

SELECT COMMITTEE ON ASSASSINATIONS

NAME Dr. Pierre Finck Date 3/12/78 Time 10:28 AM

Address _____ Place HSCA offices

Brussels, Belgium

Interview:

Code: F-Flanagan
P-Purdy
PF-Dr. Finck
G-G. Gordon
B-Billings

F: This tape is now beginning. The date is March 12, 1978; the time is 10:28 A.M. We are at the House Select Committee on Assassinations hearing room. Present are staff members Donald A. Purdy, T. Mark Flanagan; also present is the Committee's medical panel, also present, do you want to state your name?

G: Gerald Gordon

S: Larry Sturdegan (phonetic).

B: Dick Billings.

F: We are now going to question Dr. Pierre Finck.

P: Dr. Finck, could you please explain the circumstances by which you came here today?

PF: Yes. I was at the Archives on Saturday, the 11th of March to testify and that session I thought was quite difficult, with a large group of people, many questions asked at the same time and I want to emphasize the difficulty of my position, being asked to answer many questions fourteen years, more than fourteen years after the autopsy of President Kennedy. After the session of 11 March, I thought that I should go back mentally

Interviewer _____

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PF: to the session, and summarize my thoughts about the situation as it is now, because my only wish now is to help you as much as I can and to try to add clarity and not confusion. I particular I'd like to refer to the photographs shown to me, not seen in 1964, taken in 1963, at the time of the autopsy, not seen at the time of the Warren Commission hearings, and seen for the first time in January 1967. I think that the doubts and the controversies now arise from the fact that the people used these photographs as a basis for interpretation, saying they don't fit the autopsy report. And that's what bothers people and that's why I came back - to try to clarify that situation as well as I can after all that time. At the time of autopsy, I palpated the scalp of President Kennedy, I examined it. Outer and inner surfaces of the scalp, and there was only one perforating wound of the scalp in the back of the head. That is, and I would like the photograph to put a number down because I didn't do that yesterday.

P: Forty-two.

PF: I would like to see the one, this one.

F: That's photograph forty-two.

PF: Forty-two, thank you. And the transparency, the 4 by 5 color transparency, I would like to see.

F: The transparency is contained at the National Archives. We..

PF: All right.

F: We can't take it out of there.

PF: All right, but, there was yesterday a 4 by 5 color transparency

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PF: taken at the time of autopsy and the 8 by 10 color print I have now in my hands is made from that 4 by 5 color transparency. And I was asked several questions regarding two areas in this 8 by 10 color print, and going back to the questioning, going back to my answers, try to summarize my opinion about this photograph, having examined the scalp myself, I don't think there is much any point in arguing about the so-called wound seen high in the scalp, above the level of the right ear, on the, above the upper end of the right ear on the photograph. There is not much point in arguing about this, when asked the question, "could that be a wound of entry, is that the penetrating, or a perforating wound?" for the good reason that, at that level I did not see in the scalp of President Kennedy, a perforating wound of the scalp. Again, there was only one perforating of the wound, perforating wound of entry of the scalp in the back of the President's head, and that was the wound low in the photograph with a wide center in contrast to the previously described area which has a red center on the photograph. What I'm referring to now is the wound in the lower, lower portion of the photograph, near the hairline, and this is what corresponds to the perforating wound of the scalp, a wound of entry in the back of the head, unequivocally being a wound of entry because it corresponds to the hole in the bone I have described with no beveling on the outer aspect of the skull and with beveling on the inner aspect of the skull. Again, here we have to remember

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PF: the differences between what you palpate with your fingers at the time of autopsy and what you see on a flat photograph. The external occipital protuberance is not clearly seen on a photograph like this, so I have to trust my measurements, my locations at the time of autopsy. So my conclusions regarding this photograph is that I saw only one perforating missile wound of the scalp, wound of entry in the back of the President's head. When asked about these photographs, "how deep is the wound?", "is this penetrating?", which means it's not through and through, or "is it perforating?" which means it is through and through. I don't think is a fair question. because on the basis of a photograph, flat photograph, you cannot say with certainty how deep the wound is. We, we see here the white area in the wound near the hairline as being a wound where, with apparently some tissue protruding out of the wound so it's in favor of a deep wound, but the photograph is so flat, it's not too sharp, that you cannot give exact measurements, exact depth. Regarding measurements for wounds -- when asked the question, "well, there was a ruler and the units of measurements on it." For example, on this photograph it's terribly weak and the reason may be that the pictures were taken with a flash, the intensity of which crushes white surfaces with reflection. It's very difficult on this print, to see measurements. But even if you do see measurements on the ruler, that is not necessarily in contradiction with

