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Introduction

We are assembled for the deposition of Dr. Pierre Finck to be conducted by the Assassination Records Review Board, an independent agency of the Federal government. We are at the National Archives Annex in College Park, Maryland.

My name. Introduce others.

Approximately three years ago doctors James Humes, J Boswell, and Pierre Finck agreed to be interviewed in depth by the Journal of the American Medical Association regarding their autopsy of President John F. Kennedy. The Assassination Records Review Board applauds the willingness of the doctors to speak out publicly about the autopsy of President Kennedy and to help dispel the appearance of secrecy that has surrounded the assassination and the autopsy. In that same spirit, the Review Board will now be conducting the deposition of Dr. Finck, under oath.

In the conclusion of the JAMA article that I mentioned a moment ago, it quoted the distinguished Dallas Medical examiner, Dr. Earl Rose. Incidentally, had President Kennedy's autopsy been conducted in Dallas, Dr. Rose would have been the one to have performed it. Dr. Rose said in the JAMA article: "If we have learned anything in the 29 years since the president was shot, it is that silence and concealment breed theories of conspiracy and the only answer is to open up the records, without self-serving rules of secrecy, and let the American people judge for themselves." JAMA at 2806.

Dr. Finck, we appreciate your having gone on the record in the JAMA article that I mentioned above -- and we appreciate your being here today.
Swear the witness

Appearing pursuant to subpoena as modified by agreement of the parties

Right to an attorney

If you wish, you will be able to review the transcript of the deposition for any errors. We will be keeping as part of our permanent records the original transcript, the tape recording, and your corrected version -- if there are any corrections.

I will attempt to ask clear questions.

Do not hesitate to ask me to rephrase.

Take a break whenever you wish.

I am going to try to use lay terminology in my questioning whenever possible.

So I will, for example, try to use the term "front" rather than "anterior" and "bruise" rather than "ecchymosis." You should, of course, use the precise medical

terminology, especially whenever it would affect the accuracy of your statements.

We will be working with a prenumbered exhibit list, a copy of which I have given to the reporter. The exhibit list will be included as an attachment to the deposition. We do not anticipate that all of the exhibits will be used -- and they will not always be presented in sequential order.

Dr. Finck, I am going to ask you not to discuss the substance of the questions and issues raised in this deposition with anyone for the remainder of this year, by which time we anticipate having completed our work related to the medical evidence in the case. Are you willing to agree to that.

We particularly request that you do not communicate about the substance of the deposition, directly or indirectly, with anyone who might reasonably be a witness before the Review Board.

You have testified on the record 3 times before. Is that correct.
Once to Warren Commission.
Once to HSCA Forensic Pathology Panel.
Once to HSCA.

Did you ever have an opportunity to review those prior statements.

Do you recall whether you ever determined that any of the transcripts of your testimony contained inaccuracies.

Were you ever asked by anyone, directly or indirectly, to provide any testimony that differed from your own personal recollection.

My goal is to fill in some of the gaps in the prior questioning--so I will not be repeating many of the questions you were asked previously--although some of my questions necessarily touch upon issues that were raised before.

I hope that this sworn deposition provides you with the opportunity to clarify or correct any statements that may have mistakenly been attributed to you. At the end of the deposition you will have an opportunity, if you so choose, to make a statement to help clarify or resolve any outstanding issues.

01*. Background questions

Did you bring any records with you pursuant to the subpoena.

Please identify all records you have ever created that were related to, in the broadest sense, the autopsy of President Kennedy or the assassination of President Kennedy.

Draft notes during autopsy
did you take any?
what did you take.
JAMA MD 22 at 2798.

Drafts of protocol
Notes of conversations with Arlen Specter
Notes of conversations with H.A. Rydberg.
Etc.

Other than with your family, with whom have you discussed the fact that you would be having your deposition taken by the ARRB.

Dr. Boswell
Dr. Humes
Other than ARRB, anyone from US government

Authentication of records

Autopsy Protocol
Handwritten Protocol
whose handwriting
whose initials?
Supplementary Report
Face sheet
Finck WC testimony
Finck HSCA Forensic Pathology panel
Finck HSCA testimony
Military Review
JAMA article
have you read
did you note any inaccuracies for quotations attributed to you.

Was that statement correct.

Approximately how many gunshot wound autopsies had you performed by 1963.

Where did you perform those autopsies.

Where would I be able to go to find records related to those autopsies.

[When you testified to the Warren Commission in 1964, you were asked the following question:

Specter: "What specific experience have you had with gunshot wounds.

Humes: My type of practice, which fortunately has been in peacetime endeavor to a great extent, has been more extensive in the field of natural disease than violence. However, on several occasions in various places where I have been employed, I have had to deal with violent death, accidents, suicides, and so forth.

Also I have had training at the Armed Forces Institute of Pathology, I have completed a course in forensic pathology there as part of my training in the overall field of pathology. 2 WC 348.]

02*. Previous restrictions on ability to talk about autopsy

Did you, at any time, receive any orders instructing you not to talk about the autopsy or restricting what you could say about the autopsy.

Identify all such orders.

By whom.

When.

Do you understand yourself to be under any order whatsoever that would limit your ability to tell the entire truth about the autopsy.

Finck: "After the completion of the post mortem examination, the Surgeon General of the Navy told us not to discuss the autopsy with anyone, even among prosecutors or with the investigators involved." MD 28 at 23.

Did you ever make any promises, pledges, or agreements to anyone regarding your discussing the autopsy or assassination.

Would they limit your ability to answer questions fully and truthfully today.

Did you ever receive any threats related to statements about the autopsy.

Were you ever told, directly or indirectly, that the Kennedy family requested that you not speak about the autopsy.

Did you ever feel yourself under any obligation not to talk about any aspect of the autopsy.

For example, when you testified to the HSCA, in response to a question about the President's adrenal glands, you said:

"I have strong personal reasons and certain other obligations that suggest to me that it might not be preferable." 7 HSCA 243 MD 20.

Were those your words.

To whom did you have those obligations.

WRAP UP: is there anything whatsoever that will keep you from answering questions fully and to the best of your recollection?

03*. Any restrictions on performing autopsy

What was your role in the autopsy of President Kennedy.

You are constantly asked the question of who was in charge of the autopsy.

Humes JAMA: I was in charge. MD 22 at 2795; 2797

Has your answer changed.

One of the problems is the number of times that others -- who were there -- have said something different.

Boswell: “[Boswell] indicated that Dr. Burkley was basically supervising everything that went on in the autopsy room and that the commanding officer was also responding to Burkley’s wishes.” MD 26 at 2.

Dr. Finck also heard others declaring that they were in charge. MD 29 at 48-49.

Burkley also has reported that he “supervised” the autopsy. MD 67 at 16-17.

Stringer: “In retrospect, he [Stringer] recalls something near the beginning of the autopsy which indicated discussion about them not doing the complete autopsy. He believed the president's physician (ADMIRAL BURKLEY) was at the center of these discussions and seemed to be acting at the instructions of someone else, presumably the Kennedy family.” MD 19 at 13.

How could all of them had that impression.

With respect to the autopsy, did you take any orders, directly or indirectly, from any other person.
Identify.

Do you recall receiving a written communication from Admiral Kenney, the Surgeon General of the Navy, describing the limitations on the autopsy.

174-10002-10026

Did you ever receive any orders, instructions, or requests, that affected the scope of the autopsy

brain

neck

adrenals

clothing

anything else

Did you ever receive any request, directly or indirectly, that affected the scope of the autopsy

Did you receive any communication suggesting that the autopsy be expedited.

Any other communications that suggested anything regarding scope of autopsy.

Were you ever informed of any preferences of Kennedy family regarding scope of autopsy.

If yes, did that request limit the scope of the autopsy?

If no:

Finck: "THE ORGANS OF THE NECK WERE NOT REMOVED : THE PRESIDENT'S FAMILY INSISTED TO HAVE ONLY THE HEAD EXAMINED. Later, the permission was extended to the CHEST." MD 28 at 6.

