14 of the tie knot below the button of the  
15 shirt, and this was two holes going  
16 through the superimposed hems of the shirt,  
17 the fibers at the edge of that hole showed  
18 coagulated blood and the fibers were turned  
19 outward, <sup>protruding</sup> indicating an exit hole. The  
20 position of that exit hole in the shirt  
21 of President Kennedy is entirely compatible  
22 with the level of the incision I saw in  
23 the front of the neck at the time of  
24 autopsy.

25 Q Dr. Finck, I show you what purports to be a

1                   likeness of a human body on a sketch.  
2                   I have marked this for identification  
3                   "D-27," and I ask you whether that would  
4                   be a likeness of the human body for the  
5                   purpose of the medical material to which  
6                   you have testified?

7       A       It is.  And --

8       Q       Before you go further, let me ask you whether  
9                   you yourself drew this sketch which  
10                  appears in the Warren Report or whether  
11                  it was drawn by someone else?

12      A       It was drawn by someone else.

13      Q       Go right ahead, sir.

14      A       This drawing was made by a Navy enlisted man  
15                  when we were preparing our testimony be-  
16                  fore the Warren Commission.  Dr. Humes  
17                  supervised the making of this drawing.

18      Q       Doctor, I ask you whether with the aid of this  
19                  drawing which I will now offer, file, and  
20                  produce in evidence, marking same for  
21                  identification "D-27," whether you can  
22                  exhibit to the Jury what in your pro-  
23                  fessional opinion was the course taken  
24                  by the bullet which entered the President's  
25                  back.

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THE COURT:

Before he answers that, I want to see if there is an objection to the offering.

MR. OSER:

The Doctor stated this was drawn by somebody else.

THE COURT:

It is received in evidence and he can show it to the Jury.

NO HIATUS HERE.

1 BY MR. DYMOND:

2 Q Are you able to do that, Doctor?

3 A To explain this to the Jury?

4 Q That is correct.

5 A Yes.

6 Q Would you kindly step down here before The  
7 Jury and do it.

8 A Gentlemen, I would like to --

9 THE COURT:

10 May I suggest, sir, we have fourteen  
11 men, why don't we let him use the  
12 microphone and stand over there.  
13 You have to be in a position where  
14 all of them can see and hear you.

15 THE WITNESS:

16 Yes.

17 THE COURT:

18 All right, proceed.

19 THE WITNESS:

20 I would like to explain to you the  
21 drawing labeled "D" as in Delta,  
22 -27. In the upper half of this  
23 letter-sized paper it represents the  
24 right side of the head, upper chest  
25 of President Kennedy. The arrow you

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see behind his neck indicates that the projectile entered, E-N-T-E-R-E-D, in the back of the neck, and the arrow you see in front of the neck, in the front of the neck of the drawing indicates that the projectile came out in the front of the neck.

You will notice that the position of the head and upper chest is along a vertical line as compared to the horizontal line. You will notice that the wound of entry in the back of the neck in relation to the wound of exit in the front of the neck and in relation to a horizontal line, you will notice that the entry in the back of the neck is higher than the exit in the front of the neck.

BY MR. DYMOND:

Q All right, Doctor. Now, Doctor, I will ask you whether this sketch to which you have referred for the Jury purports to represent the actual vertical position of

1 President Kennedy at the time that he was 22  
2 hit by this bullet, or is this an arbi-  
3 trary vertical sketch? What I mean is,  
4 could he have been leaning further back-  
5 ward when he was hit, could he have been  
6 leaning further forward when he was hit,  
7 or does this purport to be the exact  
8 position in which he was at the time that  
9 he was hit?

10 A As regards the position of the President at the  
11 time of the wounding, the Zapruder film  
12 shows that the President was sitting in  
13 the presidential limousine in a straight-  
14 up position looking in a generally forward  
15 direction.

16 Q Now, upon examination of the Zapruder film  
17 Doctor, was it possible for you to deter-  
18 mine the actual moment at which the  
19 President was hit by the first projectile?