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PF: measurements taken at time of autopsy because there was a difference between the measurements you take when you have a wound in your hands and you pull, without exaggerating, but to show as well as you can the largest and the smallest diameters of that wound, when you hold the wound in your hand and then you measure it, There was a difference between those measurements and the measurements given by a photograph showing a wound that, because the elasticity of the tissue has collapsed with approximated edges. So there are basic differences related to the method of recording measurements, one, at the time of autopsy you take certain measurements, and then, on the photograph it may show slight differences. But, these are not contradictions. And, again, after fourteen years it's extremely difficult to answer rapidly, "yes", "no", so at times I am answer "I don't know" because for me it's extremely difficult to give a rapid answer to a question. So as I see those, they are to the best of my recollection, a representation of what we saw at the time of autopsy and I hope that I have clarified some of the points by saying what I said.

R: Dr. Finck?

P: This is Dr. Rose.

PF: Yes.

R: What you have interpreted as brain tissue extruding from a wound..

PF: Oh, I didn't say brain tissue, did I? I said tissue.

R: Tissue. What we talked about as brain tissue...

PF: I said the white area, apparently tissue, I don't...I think it's very dangerous to, to make positive identifications on the basis of a photograph. The only value of photograph is to, it's the best record we have after all these years. The dead body is no longer there. But we should not make the photographs say more than what they can say.

R: Would you say beneath that wound, or that white tissue is, that there would be injury into the deep tissue beneath that area as well? So that it would extrude back out through the hole?

PF: Probably. Yes. That wound being a perforating wound of the scalp, there was soft tissue coming out of that wound, if it's your question.

R: Which most likely would be brain, probably?

PF: I don't know if I can answer that by yes or no.

R: Uh...

PF: How can I, I am always trying to give an honest, sincere answer, and I hesitate to give answers which I cannot strongly defend, so some of the questions I have answered by definitely, by yes or no, but at times I don't think I can be that specific. Because I can be asked, "well, how can you prove it?"

R: But the, if the tissue on the surface is evidence of injury beneath that area, then we would have to inspect the tissue beneath that area to begin to...

PF: Yes.

R: So it would then have to be muscle, bone or brain tissue,

R: extruding back out the hole, that's rather a rhetorical question.

PF: It's white, it's, and if you are referring to muscle as muscle itself, doesn't look like muscle, and if you refer to muscle as, I don't think, I think it's quite hazardous to make positive identification of tissue on the basis of, of photographs.

PET: Uh, may I comment. I don't think rhetorical at all...

P: This is Dr. Petty speaking.

PET: This is not rhetorical at all because at that level I'm not entirely clear that it would be brain. I just wonder what portion of the anatomy of the President that in-shoot wound near the hairline would actually penetrate. I just asking if that's...

PF: I said perforate because it was through and through. Unquestionably it's through and through so it's not penetrating. It's a perforating wound of the scalp and what came through that wound I really don't know, what that white area is.

PET: The beveled wound was beneath that wound, then.

PF: Sir?

PET: The beveled, inward beveled skull injury was beneath that wound as far as you could see.

PF: Yeah. What we see here is the outer aspect of the scalp, and the beveling you are referring to is in the bone in the inner aspect of the scalp, corresponding to that soft tissue wound in the back of the head in the scalp.

PET: So it would be logical to assume that would be brain tissue, most likely, coming back out, what you have identified as

PET: the hairline, as the penetrating wound?

PF: I don't know if it's proper to answer, "most likely brain tissue". I see something white protruding there. It corresponds to the area where I saw the wound of entry in the back of the head.

PET: And the beveling of the inner bone of the skull?