Finck: "The prosecutors complied with the autopsy permit and its restrictions. I was told that the Kennedy family first authorized the autopsy of the head only and then extended the permission to the chest. Organs of the neck were not removed, because of the same restrictions." MD 28 at 23.

Finck: MD 30 at 110 (HSCA testimony)

Finck: Shaw trial: pp. II:118-19. Finck
testimony at Shaw trial

Was it ever communicated to you, directly or indirectly, that the adrenal glands should not be dissected or analyzed.

That they should be treated any differently from standard procedure.

Or that results should not be reported.

Did anyone ever suggest to you, directly or indirectly, that you should not perform a sectioning of the brain.

Did anyone ever suggest to you, directly or indirectly, that you should perform less than a complete examination of the brain.

**04*. Written military medicolegal autopsy procedures
circa 1963**

Medicolegal autopsies (general)

**Dr. Finck, as of 1963, had the military published
any rules, regulations, or standards for the
performance of military autopsies.**

Identify rules with specificity.

Any handbooks.

Any manuals.

E.g., Manual of the Medical Department

Any rules or regulations for the National

Naval Medical Center at Bethesda.

**ASK THE FOLLOWING QUESTIONS ONLY IF
NECESSARY**

Do you recognize the document marked as MD 7
which on its face is entitled "Autopsy Manual" and
was published by the Departments of the Army, the
Navy, and the Air Force in July, 1960.

Did you understand, as of 1963, the purpose, in part,
of the Autopsy Manual as being one of ensuring
"uniformity in the selected techniques and objectives
of an autopsy." (AM p. 2)

Was it your practice in the early 1960s to perform
autopsies that either satisfied or exceeded the
standards and requirements of the Autopsy Manual?

**Were there any other manuals, publications, or
standards that governed autopsies at Bethesda
Naval Hospital in 1963.**

**Did the hospital, for example, promulgate
regulations or rules on the conduct of autopsies.**

Follow-up questions.

Are you familiar with the term "medicolegal autopsy."

What is it.

[If Finck quibbles: “In the case of a medicolegal autopsy, the pathologist is responsible for determining the cause of death and uncovering evidence which may be of legal importance.” AM 44.]

Would it be fair to say that murder victims should receive medicolegal autopsies.

Was President Kennedy's autopsy a “medicolegal autopsy.”

Dr. Finck, were you familiar, in 1963, with the military's standards for medicolegal autopsies.

Where were the standards for medicolegal autopsies published.

Military regulations?

Directives

Statutes?

Rules of hospitals.

What rules governed military medicolegal autopsies in 1963.

As the person in charge of the autopsy of President Kennedy, was it your responsibility to be familiar with the procedures for medicolegal autopsies?

[If Finck quibbles; “The prosecutor should be familiar with chapter 6 in the case of medicolegal autopsies and the Armed Forces Directives in appendix I.” AM at 4.

Do you agree with that statement.

Were you in fact familiar with Chapter 6 and the directives.]

In 1963, were you in fact familiar with the requirements for medicolegal autopsies.

I would like to read a statement from the AM:
“In the case of a medicolegal autopsy, the

pathologist is responsible for determining the cause of death and uncovering evidence which may be of legal importance.” AM 44.

Do you agree with that statement.

During the course of President Kennedy's autopsy, did you identify all of the evidence that reasonably may have been of legal importance.

At the time you completed the autopsy of President Kennedy, did you believe that the records you had created satisfied the requirements for a medicolegal autopsy.

Written guidelines governing medicolegal autopsies

Accuracy and uniformity (weight, measurements, description)

Scope (organs, clothing)

Communications with others (medical/police)

I would now like to ask you a few general questions about two issues in medicolegal autopsies: first, the requirements of accuracy in record keeping, and second, the requirements of the scope or thoroughness of the examination and recording those results.

--First, accuracy and precision in making records

In medicolegal autopsies, is it important to record weights, measurements, and locations accurately.

“The medicolegal protocol must be correct in all dates, weights, measurements, and in spelling.” AM 56.

Does the Autopsy Protocol satisfy the requirement that weights and measurements are “correct.”

Do you agree with the following statement in the Autopsy Manual, on p. 56, **“A single error** lays the entire protocol open to the criticism of carelessness and may discredit the autopsy examination.”

Did you have that record-keeping standard in mind when you conducted the autopsy.

Did you ensure that all of the requisite records satisfy this obligation.

Does standard autopsy protocol provide that principal body organs should be weighed and

measured after removal.

“All viscera except the heart should be weighed and measured before they are sectioned.” AM 8. “In general the weight, the greatest length, breadth and depth should be recorded.” AM 8.

[Walk Finck through face sheet. Are measurements accurate. Compare organ measurements to standard weights in AM. (Except for the heart, there is a significant disparity between the JFK measurements and normal measurements.) Why no fresh brain weight. Was it recorded anywhere. Where can the records be found that recorded the accurate measurements.]

Fixed landmarks, uniformity, and detailed descriptions

Uniformity requirement: The *Autopsy Manual* states: “This manual is intended . . . to insure uniformity in the selected techniques and objectives of an autopsy.”

In your opinion, do the face sheet, protocol, and supplementary report satisfy the uniformity standards of medicolegal autopsies.

Are you acquainted with the expression: “identification by reference to fixed body landmarks.”

[Only if Finck quibbles: “The size and relative position of each of the viscera should be observed in relation to fixed landmarks.” **CITE to page #.**]

What does it mean.

Is it an important concept.

Why?

Is it standard in autopsies, when attempting to identify the location of a wound to do so by making reference to "fixed body landmarks."

Did anyone ever suggest to you, directly or indirectly, that the wounds should not be identified with reference to fixed body landmarks. [HSCA panel criticism at 7 HSCA 177].

Was the thoracic wound identified with respect to fixed body landmarks.

Do you consider the third thoracic vertebra to be a fixed body landmark.

Show Finck the Burkley certificate. MD 6.

Was Dr. Burkley with you during the autopsy.

Was his recording of T-3 accurate.

Are you aware of any other record that identifies the location of the thoracic wound in relationship to a fixed body landmark.

[Only if Finck quibbles: can you identify any standard medical text that identifies the mastoid process or the acromion as a "fixed body landmark"]

[If Finck quibbles: Was it the responsibility of the prosecutor to inform the doctor signing the death certificate about the cause of death so that the doctor can record the cause of death on the death certificate. (MD 7; AM at 2.)

Did you ever speak with Dr.

Burkley and inform him of the cause of death.

Have you ever previously seen the death certificate signed by Dr. Burkley.

Did you ever protest and say that it was inaccurate.

What was the standard practice for recording information regarding wounds on the body.

“Prepare detailed descriptions, diagrams, and measurements of all wounds or recent disturbance of the clothing or to the surface of the body.” AM 56.

Did you prepare, at any point, detailed descriptions, diagrams, and measurements of all wounds.

Which records are those.

-- Scope (or thoroughness)

In 1963, was it permissible for medicolegal autopsies to be partial autopsies.

The Autopsy Manual states on page 56:
“A medicolegal autopsy should never be a partial autopsy and should always include the brain, spinal cord, and organs of the neck.” AM 56.

Do you agree with that statement.

Was there a complete autopsy of the brain, spinal cord, and organs of the neck.

On page 56 it states: “The neck organs should always be

examined” AM 56; see also
44.

In JAMA you were quoted as
saying: “Dissecting the neck was
totally unnecessary and would
have been criminal.” JAMA at
2799.

It is that your considered
medical judgment?

Of the three items identified above -- the
brain, spinal cord, and organs of the
neck -- isn't it fair to say that each of
three was specifically relevant to the
death of President Kennedy.

So, the brain, spinal cord, and organs of
the neck are not only important in
medicolegal autopsies generally, they
were specifically important for the
autopsy of President Kennedy.