20 A The great value of the Zapruder film to us was  
21 that it established, as I said, the  
22 position of the President and also the  
23 sequence of the shots. I remind you that  
24 at the time of the autopsy we stated that  
25 we could not determine the sequence of the

1 shots. You can seldom do so by looking  
2 at wounds, so we could describe them, in-  
3 terpret the direction, have an opinion, a  
4 firm opinion about the direction, but as  
5 far as the sequence of the shots is  
6 concerned, this was established by the  
7 Zapruder film.

8 Q Now, Doctor, as an expert, do you have a firm  
9 opinion as to whether the wound which you  
10 have just described was inflicted by a  
11 shot from the rear or from the front?

12 A It was definitely inflicted by a shot from the  
13 rear.

14 MR. DYMOND:

15 If The Court please, with The Court's  
16 permission, I would like to exhibit  
17 this to The Jury for examination.

18 BY MR. DYMOND:

19 Q Now, Doctor, with respect to wounds in body  
20 matter such as skull, would you tell me  
21 whether the terms coning, cratering,  
22 beveling and shelving are synonymous?

23 A In the field of describing wounds by projectiles  
24 through structures such as bones, the  
25 terms are synonymous, I would say it is



1                   cratering and not crating.

2       Q       I thought I said "cratering."

3       A       C-R-A-T-E-R-I-N-G, cratering, from a crater.

4       Q       Now, Doctor, in connection with the autopsy

5                   performed on our late President Kennedy,

6                   did you have occasion to examine and

7                   analyze a head wound which appeared upon,

8                   his remains?

9       A       Yes, I did.

10      Q       Would you describe for the benefit of The

11                   Jury the extent and nature of the examina-

12                   tion which you made on this part of the

13                   remains of President Kennedy.

14      A       I saw in the back of the head of

15                   President Kennedy, at the right side at

16                   approximately 1 inch, 25 millimeters,

17                   from a bony prominence you can all feel

18                   in the back of your head, it's called the

19                   external occipital protuberance, I saw

20                   that wound slightly above this protuber-

21                   ance.

22      Q       Doctor, if I come forward, will you be able to

23                   point on my head the approximate location

24                   of the wound which you have just

25                   described?

1 A Yes, I will be.

2 Q I won't ask you to mark this one.

3 A This is the approximate position of that  
4 wound which was in the scalp on the right  
5 side at approximately 1 inch to the right  
6 of that protuberance and slightly above  
7 it.

8 Q Now, Doctor, will you describe to The Jury the  
9 nature of this wound which you found on  
10 President Kennedy's head and the location  
11 of, which you have pointed out on my  
12 head?

13 A This wound had slightly irregular edges in  
14 contrast to the first wound I described  
15 in the back of the neck, and I would like  
16 to explain at this time the reason for that.  
17 The tissue underlying the skin, I have  
18 described in the back of the neck is soft  
19 tissue, and when the bullet strikes the  
20 skin in such an area it does not meet the  
21 resistance it meets when there is bone  
22 underneath, and this explains the differ-  
23 ence in character of those two wounds of  
24 entry.

25 The wound in the back of the head

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showed irregular edges because there was bone close to the scalp corresponding to that scalp wound in the back of the head I just demonstrated, there was a hole in the bone, in the skull of President Kennedy, and I examined it, that hole, from outside the skull and from inside the skull.

When examining from outside the skull I did not see a crater, I saw a hole but there was no crater around it.

When I looked at that wound from inside the skull, I saw a definite crater, C-R-A-T-E-R, and this is a certain factor to identify positively the direction of a projectile going through a flat bone such as the skull. To take a practical example, I have seen similar craters in wood, when a bullet goes through and through a pane of wood, and in glass, and it is the difference of the examination between the outer surface and the inner surface that allows the examiner to determine the direction of the bullet. Police officers do that all the time when they

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examine panes of wood or panes of glass,  
and I have done so myself. It is an  
accepted fact.

Q Doctor, I show you a sketch which has been  
marked for identification "D-28," and I  
ask you what this represents?