PF: And the, in that wound track, yes. There was a beveling, identifying a wound of entry in the bone at that level. Does that help you?

PET: Thank you, yes.

D: Dr. Finck, this is Dr. Davis.

PF: Yes.

D: I just have two questions. One of them, have you had the advantage or disadvantage, depending on one's framework of reference, of having made available to you anything other than the photographs you saw yesterday, plus your own notes, and the already published autopsy reports? By other, I mean, say, subsequent interpretations by roentgenologists of the X-rays that were taken at the time of the autopsy of the head, particularly of the lateral view. I mean, have you seen any formal reports written by, or interpretations by, radiologists? Have you had that made available to you?

PF: I don't remember if I did or not.

D: But at least not recently, I would say?

PF: Not recently.

D: Right.

PF: Not recently.

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D: All right.

PF: Now, what do you mean by recently?

D: Oh, I mean within the past month or two.

PF: No.

D: No.

PF: Within the past month or so, no.

D: So your answers basically are based on your independent recollection of...

PF: Yes.

D: Events fourteen years ago?

PF: Yes.

D: Your notes and then, here's the photographs taken...

PF: Yes. And it bothered me, yesterday's session bothered me very much, you know, to answer "I don't know" and to, to, I don't want to add doubts to this, and I think now I understand why there are doubts. It's the difference between the interpretation of photographs and the autopsy wounds, and this is why I can help.

D: Now, the other question I had is a continuation of the one Dr. Petty asked, at least I thought he was getting to this. The wound that you, or the item on the photograph you point out as being representative of the area of the in-shoot portion of that perforating wound is down near the hairline...

PF: Yes.

D: On the back of the head-neck of the late President. And if we take as the reference point of the lowest part of the hairline, recognizing that we're looking downward, the, it's a

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D: tangential view in this photograph, we get into the, or the question arises in my mind as to an estimate, if at all possible, of how far up from the lowest portion of the hairline are we, with that white material that appears in the photograph? You did? Somebody did? Oh.

UNI: Yes.

D?: I made a misstatement yesterday.

UNI: He didn't want to state. D: Oaky.

P: Well, Dr. Finck, would you like to estimate now?

PF: The distance between the wound and the hairline?

D: The distance between the lowest portion of the hair...

PF: Yes...

D: The hair itself, and the hairline. You see you get into a question of the hair style of the President in terms of how far down on the back of his head-neck area his hairline normally extended, and...

PF: This is not a sharp demarkation.

UNI: (I want the scale on th..)

PF: And I hesitate very much to make measurements for two reasons. Number one: I don't think we are perpendicular to the body in the wound area and the measurements, the units of measurements on the ruler are much sharper, clear..

D: I would agree that the ruler certainly cannot be used. Besides it's not even in a plane, in that...

PF: That's...

D: As far as that other item is concerned.

PF: That's right.

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D: But, in terms of measurements, I was thinking in terms of say, anatomical areas. We have head, we have neck, we have hair, that are most definitely head, but then the question comes to my mind as to how far down on the back of the head, onto the neck does the hair go? Or does the hair go down onto the back of the neck? Do you get the impression that the hair is confined only to the head or does it go down onto the back of the neck?

PF: This is such an unsharp demarkation that I cannot give a clear-cut answer.

D: All right.

UNI: I think there is a reference point on the picture and that is the cowlick.

D: Right.

UNI: There's no doubt about where the cowlick is.

D: Right.

UNI: So you can really start counting downward from there, and within reasonable certainty arrive at the location of the area that Dr. Finck describes.

W: Could I ask a question?

D: Yes.

W: Are you finished?

D: Yes.

P: (Dr. Weston)

W: Pierre, for many, many years I have done these kinds of examinations and I have gradually evolved an "M.O.", if you

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will, whereby I don't, you know, submit my report for final typing until after I have checked it with the photographs, just to be sure. Because frankly, I have frequently substituted right for left and left for right...

PF: Yes.

W: And found measurements that, you know, were not consistent, were transcriptions errors, or something like that. Do you think it's possible that in the course of preparing this report, recognizing the limitations that you had without the photographs, and things like that, do you think it's possible that that measurement relative to the occipital protuberance that's contained within the

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