Of the organs identified on the
face sheet, which are organs of
the neck. (thymus, thyroid)

Were the weights of the neck
organs identified in any other
records.

Why were they not recorded.

By the above-standard, did President
Kennedy receive a partial autopsy or a
complete autopsy.

Is it your testimony that there was a
complete medicolegal autopsy of the
brain
spinal cord
organs of the neck.

Did you keep accurate records

regarding the results of the autopsy of the brain, spinal cord, and organs of the neck.

In addition to the records we have already examined: the Protocol, the face sheet, and the Supplementary Report, were there any other records that described or reported on the autopsy of the brain, neck, and spinal cord.

What records can you identify that show that there was a complete autopsy of the brain, spinal cord, and organs of the neck.

During the course of a complete autopsy, should all of the organs in the body be examined.

“Initial procedure. Examine every organ in the body; collect representative sections of each for histologic studies and include skin, muscle, peripheral nerve, bone and marrow.” AM-44

Was it standard procedure to record the results of the examination of the organs.

Was that done.

Why not.

Was it standard procedure in a medicolegal autopsy to remove the adrenals and to examine them.

Was it standard procedure to record the results of such an examination.

Is a person who suffers a gunshot wound in greater risk if that person suffers from an adrenal deficiency, such as might be cause in Addison's Disease.

Did you record the results of an examination of the adrenals.

Why not.

Did anyone ask you not to.

Did anyone order you not to.

Did anyone communicate to you any preference that the adrenals not be examined.

Did you ever state or imply that you possess some secret with respect to President Kennedy's adrenals. [JAMA]

Brain.

Was it standard autopsy procedure to weigh, measure, and examine the brain at the time of the initial autopsy.

[all viscera from quotation above]

"Brain: Weight, convolutions and sulci; cerebral blood vessels; consistency; ventricles." AM 44

Did you record anything relative to your examination of the brain prior to drafting the Supplementary Report.

(virtually nothing in Protocol)
(nothing on face sheet)

Scope or thoroughness

--Examination of clothing

In medicolegal autopsies, is it standard practice to examine the clothing of the deceased and record the findings of that examination.

“It should be a standing rule that neither the clothing nor the surface of the body be disturbed until examined by the pathologist.” AM 56.

The pathologist should “prepare detailed descriptions...of the clothing....” AM 56.

Did you prepare, at any point, detailed descriptions of President Kennedy's clothing.

Why not.

Did you ask for the clothing.

Did Dr. Finck ask to examine the clothing.

Did Dr. Finck express any concern about conducting the autopsy without having the clothing.

Finck: “I was denied the opportunity to examine the clothing of Kennedy. One **officer who outranked me** told me that my request was only of academic interest. **The same officer did not agree to state in the autopsy report that the autopsy was incomplete**, as I had suggested to indicate.” MD 28 at 23. [NB part of text handwritten over blacked out text.]

Do you know where the clothing was.

05*. GENERAL CHRONOLOGY OF BETHESDA EVENTS

Core times (arrival/departure, beginning/end)
Documenting communications with others about wounds
(pre/during autopsy)
Witnesses at autopsy
Preliminary view
 body/casket unwrapping
 medical procedures prior to Bethesda (cutdowns,
trach, etc.)
 description of injuries
Sequence of events
Photo/x-ray sequence
Incisions and removal of brain
When did Finck arrive
When was the thoracic wound discovered
When did you first hypothesize that the trach incision
contained throat wound
When was the thorax to neck trajectory first hypothesized
When did the skull fragments arrive

A. Core times

Body arrives Bethesda
 7:35
 Boswell, MD 11 at 349

Autopsy begins
 7:30
 Kellerman: MD 55 at 103.

8:00
 Humes: WC testimony MD 11 at 349
 Humes: Review of Autopsy Materials
 MD 14 at 1.

8:15
 First incision: Sibert and O'Neill MD 44
 at 3.

Autopsy ends
 approximately 11:00
 Humes: WC testimony 2 WC 374
 Humes: Review of Autopsy Materials

MD 14 at 1.

Kellerman (estimate) roughly: 12:30

Embalming begins

Kellerman MD 55 at 103: 2:00

Body depart Bethesda

Kellerman: 3:56 MD 55 at 103

Finck: 0400 hours. MD 28 at 6.

Were you with the body from the time the casket was opened until it left Bethesda.

B. Documenting communications with others about wounds

Pre-autopsy

Prior to the time you first saw President Kennedy's body, were you given any information about the nature of the wounds.

For example, were you told that the treating physicians had held a press conference and described some of the wounds.

Were you told that such information had been broadcast.

Are you familiar with the name Robert B. Livingston, M.D.

For the record, Who's Who in America identifies Robert Burr Livingston as a neuroscientist who received his undergraduate and medical degrees from Stanford University, where he also was a resident at the Stanford Hospital in San Francisco. According to Who's Who, Dr. Livingston was the Chief of the Neurobiology Lab at the National Institute of Mental Health in 1963. At that time he was also a member of the editorial board of the Journal of Neurophysiology.

Does that help you recall the name of Dr. Livingston.

Do you recall ever speaking with Dr. Livingston.

Do you have any recollection of speaking by phone with any doctor on November 22, 1963, about wounds on the body of President Kennedy.

For the record: Dr. Robert Livingston

offered sworn testimony in the case Crenshaw v. Sutherland, Case No. 73-93, 18th Judicial District of Texas, on November 19, 1993. Dr. Livingston's deposition is marked as Exhibit MD 24.

Dr. Finck, I would now like to ask you to read pages 23 line 1 to page 26 line 16 of the Livingston deposition. You may read as much of the transcript as you wish, but I will be asking you questions only about that portion.

I will state for the record -- and the transcript speaks for itself -- that the pages contain Dr. Livingston's description of a telephone call that he claims to have had with Dr. Humes on November 22, 1963.

Dr. Humes, did reading those pages help refresh your recollection as to any calls that you may have had on November 22, 1963, regarding wounds on the President's body.

[If Humes acknowledges the telephone call, go through the transcript line by line.]

Dr. Humes, did you ever receive any information prior to the arrival of the President's body in Bethesda about the wounds on the President's body.

Was it standard procedure in 1963 for the prosecutor to confer with the treating physicians before performing the autopsy and recording those communications.

"Before he performs the autopsy, the pathologist should familiarize himself with the clinical history, clinical diagnosis, and special points of interest to the clinician. Direct consultation with the responsible clinician is desirable." AM at 4.

Was it standard procedure to record

information learned from the treating physicians.

Was it standard practice for medicolegal autopsies to have the prosecutor communicate with the police or others who have information relating to the death.

“Before he performs the autopsy the pathologist should confer with the police, the investigating authorities, or others having information about the case, in order that he can recognize all available evidence.” AM 56.

Was it standard procedure to record information learned from the police or other authorities.

Was there a telephone available for your use at Bethesda.

Was there a telephone in the autopsy room.

Between the time of the arrival and departure of President Kennedy's body at Bethesda, are you aware of any person having called or attempted to call anyone in Dallas to learn anything about what the treating physicians witnessed.

Prior to the time that President Kennedy's body left Bethesda, did you make any attempt, directly or indirectly, to learn anything about the treatment of President Kennedy at Parkland Hospital.

Were any such calls made in the autopsy room.

While President Kennedy's body was at Bethesda, were you aware of any communications between Bethesda and Dallas regarding President Kennedy's injuries.

Who called.
Who was called.
What were you told.

Were any records made of these conversations.

Ebersole MD 60 pp. 4-5

Was it standard practice in medicolegal autopsies for the prosector either to visit the scene of the death **or to request a written report and photographs.**

“In the event the pathologist cannot visit the scene **he should request a written preliminary report on the circumstances** surrounding death from the investigating authorities prior to performing the autopsy.”
AM 56.

Did you receive any written reports from the authorities in Dallas prior to the time that you completed the Autopsy Protocol.