A This letter-sized black and white illustration  
labeled "Delta-28," entitled "Perforating,  
P-E-R-F-O-R-A-T-I-N-G, Missile,  
M-I-S-S-I-L-E, Perforating Missile Wound  
of the Skull" shows a scheme, S-C-H-E-M-E,  
prepared at the Armed Forces Institute of  
Pathology according to my instructions and  
based on the factors I just described.

Q Doctor, was this prepared under your instruc-  
tions before or after the assassination  
of President Kennedy?

A It was prepared before the assassination of  
President Kennedy to demonstrate the  
pattern of wounds in bones in a through  
and through wound by a projectile. I did  
this for teaching purposes because I have  
to give many lectures in this field.

MR. DYMOND:

If The Court please, in connection with

*Handwritten:*  
A band  
P.E. 408

*Handwritten:*  
Not to demonstrate  
6.5 mm Corvus

1 the testimony of this witness, we  
2 would like to offer, file, and in-  
3 troduce into evidence the exhibit  
4 marked for identification "D-28."

5 MR. OSER:

6 No objection.

7 BY MR. DYMOND:

8 Q Now, Doctor, with the aid of Exhibit D-28,  
9 could you better explain to The Jury what  
10 you mean by coning, cratering, beveling  
11 or shelving of the bone?

12 A Yes.

13 Q Would you kindly let me get the microphone  
14 and step down and do it, please.

15 A This is A, Alpha in white, the cavity within  
16 the skull, what we call the cranial  
17 cavity, C-R-A-N-I-A-L, labeled B as in  
18 Bravo, and the cavity shown in black, C  
19 as in Charlie is the wound of entry, D  
20 as in Delta is the wound of exit, and you  
21 see the title of this, "Perforating Missile  
22 Wound of the Skull," perforating is  
23 synonymous with through and through, it  
24 means the projectile goes all the way  
25 through a structure producing a wound of

1 entry and a wound of exit. There may be  
2 fragments left by the projectile in  
3 between, but as far as the wounds are  
4 concerned, it is still a through and  
5 through or perforating missile wound by a  
6 missile, here a bullet or any projectile.

7 You will notice that at the level of  
8 C, Charlie, when you examine this wound  
9 from outside you see a hole which is  
10 smaller than the hole observed when you  
11 look at that wound from inside the skull.

12 You see the diameter outside in  
13 Charlie is smaller than the inside diameter  
14 of Charlie. When you look at this wound  
15 from inside, you see a crater, C-R-A-T-E-R,  
16 or cone, and this finding is called  
17 cratering, coning, shelving, or beveling.

18 When that projectile goes through the  
19 bony structure of the skull, it produces  
20 a wound of exit, and here again by looking  
21 at the wound from inside of Delta and  
22 outside of Delta, you will see a larger  
23 diameter when examined from outside as  
24 compared to the diameter of the wound  
25 when examined from inside the skull.

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It is on the basis of such factors  
that the direction of the bullet path,  
P-A-T-H, is determined.

MR. DYMOND:

If The Court please, at this time in  
connection with the testimony of this  
witness, we would like to offer,  
file, and produce into evidence  
"D-28." I think it has been offered  
already.

MR. OSER:

No objection.

MR. DYMOND:

May we show this to the Jury at this time?

THE COURT:

Yes.

NO HIATUS HERE

1 BY MR. DYMOND:

2 Q Dr. Finck, in addition to what you have  
3 described as a bullet hole of entrance,  
4 the location of which you have indicated  
5 on my head, would you describe any other  
6 damage which you might have found to the  
7 skull of the late President Kennedy?

8 A In addition to the wound of entry I have dis-  
9 cussed in the back of the head, there was  
10 a very large wound, irregular, star-  
11 shaped, what we call stellate,  
12 s-t-e-l-l-a-t-e, approximately five  
13 inches in diameter. It was 13 centimeters  
14 in diameter, which is approximately five  
15 inches and one-eighth. During the course  
16 of the autopsy we received from Dallas  
17 portions of bone which have the same  
18 appearance as the general appearance of  
19 the remaining skull of President Kennedy,  
20 and on one of the fragments which we  
21 could match inside this wound, approximate-  
22 ly five inches in diameter, occupying the  
23 right side and the top of the head of the  
24 President, I saw the levelling I described  
25 to you. First identified the outer aspect