Did you know that such reports had been prepared.

Did you ever ask for any reports.

Were any reports denied to you.

Did you speak to any law enforcement officials regarding evidence available to them at the time of the autopsy.

For example, were you ever informed that the president's head went backwards immediately after he was shot.

Is that the kind of evidence that should be made available to an autopsy pathologist.

Did the Autopsy Protocol make any reference to reports that were published in newspapers.

Did you ever ask the government to supplement the newspaper accounts by submitting reports to you.

C. Witnesses at autopsy

Please describe the autopsy room.

Was there a gallery.

Had you ever performed an autopsy in that room.

Please describe the scene. Was it noisy? Hushed silence? Telephone ringing. People going in and out.

Tele

Earlier you stated that you were in charge of the autopsy, is that correct?

There were about thirty people in the autopsy room -- is that correct.

Was your commanding officer present.

What was his name. Captain Stover.

Was Captain Stover's Commanding Officer present.

Who was he.

Admiral Calvin B. Galloway. Commander of the Naval Medical Center.

Was the Surgeon General of the Navy present.

What was his name.

Rear Admiral Kenney.

Was Admiral Burkley present.

Admiral Burkley was president Kennedy's personal physician.

Was General Godfrey McHugh present.

Was General Philip Wehle present.

Was any member of the Joint Chiefs of Staff present.

Would you have recognized Curtis LeMay if he were at the autopsy.

Would you have recognized any other

members of the JCS?

Would it be fair to say that “the scene in the autopsy room was 'somewhat like trying to do delicate neurosurgery in a three-ring circus.” Quotation from JAMA at 2798.

[What was the standard procedure for permitting witnesses to attend a medicolegal autopsy.

[“Restrict witnesses to the autopsy to those whose presence is required either by law or to assist the pathologist.” MD 7, AM 56.

Approximately how many persons were present at the autopsy of President Kennedy.

Did you make any attempt to limit the number of witnesses at the autopsy.

Whom do you remember as being present at the autopsy.

Do you remember any generals or admirals.

At any point during the autopsy

[If Finck identifies any new witnesses we will pursue leads and seek records.]

**5D. Preliminary view
body/casket/unwrapping**

When did you first see the body of President Kennedy.

Was he in a casket.

What did the casket look like.

What room were you in when you first saw the body.

Did the body ever leave that room.

How was the body wrapped.

Who unwrapped the body.

How was the skull wrapped.

Was the brain in the cranium when you first saw the body.

How was the body wrapped.

While you were unwrapping the body, did any bullet or bullet-fragment fall out?

Did you subsequently recover any bullets during the course of the autopsy? **(Go to 5E)**

Who lifted him out of the casket.

Humes and Boswell: JAMA MD 22 at 2794.

Anyone else.

Did anything fall out at unwrapping.

Bullets/fragments

Pieces of skull.

Were you with the body from that point until the body left Bethesda.

5D. ctd. Preliminary view

Medical procedures prior to Bethesda

What surgical procedures appeared to have been performed on body at the time you received it but before you performed any procedures.

Trach

Cutdowns

Any sutures

Any surgery to the head area

“It should be a standing rule that neither the clothing nor the surface of the body be disturbed until examined by the pathologist.” MD 7 at 56.

Sibert & O'Neill quotation

Ebersole suture of throat MD 60
at 4-5

5D. ctd. Preliminary view

Description of injuries

GO THROUGH FACE SHEET THOROUGHLY AT THIS POINT. FACE SHEET MD 1

Did you record the results of an examination of the adrenals.

Why not.

Did anyone ask you not to.

Did anyone order you not to.

Did anyone communicate to you any preference that the adrenals not be examined.

Did you ever state or imply that you possess some secret with respect to President Kennedy's adrenals. [JAMA]

Brain.

Was it standard autopsy procedure to weigh, measure, and examine the brain at the time of the initial autopsy.

[all viscera from quotation above]

"Brain: Weight, convolutions and sulci; cerebral blood vessels; consistency; ventricles." AM 44

Did you record anything relative to your examination of the brain prior to drafting the Supplementary Report.

(virtually nothing in Protocol)
(nothing on face sheet)

Go through 1 page handwritten notes MD 5

Although we will be coming back to this issue in more detail later, I would like to ask you to provide a brief description of the condition of the body when you first saw it with reference to the following points:

scalp: missing, lacerations, incisions
skull: missing, unattached
brain: from where extruding
neck: size of wound

5E. Sequence of events after unwrapping

After the body was unwrapped, what procedures did you follow.

Go through them in the order identified by the witness.

- Examination of the body.
- Photos.
- X-rays
- Removal of fragments
- Cleaning
- Incisions
- etc.

Removal of fragments

Sibert and O'Neill receipt MD 69 (one missile)
Protocol MD 3 at 4 says two (irregular fragments)
Boyers at MD 62 at 2-3 (who typed receipts, says 3 or 4)
"roundish" fragment in AP x-ray

Sibert and O'Neill executed and signed a receipt for a missile received from CDR James J. Humes on 11/22/63.

CAPT David P. Osborne claim to have seen a bullet fall from either the body or the clothing at autopsy.) **I NEED TO EXAMINE MD 66 AT 3 BEFORE RAISING OSBORN'S NAME.**

5F. Sequence of photos/x-rays taken. [at beginning and throughout]

Prior to the time that the first photos and x-rays were taken, was the head, scalp, or face cleaned.

If yes, get before and after description.

Prior to the time that the first photos and x-rays were taken, were any skull fragments put back into the skull.

If yes, get before and after description.

Prior to the time that the first photos and x-rays were taken, were any incisions made.

If yes, get before and after description.

Prior to the time that the first photos and x-rays were taken, was the scalp pulled into its original position to give a better view of possible scalp entry wounds.

Were any procedures -- such as those mentioned above: cleaning, replacing skull fragments, incisions, putting the scalp in its original position -- undertaken at any point before the x-ray and photo work was completed.

E.g., any skull fragments replaced at any time before an x-ray or photo.

Any cleaning of the skull or scalp.

When were photos taken.

Humes: "**Well, the first thing we did was make many photographs** which we knew would obviously be required for a wide variety of purposes, took basically whole body X-rays and then proceeded with the examination of the two wounds that we very shortly detected were present, starting with the wound in the head and proceeding to the wound in the back of the neck, upper thorax." 1 HSCA 324

Humes: "certain X-rays **and other examinations** were made before the actual beginning of the routine type autopsy examination." MD 11 at 349.

Humes: "Some of these X-rays or **photographs were taken before and some during the examination** which also maintains for the photographs, which were made as the need became apparent to make such." MD 11: 2 WC at 349.

Humes: All of the x-rays were taken before any manipulations were performed. 7 HSCA 249. MD 20

In a general way, what photos were taken before and during the autopsy.

When were the first x-rays taken.

Were they taken at any other point.

Pre-Y incision.
Post-Y, but before organ removal.
Post organ removal.
Why?
When was the latest taken.
For late arriving fragments?

Additional photos and x-rays made during the course of the autopsy. Humes 2 WC 349.

Did you observe any developed photographs or x-rays during the time that the body was at Bethesda.

Humes: "the photographs and the X-rays were exposed in the morgue of the Naval Medical Center on this night, and **they were not developed, neither the X-rays or the photographs.**" Humes: 2 WC 351

Yet:

Humes: there was a "rather sizable [radio

opaque] fragment visible by X-ray just above the right eye.” 2 WC 353.

Humes: “we were not too surprised in not being able to find the tiny fragments depicted in the X-ray.” 2 WC 353.

Humes: “we examined carefully the bony structures in this vicinity as well as the X-rays . . . “ 2 WC 361.

Humes: “The X-rays were developed in our X-ray department on the spot that evening, because we had to see those right then as part of our examination, but the photographs were made for the record **and for other purposes.**”

[Additional question: for **what** other purposes in addition to the record.]

5G. Incisions and removal of the brain

When was first incision made.

Where was it.

What was the purpose.

What other incisions were made during the course of the autopsy.

Skull

Humes: "I extended the lacerations of the scalp which were at the margins of this wound, down in the direction of both of the President's ears. At that point, we had even a better appreciation of the extensive damage ..." MD 11, 2 WC 354.

Any others to skull.

Any to brain.

Any to body.

Were any of the incisions photographed (I am referring to the results of the incision and not the act of cutting).

Who removed the brain.

Who participated.

Briefly explain the procedure undertaken for removal of the brain.

Was it difficult.

Where did you cut to remove the brain.

"We peeled the scalp back, and the calvarium crumbled in my hands from the fracture lines, which went off in all directions. We made an incision high in the spinal cord and removed the brain... JAMA at 2798.

Y incision.

Was a Y incision made.

Protocol 5 (yes)

Boswell

MD 26 at 4 (no)

When was the Y incision made.

Any photos after Y incision.

5H. When did Col. Finck arrive.

What had already been done at the time of his arrival.

Some photos/x-rays.

Finck: "X-ray films of the head and chest
had been taken." MD 28 at 4.

Y incision.

removal of brain, heart, lungs.

Finck: "The brain, the heart and the
lungs had been removed before my
arrival." MD 28 at 4.

5I. When was thoracic wound discovered.

Approximately when was the thoracic wound found.

Before/after removal of brain.

Before/after Y-incision.

Was Dr. Finck present when found.

Early:

Finck HSCA MD 30 at 80

Lipsev p. 6

Late:

Sibert & O'Neil MD 44 at 4.

Kellerman: Q: "When did they lift him up and first observe the hole in the shoulder? A: "They had been working on him for quite some time, Mr. Specter--through the photos and other things they do through an autopsy. And I believe it was this Colonel Finck who raised him and there was a clean hole." MD 55, 2 WC 103.

5J. When did you first hypothesize that there had been a bullet wound in the area of the trach incision.

5K. When did you first hypothesize that a bullet had entered the back, gone through the neck, and exited from the front of the neck.

5L. When did the skull fragments arrive.

What time did the fragments arrive.

Finck: "close to midnight, portions of cranial vault are received from DALLAS, Texas." MD 28 at 5.

Humes: "I wouldn't wish to guess, but I would have guessed it was midnight or 1 o'clock in the morning . . ." 7 HSCA at 244. MD 20.

How many arrived.

- 1
- 2
- 3

Is it true that you were not able to identify the entrance wound until the fragments had arrived.

If Dr. Boswell's recollection differed from that, would you disagree with him or defer to his recollection.

06*. Creation and Disposition of Records from autopsy through Supplementary Report (except photos/x-rays)

Records created or used during autopsy

(except photos and x-rays)

During the preceding questions, I have posed several possibilities for additional records that may have been created during the autopsy.

Do any other records come to mind.

What kinds of records were generated during the course of autopsies at Bethesda in the 1960s.

Notes of prosectors.

“J and I both took down autopsy notes and diagrams.” JAMA 2798.

Finck remembers same about Boswell and Humes. Finck took down notes, but gave them to Humes. MD 29 at 96; MD 30 at 82.

Audio tape recordings

Minutes of the autopsy

Log for receipt of body

Log for receipt of organs and tissues

Log of photos taken

Log of x-rays

Tests and sections

Tissue sections

Histology

Serology

Radiology

Toxicology

What were the procedures for tracking tests

Should these records exist for JFK. Where are they.

In addition to the records that were created, did you use or refer to any records or documents during the course of the autopsy.

For example, did you refer to the Autopsy

Manual.

Any other reference sources.

Drafting Autopsy Protocol

MD 2

MD 3

Each step of drafts

What documents were used

Each person with whom spoke

All materials used to create

Go through each activity, step by step.

Identify each draft.

Each person who saw it before final.

Each person who approved.

Who requested changes be made.

Between the time that President Kennedy's body arrived at Bethesda and the time that you signed the final protocol, with whom did you discuss any substantive matters related to the autopsy or the injuries of President Kennedy (other than doctors Boswell and Finck).

Dr. Burkley

Dr. Perry

Admiral Kenney

Captain Stover

When and where did you first begin drafting the protocol.

While body at Bethesda.

At home.

Saturday morning.

Saturday afternoon.

Saturday evening.

Humes: "I assumed the responsibility for writing the report, which I began about

11 o'clock in the evening of Saturday, November 23, having wrestled with it for 4 or 5, 6 hours in the afternoon, and worked on it until 3 or 4 o'clock in the morning of Sunday, the 24th. 1 HSCA 330.

"The autopsy report...was written on November 23 and the morning of November 24, and delivered by Dr. Humes to Admiral Burkley, the President's physician, on November 24 at about 6:30 p.m." Review of Autopsy Materials, p. 1. MD 14.

With whom did you speak before beginning the draft.

With whom did you speak while drafting the protocol

Were you contacted by anyone whom you had not know previously.

How many drafts.

Where did you write them.

Were the drafts handwritten.

Did you type any drafts.

Did you have anyone type any drafts for you.

Was there more than one typed version.

[Humes seems to suggest that the only typed version was from the last handwritten draft.]

Closson document: she couldn't read his handwriting.

When did you discuss with Boswell and Humes.

Where did you discuss it.

Who was waiting for you.

When did you complete it.

Go through Autopsy Protocol with any remaining questions about substance.

Why not dated.

Please look at the Autopsy Protocol, MD 3, and tell me what the "x" under "full autopsy" signifies.

Was the autopsy of President Kennedy a full autopsy.

Between the time that you began the autopsy and you signed the Protocol, did anyone ever suggest to you that the autopsy was not a full autopsy or that the box should not be checked?

Finck: "I was denied the opportunity to examine the clothing of Kennedy. One **officer who outranked me** told me that my request was only of academic interest. **The same officer did not agree to state in the autopsy report that the autopsy was incomplete**, as I had suggested to indicate." MD 28 at 23. [NB part of text handwritten over blacked out text.]

What did you do with the Protocol when you had completed it.

Protocol delivered to Burkley at 6:30 p.m. on 11/24 1/26/67 Report

To whom did you give it.

Why.

Were forensic autopsy protocol's usually given to personal physician of the deceased.

Who told you to give it to Burkely.

Was a reason provided.

During the time you were drafting the protocol, to what documents or records did you refer.
notes.

Face sheet.
X-rays
Photographs
Other notes.

“I had the draft notes which we had prepared in the autopsy room, which I copied.” Humes 1 HSCA 330.

How many persons approved the AP before you signed it.

Other than doctors Humes and Boswell, did anyone suggest that you make any changes.

Why isn't the AP dated.

How many different versions of the Autopsy Protocol were there.

Did you sign more than one.

On the cover sheet of autopsy protocol the box for “complete autopsy” is checked. What does that mean. Was it a complete autopsy?

Did Col. Finck dissent from this label?

Finck: “In my discussion with Cdr Humes, I stated that we should not check the block 'complete autopsy' in the Autopsy Report Form. In compliance with the wishes of the Kennedy family, the prosecutors had confined their examination to the head and chest.” MD 28 at 7.

Finck: “I was denied the opportunity to examine the clothing of Kennedy. One **officer who outranked me** told me that my request was only of academic interest. **The same officer did not agree to state in the autopsy report that the autopsy was incomplete**, as I had suggested to indicate.” MD 28 at 23. [NB part of text handwritten over

blacked out text.]

“Photographs of the scene where the body was found and the photographs made by the pathologist should be attached to the final autopsy report.” AM 56.

For the autopsy of President Kennedy, were you ever asked or ordered to perform (or not to perform) any procedure that was inconsistent with the Autopsy Manual or any other rules governing medicolegal autopsies.

Supplementary Report: sections/samples and specimens

Brain examination(s)?

First supplementary examination.

Did you conduct a supplementary examination of the brain a couple of days after the autopsy.