1 of the specimen and the inner aspect,  
2 i-n-n-e-r, of the specimen to orient the  
3 specimen in relation to the wound. After  
4 having oriented the specimen as far as  
5 the outer and inner surfaces are concerned,  
6 I saw this crater when the specimen was  
7 viewed from outside which identifies a  
8 portion of the wound of exit. You realize  
9 that when you have a bullet going through  
10 a head at high velocity, the wound of  
11 entry may be entire, complete, as in this  
12 case, but because of the shattering,  
13 s-h-a-t-t-e-r-i-n-g, shattering and ex-  
14 plosive force produced by that bullet,  
15 the wound of exit is very irregular and  
16 very often you don't have all the portions  
17 of bone to make a complete skull, some  
18 portions are missing, so you cannot do  
19 what you do with a complete puzzle, to  
20 take the complete pieces and make a com-  
21 plete image. In that case the fragments  
22 were matching the wound in a general way,  
23 and I could make a positive determination  
24 of a wound of exit, of a portion of a  
25 wound of exit, in a bone fragment submitted

W4/N3

*Was it from  
the Kennedy's head?*

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to us during the course of the autopsy,  
and it was, I would say, between  
approximately 11:00 o'clock at night --  
I can give you the time, it was during  
the course of the autopsy this fragment  
was brought to us and allowed us to de-  
termine that this was the wound of exit.

Q Approximately 11:00 o'clock on what date?

A On the 22nd of November, 1963, the date of the  
assassination.

Q Now, Doctor, were any skull fragments delivered  
to you which were incompatible with your  
opinion as to the exit area having been  
on the side of the head?

A There were none.

Q There were none. Now, having examined the  
skull particle which you have testified  
contained evidence as to which direction  
the bullet was travelling, and as an ex-  
pert in the field of Pathology, do you have  
a definite opinion as to whether the pro-  
jectile which caused the bone damage  
exhibited by that particle entered from  
the front or from the back?

A I have a definite opinion. I would like to

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W4/N4

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1                   add that that bony specimen brought to  
2                   us was X-rayed and contained metallic  
3                   fragments which corroborates the finding  
4                   of metallic fragments seen at the time of  
5                   the autopsy on the X-ray film of the head  
6                   of the President, and the X-ray film was  
7                   taken before the autopsy of the head, I  
8                   saw the X-ray film, there were metallic  
9                   fragments on the X-ray, there were  
10                  metallic fragments in that bony fragment  
11                  brought to us during the course of the  
12                  autopsy, and I have a firm opinion that  
13                  the bullet entered in the back of the head  
14                  and exited on the right side of the top  
15                  of the head producing a very large wound.

16                Q     Doctor, did you find any evidence which would  
17                    indicate that the President was hit by  
18                    more than one shot in the head?

19                A     No.

20                Q     Doctor, as a result of your examination of the  
21                    head, the head of the late President, what  
22                    if you have one, is your opinion as to the  
23                    direction from which the bullet which  
24                    inflicted the head wound came?

25                A     The bullet definitely struck in the back of the

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High Velocity is greater than 2,500 ft/sec

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head, disintegrated, which is often the case when such a bullet at high velocity goes through bone, producing numerous fragments, many of them seen on X-ray of the head, and of the bony portion of the exit, and also recovered by us, we found fragments in the brain of the President, and that projectile produced that wound of exit on the right side and top of the head.

Q Doctor, having examined the entire body of the late President Kennedy, did you detect other than the two wounds which you have described to me any other wounds on the body of the late President?

A I did not, no other bullet wounds.

Q Doctor, I exhibit to you a sketch which has been marked for identification "D-29," and I ask you whether you drew this sketch or whether it was drawn by someone else?

A It was drawn by someone else.

Q I further ask you whether this sketch depicts the path of the bullet into and out of the head of the late President Kennedy in accordance with the professional opinions

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W4/N6

*Does not show  
bullet at "exit"*

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... which you have given.

A It does.

MR. DYMOND:

If the Court please, in connection with the testimony of the witness, I would like to offer, file, and produce into evidence the sketch marked for identification "D-29."