Would it help your recollection if you knew that both Dr. Boswell and John Stringer are on record as saying that they met with you for a supplementary examination of the brain a couple of days after the autopsy.

Do you remember that.

Didn't John Stringer take photographs.

Did you take the photographs.

Boswell MD 26: "Boswell said the brain was examined and described at the time of the autopsy and was examined further two days later." 8/17/77

Stringer: MD 19 at 12.
"Stringer said he took some photographs of the brain in the morgue two or three days after the autopsy. He said he was there with Doctors Humes and Boswell. He says he gave this film to Humes and received no receipt."

Dr. Finck I would like to draw your attention to the JAMA articles. You recall that I asked you earlier whether you were misquoted in them.

Do you remember your discussion of what you believed happened to

President Kennedy's brain.

**Quote from MD 22 p. 2800 in
box and p. 2803.**

Follow-up: where is that receipt.
[Show Finck MD 10 and MD 53
--which don't refer to brain or
other medical.]

Boswell remembers body
material, including the brain,
being hand carried to Burkley.
MD 26 at 5.

MD 70 (1965 inventory with steel
container). Is this container too
small to contain the brain.
Boyers (MD 62 at 5 thinks it is too
small.)

Did you know that Dr. Burkley is on
record as having said that **Dr. Humes**,
wanted to put the brain back in the body
of President Kennedy but that he, Dr.
Burkley, told you not to do that. MD19
at 5. Was that right?

That was on November 24 at Bethesda.
In the morgue?

**[N.B. if impeachment is appropriate
here:
you told the WC that "the brain in its
fresh state does not lend itself well to
examination." MD 11 at 355.**

**You then led the WC to believe that
you examined the brain several days
later, didn't you. MD 11 at 355.**

Was that the last examination that you
conducted on President Kennedy's brain.

As far as you knew, the brain had been buried
with the body. And you didn't have it.

When did you next meet to conduct any kind of supplementary examination on medical evidence.

“Dr. Boswell, Dr. Finck and I convened to examine the brain in this [fixed] state.”
MD 11 at 355.

What other supplementary examinations did you conduct.

Who else was there.
Stringer 8/17/77.
Dr. Karnei?
Boswell?
Finck?
Burkley
Humes: WC

When did you draft the Supplementary Report.
Which brain did you describe in the Supplementary Report.

Sectioning

Please explain the normal procedure for taking sections of the organs at an autopsy.

How many.
Done by whom.
During autopsy or after.
Where do sections go.
Who does the microscopic analysis.
When is it done.
What reports are generated.
(this list used previously)
Histology
Serology
Radiology
Toxicology

Etc.

“Initial procedure. Examine every organ in the body; collect representative

sections of each for histologic studies and include skin, muscle, peripheral nerve, bone and marrow." DM 7; AM-44

Which of these procedures were followed and what variations were there.

Did you receive any lab reports.

When.

How many.

What did they say.

Where are they.

Purpose.

"Tissue for histopathological examination should be taken from the entrance wound."
AM 61.

"Label all specimens removed from the body for further examination. Do not permit any interruptions in the continuity of custody of the specimens." AM 56.

Destruction of Records

Exhibit MD 9

You have previously acknowledged that you burned some records related to the autopsy at your fireplace at home. There has been some confusion about which records you destroyed. What exactly did you destroy.

Draft notes from the autopsy.

Exhibit: MD 9 (record)

["I sat down and word for word copied what I had on fresh paper. . . . Destroyed the ones that were stained with the president's blood." 1 HSCA 330]

JAMA: burned notes taken at autopsy because they had the President's blood on them. at 2799.

Burned only after they had been copied.

Draft protocol:

"early in the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this represents the revision. That draft I personally burned in the fireplace of my recreation room." 2 WC at 373.

Face sheet from autopsy.

Draft protocol.

Why did you destroy the records.

Blood.

What did you copy.

Did the original notes (created before

conversation with Dr. Perry), contain any information with respect to the angle of the penetration of the thoracic wound?

Did the original notes identify the location of the thoracic wound in reference to the vertebra?

Identify all the records that you created between the time the autopsy began and you finished the supplementary report.

At any other point, did you burn or otherwise destroy any records related to the assassination.

What records.

Draft report.

Notes from autopsy.

Describe exactly what was destroyed.

Number of pages

Contents

Why.

Humes: "...have destroyed by burning certain preliminary draft notes..." Certificate he signed on November 24, 1963

Humes: "Autopsy notes and the holographic draft of the final report were handed to Commanding Officer, U.S. Naval Medical School..." Second certificate

Humes: March 16, 1964 sworn testimony in 2 WH, on pages 372-373: "In privacy of my own home, early in the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this represents the revision. **That draft I personally burned** in the fireplace of my recreation room."

Humes: HSCA Forensic Pathology Panel on September 16, 1977: "...I want to comment

about it--some comments that I destroyed some notes related to this, by burning in the fireplace of my home, and that is true..."; and after describing that his **motive was to prevent inappropriate or sensational or profiteering use by unauthorized persons of documents with the President's blood on them**, he continued: "...having transcribed those notes onto the pieces of paper that are before you, I destroyed those pieces of paper." In discussing the bloodstains on the autopsy face sheet (which was not destroyed and still exists), Humes said: "Now, I didn't redraw Jay's, and don't ask me why...I guess it was because I didn't have another piece of paper and I didn't want to sit down and reproduce a drawing."

Humes: September 7, 1978 before the full House Committee on Assassinations: **"The original notes which were stained with the blood of our late President, I felt, were inappropriate to retain...I sat down and word for word copied what I had on fresh paper...destroyed the ones that were stained with the President's blood."**

Disposition of records and medical material

Chain of custody

MD 10 Humes-Stover-Burkley (working papers)

MD 51 Stover-Galloway-Burkley (papers and original and 7 copies of protocol)

MD 52 Galloway-Burkely (protocol)

MD 53 Burkely (acknowledges receipt--unclear)

MD 54 Burkley (Harper)

Did you personally give to Admiral Burkley all of the body tissues etc.

Brain
paraffin blocks
bullet fragments

JAMA MD 22 at 2800. The article makes it appear as if the material was provided after the Supplementary Report was written on Dec. 6.

Disposition of Skull fragments after autopsy

How many of the skull fragments identified above remained with the body and how many were kept for further examination?

07*. Review of photos and x-rays

Overall goals:

- obtain witnesses' views of authenticity of photos/x-rays
- determine exact condition of wounds at Bethesda arrival
- determine exactly what the photos depict
- determine sequence of photos
- any procedures or manipulations performed before photos
- correlate photos to x-rays
- correlate photos to Rydberg drawings
- correlate photos to face sheet

Humes: "certain X-Rays and other examinations were made before the actual beginning of the routine type autopsy examination." MD 11, 2 WC 349

any procedures performed
cleaning
incisions
removal of fragments
replacement of fragments
pulling scalp
rearranging hair

what is being shown
identify all beveled bones

Standard autopsy photo guidelines

"Slender arrows cut from paper, or wooden applicator sticks judiciously used, aid in calling attention to a lesion. A ruler or scale should always be included. It is important to keep identifying number, ruler, and arrows out of contact with the specimen. They should be so placed that they can be blocked out if desired when a print is made." AM 66.

"Have photographs made of all potentially important evidence that can be recorded photographically." AM 56 (emphasis in original)

1ST
“LEFT SIDE OF HEAD AND SHOULDERS”

Sequence/timing/procedures

Any scalp lacerations on the left hemisphere upon arrival

Did you make any incisions on left hemisphere

2ND
“RIGHT SIDE OF HEAD AND RIGHT SHOULDER”

Sequence/timing/procedures

Triangle

Show lacerations

3RD
“SUPERIOR VIEW OF HEAD”

Sequence/timing/procedures

Straight laceration

Any objects inside

4TH
“POSTERIOR VIEW OF WOUND OF ENTRANCE OF
MISSILE HIGH IN SHOULDER

Correlate to MI 3

Sequence/timing/procedures

identify blood spots/entry wounds in back

Please identify which marking on the back is what you found to be the entrance wound.