MR. OSER:

No objection.

THE COURT:

Let it be received.

BY MR. DYMOND:

Q Now, at this time, Dr. Finck, we will ask that you step down, step before the Jury and with the aid of this sketch demonstrate to them what in your professional opinion happened when the President was hit in the back of the head with the bullet?

A Gentlemen, you are looking at a letter-sized paper reproduction of a drawing labelled here "D-29," D as in Delta. It represents the right side of the head and the right shoulder and upper chest of President Kennedy. For demonstration purposes, the

1 drawing shows the wounds in a general way,  
2 arrows indicate the direction of the  
3 missile, the arrow behind the back of the  
4 head has the word "in," i-n, and the arrow  
5 you see in front of the wound on the right  
6 side and top of the head is labelled  
7 "out," o-u-t. You see a relatively small  
8 wound of entry in the back of the head and  
9 you see a much larger wound of exit  
10 irregular on the right side of the head.  
11 This indicates the direction of the  
12 bullet striking the back of the head  
13 coming out on the right side. If you take  
14 the middle of this wound of exit, the  
15 general direction of this missile path,  
16 p-a-t-h, is from the rear to the front  
17 going downward.

18 Q Please return to the stand, Doctor.

19 MR. DYMOND:

20 We now ask that we be permitted to exhibit  
21 this to the jury.

22 BY MR. DYMOND:

23 Q Now, Doctor, in view of the small size, what  
24 was according to your testimony the hole  
25 of entrance in the president's skull and

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the relatively large size of the hole of exit, was it possible to determine with any degree of preciseness<sup>2</sup> the angle at which this projectile struck the head of the President?

A Not with precision because the wound of exit is quite large, and this is very difficult, a very difficult thing to do, determine the angle based on such findings. It is the best interpretation we could make based on such large wound of exit and the small wound of entry.

Q Now, what was the best interpretation that you could make in view of the relative sizes of these wounds, Doctor?

A That the bullet, that the projectile entered in the back, came out on the right side, and that the direction was from above down.

Q Now, Doctor, is your opinion, is it not a firm one as to the direction of this projectile?

A My opinion regarding the direction of the projectile is firm.

Q Now, Doctor, from the --

A As far as the entry and exit are concerned.

Q Do you have any doubt about that?

*Need to know position of head*

1 A I have no doubt that the bullet entered in  
2 the back of the head, disintegrated, came  
3 out on the right side of the head.

4 Q Doctor, have you seen the Zapruder film?

5 A I did.

6 Q From the standpoint of a Pathologist, would it  
7 be possible to render a proper or accurate  
8 pathological opinion as to the point of  
9 entrance and the point of exit of this  
10 bullet without having viewed the remains  
11 of President Kennedy and by only having  
12 seen the Zapruder film and conducted some  
13 independent experiments with cadavers or  
14 bodies other than that of President  
15 Kennedy?

16 A I would not do so.

17 Q Why, Doctor?

18 A As I said, the film was of a great value be-  
19 cause of the motion aspect of it, because  
20 it was of a great value to determine the  
21 sequence of shots, it showed the position  
22 of the body, it showed the movements of  
23 the body during the shooting, I have seen  
24 on the movie President Kennedy moving for-  
25 ward, rising his hand to his throat, and



1 then he was struck by the second bullet  
2 that hit in the back of the head.

3 Q Now, Doctor, at the time that you co-authored  
4 the Pathological Report in connection with  
5 the autopsy performed on the late Presi-  
6 dent Kennedy, had the Warren Commission  
7 yet been formed?

8 A Would you repeat that question, please.

9 MR. DYMOND:

10 Strike that question.

11 BY MR. DYMOND:

12 Q At the time you performed this autopsy, had  
13 the Warren Commission yet been formed by  
14 Executive Order of President Johnson?

15 A I don't think so. The date is available, and  
16 to my recollection I don't seem -- I don't  
17 think the Commission was formed.

18 Q When did you form your opinions as to the  
19 directions of the projectiles which hit  
20 President Kennedy and the number of wounds  
21 which had been inflicted upon his body?

22 A At the time we signed the autopsy report, the  
23 autopsy report, I had a firm opinion that  
24 both bullets struck in the back, one in  
25 the back of the neck and the other in the

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back of the head. When we signed the autopsy report, we did not know the sequence of shots.

Q I see. Now, Doctor, your opinion as to the direction of these bullets and the other matter which you have testified to here today, is that an honest, professional opinion on your part, or was it in any way affected by the desires or requests of anybody of Government or any individual?

A My opinion is an honest, professional opinion.

MR. DYMOND:

We tender the witness.

THE COURT:

Just a minute. It is about 10:28, we are going to take a recess at 10:30, so take the Jury upstairs and we will take a ten-minute recess.

(Whereupon, a ten-minute recess was taken.)

NO HIATUS HERE.

*"c" "into" vs "for"*

1 AFTER THE RECESS:

2 THE COURT:

3 Are the State and the Defense ready to  
4 proceed?

5 MR. OSER:

6 The State is ready.

7 MR. DYMOND:

8 The Defense is ready.

9 THE COURT:

10 I believe the Doctor has been turned over  
11 for cross-examination.

12 MR. OSER:

13 Correct, Your Honor.

14 CROSS-EXAMINATION

15 BY MR. OSER:

16 Q Doctor, I believe you stated you were one of  
17 the co-authors of the autopsy report? Is  
18 that correct?

19 A I stated that I was one of the three authors  
20 of the autopsy report.

21 Q Now, during the autopsy, Colonel, and the  
22 results of the autopsy, were there any  
23 disagreements between you and  
24 Commander Boswell and Commander Humes as  
25 to what was done and the results thereof?

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A No.  
Q Am I correct in stating, Colonel, that you agreed, as the other two commanders agreed with you, as to the results and what was done and how it was done at the autopsy? Is that correct, sir?

A And how it should be reported.

Q Yes, sir. Right. Now, Doctor, have you ever conducted any experiments or research on the effects of a missile penetration of the brain or the skull?

A I did not. However, if I may --

Q Surely.

A -- say something, I have carried out experiments to study the effect of a bullet striking bone, and also the effects of a bullet going through or striking a gelatin block. The reason for doing so is that gelatin approximates the consistency of soft tissue, and I was interested to know what happens to bullets, in one case striking bone, or, in other cases, going through gelatin, because I have been called to testify in other cases. One of them involved a rib in the back of a fatality,

1 and based on the crater seen in the rib of  
2 that soldier, I could determine that the  
3 wound of entry was in the back of that  
4 soldier, and I also had experiments made  
5 on the bone, on the rib, showing that when  
6 you strike that bone from the back you  
7 produce a similar lesion as that observed  
8 in the actual criminal case.

9 Q Well, am I correct in saying you did not have  
10 any experiments or research in the area of  
11 a missile penetrating the brain and skull?  
12 Is that correct? Did you not tell the  
13 Warren Commission that when you were asked  
14 by them, sir?

15 A This is correct, but I would like to say at  
16 this time that I have carried out experi-  
17 ments after my testimony before the Warren  
18 Commission.

19 Q Where did you carry those experiments out after  
20 you testified before the Warren Commis-  
21 sion?

22 A Where?

23 Q When.

24 A When? In Edgewood Arsenal; it was in December  
25 of 1965 and January 1966, experiments

1 involving bullets, and this has no con-  
2 nection at all with the assassination of  
3 President Kennedy, they were experiments  
4 made to study the effects of bullets.

5 And the other experiments were made in the  
6 F.B.I. Laboratory, and again it was not  
7 connected with the assassination of  
8 President Kennedy.

9 Q Therefore, Doctor, am I correct in stating that  
10 at the time of your autopsy report that  
11 you submitted along with Commanders Boswell  
12 and Humes, you primarily based your  
13 opinion on your observations made at that  
14 particular time? Is that correct, sir?

15 A This is correct, and --

16 Q Now, --

17 A And I would like to add the information obtained  
18 the day following the autopsy, which stated  
19 that there was a small wound in the front  
20 of the neck of President Kennedy and that  
21 that wound had been extended to make the  
22 surgical incision. The wound observed in  
23 the front of the neck was part of the  
24 surgical incision made by the Dallas  
25 surgeons, and I knew that at the time I

1                   signed the autopsy report.