How did you identify the location in the Autopsy Protocol.

Are the acromion and right mastoid generally considered to be fixed body landmarks for the purpose of identifying back wounds.

Show Finck the Burkley certificate. MD 6.

Was Dr. Burkley with you during the autopsy.

Was his recording of T-3 accurate.

Are you aware of any other record that identifies the location of the thoracic wound in relationship to a fixed body landmark.

[Only if Finck quibbles: can you identify any standard medical text that identifies the mastoid process or the acromion as a “fixed body landmark”]

[If Finck quibbles: Was it the responsibility of the prosecutor to inform the doctor signing the death certificate about the cause of death so that the doctor can record the cause of death on the

death certificate. (MD 7; AM at 2.)

Did you ever speak with Dr. Burkley and inform him of the cause of death.

Have you ever previously seen the death certificate signed by Dr. Burkley.

Did you ever protest and say that it was inaccurate.

Is there an abrasion collar on the wound.

You told JAMA there was an abrasion collar.

Did you ever make a record noting that there was an abrasion collar.

When did you first record the existence of the abrasion collar.

Did you record that there is an abrasion collar in the Autopsy Protocol.

Why not.

Isn't that important?

Might the abrasion collar help identify the angle of an entrance wound.

Why is the ruler in the position where it is. What is it measuring.

"Humes emphasizes that his autopsy found that the other bullet that struck Kennedy, the so-called 'magic bullet' that was the first to hit Kennedy and that also hit Texas Gov John Connally, was also fired from above and behind." MD 22 at 2794.

Was that an accurate recounting of your position.

Did you write to JAMA and tell them that they got this part wrong.

Does the Protocol actually say that.

Do you recall being asked about this point during your WC testimony.

Your WC testimony was under oath, wasn't it.

You didn't make that claim then, did you.

In fact, your Autopsy showed no such thing, did it.

5TH
**“RIGHT ANTERIOR VIEW OF HEAD AND UPPER TORSO,
INCLUDING TRACHEOTOMY WOUND”**

Sequence/timing/procedures

What were the measurements on the tracheotomy wound.

Face sheet 6.5 cm.

Protocol 6.5

WC testimony 7 to 8: why the difference

JAMA 3-4cm MD 22 at 2798.

Triangle

Eyes open

Were they open during autopsy. Go back to first view.

6TH
“WOUND OF ENTRANCE IN RIGHT POSTERIOR
OCCIPITAL REGION”

Sequence/timing/procedures

Correlate to exhibit

MI 1

MI 2

MI 5 (Ida Dox)

orient the flap

Is skull being pulled back.

What is under that scalp.

Where are the lacerations on the scalp.

7TH
“MISSILE WOUND OF ENTRANCE IN POSTERIOR SKULL, FOLLOWING REFLECTION OF SCALP”

Sequence/timing/procedures

Key points **in order**:

- orient photo
- timing of photo (pre-post incision)
- state whether there is any reconstruction (bones put in place)
- whether notch shows entry/exit wound

Please orient the photograph

Are you certain.

Did you ever have any doubts. (HSCA Panel)

Does this photo show any reconstructed or rearranging of skull fragments.

Does the photograph reveal either a wound of entry or exit.

Please identify the location and describe it.

Humes: back of head entry wound.
Panel MD 20 at 246

Boswell: front Panel MD 20 at 245
(but on 246 he seems to say the opposite)

Humes: “Yes. I have great difficulty in orientation of Nos. 44 and 45” MD 20 at 250.

Humes finally “buys” that it is frontal shot. MD 20 at 250.

If Finck identifies this as the front: well, if that is your position, there are four follow-up questions I have:

First, didn't you tell the WC that a photo was taken showing the internal aspect of the skull

at the point of entry.

“photographs illustrating this phenomenon from both the external surface of the skull and from the internal surface were prepared...” 2 WC 352 MD 11.

Second, didn't you identify this photo in 1966 as a posterior wound. MD 13

Third, didn't you sign a statement in 1966 saying that there were no missing autopsy photos. MD 13

So where is that photo? All of the autopsy photos that you saw in 1966 are here today.

Fourth, have not you repeatedly stated that you did not find a beveled entrance wound when you reflected the scalp and that you identified it only when you received the late arriving fragments from Dallas. Isn't that correct.

“When we removed the missing bone fragments and **reconstructed this gaping wound** where the bullet exited, we found this same pattern--a small wound where the bullet struck” JAMA at 2794 MD 22.

8TH

“BASILAR VIEW OF BRAIN”

(do with 9th)

this is the brain that weighed 1500 grams
is this how it looked when removed from cranium

Did the bullet traverse the brain in a straight line.
See Rydberg drawing MI 12

Did you observe that on the brain.

Correlate to x-ray

In your WC testimony you said: “When the brain was turned over and viewed from its basilar or inferior aspect, there was found a longitudinal laceration of the mid-brain through the floor of the third ventricle, just behind the optic chiasma and the mammillary bodies.” 2 WC at 356.

Is that correct.
Could you point out where that is.
How did you account for that laceration.

9TH

“SUPERIOR VIEW OF BRAIN”

Correlate to MI 4

seems intact (no protruding lobes)

X-RAYS

1. A-P (see also MI 8)

Sequence/timing/procedures

Correlate photos to x-rays on skull injury.

Were any fragments removed between x-ray exposures.

6.5 mm

Humes: "sizable fragment visible by X-ray just above the right eye." MD 11; 2 WC 353.

Were any fragments put back into place before or between x-rays.

Significance, if any, of the shelf.

2. Right lateral (see MI 7)

Sequence/timing/procedures

Correlate photos to x-rays on skull injury.

Identify entrance wound on lateral.

Correlate x-ray and photo on skull entry.

Black space on lateral.

Identify metal snow.

4. 3 fragments (see MI 15)

Sequence/timing/procedures

semi-circular

8. AP Right shoulder and chest (see MI 10)

Sequence/timing/procedures

9. AP Chest (see MI 9)

Sequence/timing/procedures

Charts

Scalp	
JAMA 2798	“The head was so devastated by the exploding bullet and the gaping jagged stellate wound it created--it blew out 13 centimeters of skull bone and skin.”
Protocol 3	“[T]here is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.” MD 3 (Protocol at 3). [see also 2 WC at 355]
Protocol 6	A portion of the projectile made its exit through the parietal bone on the right carrying with it portions of cerebrum, skull and scalp.” MD 3
Humes MD 11	“There was a defect in the scalp and some scalp tissue was not available. However, the scalp was intact completely past this defect. In other words, this wound in the right posterior region was in a portion of scalp which had remained intact.” 2 WC 352
Finck	“The scalp of the back of the head showed a small laceration, 15 x 6 mm. Corresponding to this lesion I found a through-and-through wound of the occipital bone, with a crater visible from the inside of the cranial cavity.” MD 28 at 1 (cover memo)

Skull	
JAMA 2798	“The head was so devastated by the exploding bullet and the gaping jagged stellate wound it created-- it blew out 13 centimeters of skull bone and skin.”
JAMA 2798	“ the inside of the rear of the skull bone was absolutely intact and beveled and ... there could be no question from whence cometh that bullet--from rear to front.”
Protocol 3	“involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions . In this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.” MD 3 (Protocol at 3).
Protocol 4	“Upon reflecting the scalp multiple complete fracture lines are seen to radiate from both the large defect at the vertex and the smaller wound at the occiput. These vary greatly in length and direction, the longest measuring approximately 19 cm . These result in the production of numerous fragments which vary in size from a few millimeters to 10 cm. in greatest diameter.”
Humes 2 WC 351 MD11	“huge defect over the right side of the skull. This defect involved both the scalp and the underlying skull, and from the brain substance was protruding.” 13 cm.
Humes MD 11	after three fragments in place: “I would estimate that approximately one-quarter of that defect was unaccounted for by adding these three fragments together and seeing what was left.” 2 WC at 354.