2     Q     When did you all contact the doctors at  
3                   Parkland Hospital?

4     A     Are you asking me if I contacted a Dr. Parker?

5     Q     No, I asked you when did you all contact the  
6                   doctors at Parkland Hospital in Dallas,  
7                   Texas.

8     A     Oh, I did not contact them, Dr. Humes did.

9     Q     And did Dr. Humes relate to you what he learned  
10                  from these doctors at Parkland?

11    A     Definitely.

12    Q     Do you know when Dr. Humes contacted these  
13                  doctors at Parkland?

14    A     As far as I know, Dr. Humes called them the  
15                  morning following the autopsy, as far as  
16                  I know, Dr. Humes called Dallas on  
17                  Saturday morning, on the 23rd of November,  
18                  1963.

19    Q     Doctor, can you tell me why the delay in  
20                  contacting the doctors that worked on  
21                  President Kennedy in Dallas until the  
22                  next morning after the body was already  
23                  removed from the autopsy table?

24    A     I can't explain that. I know that Dr. Humes  
25                  told me he called them. I cannot give

1 an approximate time. I can give you the  
2 reason why he called. As I have stated  
3 before, having a wound of entry in the  
4 back of the neck, having seen no exit in  
5 the front of the neck, nothing from the  
6 radiologist who looked at the whole body  
7 X-ray films, I have requested as there  
8 was no whole bullet remaining in the  
9 cadaver of the President, that was a very  
10 strong reason for inquiring if there were  
11 not another wound in the approximate  
12 direction corresponding to that wound of  
13 entry in the back of the neck, because in  
14 the wound of the head with entry in the  
15 back of the head and exit on the right  
16 side of the head, I never had any doubt,  
17 any question that it was a through-and-  
18 through wound of the head with disintegra-  
19 tion of the bullet. The difficulty was  
20 to have found an entry in the back of the  
21 neck and not to have seen an exit  
22 corresponding to that entry.

23 Q This puzzled you at this time, is that right,  
24 Doctor?

25 A Sorry, I don't understand you.



D/1/7

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Q This puzzled you at the time, the wound in the back and you couldn't find an exit wound? You were wondering about where this bullet was or where the path was going, were you not?

A Yes.

Q Well, at that particular time, Doctor, why didn't you call the doctors at Parkland or attempt to ascertain what the doctors at Parkland may have done or may have seen while the President's body was still exposed to view on the autopsy table?

A I will remind you that I was not in charge of this autopsy, that I was called --

Q You were a co-author of the report though, weren't you, Doctor?

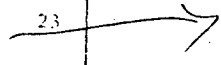
A Wait. I was called as a consultant to look at these wounds; that doesn't mean I am running the show.

Q Was Dr. Humes running the show?

A Well, I heard Dr. Humes stating that -- he said "Who is in charge here?" and I heard an Army General, I don't remember his name, stating, "I am." You must understand that in those circumstances, there were law

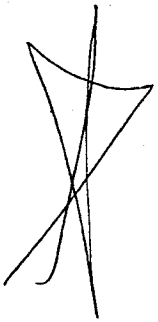
*The person in charge of autopsy should testify*

*Get the general*



D1/8

*It was a civil  
autopsy already  
authorized by military  
agencies.*



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enforcement officers, military people with 49  
various ranks, and you have to co-ordinate  
the operation according to directions.

Q But you were one of the three qualified  
pathologists standing at that autopsy  
table, were you not, Doctor?

A Yes, I was.

Q Was this Army General a qualified pathologist?

A No.

Q Was he a doctor?

A No, not to my knowledge.

Q Can you give me his name, Colonel?

A No, I can't. I don't remember.

Q Do you happen to have the photographs and  
X-rays taken of President Kennedy's body  
at the time of the autopsy and shortly  
thereafter? Do you?

A I do not have X-rays or photographs of  
President Kennedy with me.

NO HIATUS HERE