Head Entry-Exit Wound	
JAMA MD 22	“There was a small elliptical entrance wound on the outside of the back of the skull, where the bullet entered, and a beveled larger wound on the inside of the back of the skull where the bullet tore through and exploded out the right side of the head. When we recovered the missing bone fragments and reconstructed this gaping wound where the bullet exited, we found this same pattern--a small wound where the bullet struck the inside of the skull and a beveled larger wound where it exited. ” at 2794.
Protocol 4	“in the underlying bone is a corresponding wound through the skull which exhibits beveling of the margins of the bone when viewed from the inner aspect of the skull.”
Protocol 4	“At one angle of the largest of these fragments is a portion of the perimeter of a roughly circular wound presumably of exit which exhibits beveling of the outer aspect of the bone...”
Protocol 6	“The fatal missile entered the skull above and to the right of the external occipital protuberance.”
Humes HSCA Panel MD 20	to right and below EOP at p. 246.
Humes 7 HSCA 327. MD 21	[while being shown F-48 Ida Dox drawing of back of head] “It is obvious to me as I sit here how with this his [sic] markedly enlarged drawing of the photograph that the upper defect to which you pointed or the upper object is clearly in the location of where we said approximately where it was, above the external occipital protuberance; therefore I believe that is the wound of entry.” “[T]he object in the lower portion, which I apparently and I believe now erroneously previously identified before the most recent panel, is far below the external occipital protuberance and would not fit with the original autopsy findings.” 1 HSCA 327.
HSCA argues Humes changed his mind	Hume's HSCA testimony: the HSCA panel believed that you changed your opinion regarding the head entrance wound. Is that correct. “[W]hile testifying before this committee, Dr. Humes, the chief autopsy pathologist, changed his earlier testimony and supported the panel's conclusion as to the location of the wound.” 7 HSCA 176 TJG reading of Hume's testimony: I don't read Hume's HSCA testimony as necessarily changing his opinion. I see him as solely clarifying that he had misidentified the location of the EOP vis a vis the photos. He decided that the tissue near the hairline was not near the EOP, whereas the upper entry point was near the EOP. Is this correct?]
Posner (p. 112-113).	Posner: Congressional testimony attached to Robertson testimony. “It was the work of [the HSCA] that had the two autopsy physicians change their mind, that they had been mistaken about the placement of the wound, here, and that it is in fact correctly placed 4 inches higher. I have spoken to them about this and they have confirmed their change of testimony that they gave before the house Select Committee on Assassinations.”

Finck	"Another bullet struck Kennedy in the back of the head, at 25 mm to the right of the external occipital protuberance and slightly above. The bullet produced] many fragments and an exit would of 130 mm in the right temporo-parieto- occipital bone. Many metallic fragments were seen on X ray films, but only two were recovered in the right frontal cerebral hemisphere, elong [sic?] and black, representing approximately one tenth of the bullet mass. These fragments measured 7X 2 and 3 X1 mm." MD 28 at 13.
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Brain	
Protocol 4 (para II)	“extruding from it is lacerated brain tissue which on close inspection proves to represent the major portion of the right cerebral hemisphere. At this point it is noted that the falx cerebri is extensively lacerated with disruption of the superior sagittal sinus.”
Supplementary	1500 grams
HSCA Panel	“The corpus callosum was torn, was it not Jay? And the midbrain was virtually torn from the pons.” MD 20 at 247

Thoracic-neck Wound	
JAMA	“Humes emphasizes that his autopsy found that the other bullet that struck Kennedy, the so-called 'magic bullet' that was the first to hit Kennedy and that also hit Texas Gov John Connally, was also fired from above and behind.” at 2794
JAMA MD 22	Trach “obliterated” the exit wound. at 2795
Boswell	He could identify exit wound on the neck.
Burkley Death Certificate	T-3.
Protocol 3	“Situated on the upper right posterior thorax just above the upper border of the scapula there is a 7 x 4 millimeter oval wound. This wound is measured to be 14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process.”
Protocol 4	“The second wound presumably of entry is that described above in the upper right posterior thorax.”
Protocol 6	“The other missile entered the right superior posterior thorax above the scapula and traversed the soft tissue of the supra-scapular and the supra-clavicular portions of the base of the right side of the neck. This missile produced contusions of the right apical parietal pleura and of the apical portion of the right upper lobe of the lung. The missile contused the strap muscles of the right side of the neck, damaged the trachea and made its exit through the anterior surface of the neck. As far as can be ascertained this missile struck no bony structures in its path through the body.”
HSCA Conclusion	“entering the upper right back” 7 HSCA 80; “the entrance proliferation is medial to the scapula and superior to the ribs” 7 HSCA 87; however, insufficient evidence “preclude[s] reconstruction of the exact entrance point.” 7 HSCA 87
HSCA terms	HSCA: “upper-right mid back” 7 HSCA 175 HSCA: “back wound” 7 HSCA 176 HSCA: “bullet passing through the President's back and neck . . .” 7 HSCA 177
Finck/Blumberg	“None of us noticed a bullet wound along its course. THE ORGANS OF THE NECK WERE NOT REMOVED : THE PRESIDENT's FAMILY INSISTED TO HAVE ONLY THE HEAD EXAMINED. Later, the permission was extended to the CHEST.” MD 28 at 6.
Finck/Blumberg	“the oval wound in the right posterior superior aspect of the chest of Kennedy was an ENTRY.” MD 28 at 14.

Thoracic-Neck Wound Transit	
Finck	"X ray films had ruled out bone injuries along the bullet path." MD 28 at 13.
Finck	"My attempt to probe the path of the bullet was unsuccessful. I examined the tracheotomy skin wound and the trachea and did not find evidence of a bullet wound. Having a wound of entrance in the back and no corresponding exit, I requested a whole body radiographic survey , the results of which were negative." MD 28 at 22.
Finck	"did not strike bone" MD 28 at 25.
Kellerman	"A Colonel Finck--during the examination of the President, from the hole that was in his shoulder, and with a probe, and we were standing right alongside of him, he is probing inside the shoulder with this instrument." Finck finds no lane for an outlet. 2 WC 93.
Humes	no evidence of metal or fragments found in x-rays. 2 WC at 361 MD 11.
Humes	struck no bones; was sharply delineated 2 WC at 364

08*. Possible follow-up questions to photos and x-rays

N.B. Unless the record is already clear, the following should be clarified at this point:

Correlate to Rydberg drawings

“These drawings are very accurate.” JAMA at 2800.

Exit points

Did you identify an exact point of exit from throat.

Where

What is the evidence.

Did you identify an exact point of exit from skull.

Where

What is the evidence.

Condition of scalp upon arrival at Bethesda

How much scalp was missing from the head.

From where.

Were there any unattached pieces of scalp in the wrapping or with the body.

Were there any lacerations in the scalp.

Did any of the lacerations appear to have been made with a knife or a surgical instrument.

Was the scalp completely flush with the cranium or were there places where it was wrinkled or folded.

[Not flaps, but wrinkles]

Anything else about scalp.

09*. MISSING PHOTOS/X-rays

Who took the photos and x-rays

Stringer
Riebe
Ebersole
Custer
Reed
Anyone else

After the autopsy was completed, did you ever have any discussions with any of these men regarding the autopsy photos and x-rays.

Have you ever spoken to anyone about the possibility of there being missing photos or x-rays.

Missing photos?

Were any photos taken of what you identified as the skull entrance wound.

Humes: "photographs illustrating this phenomenon from both the external surface of the skull and from the internal surface were prepared" 2 WC 352

Finck: "I help the Navy photographer to take photographs of the occipital wound (external **and internal** aspects) as well as of the wound in the back." MD 28 at 6. [N.B. these are after the Y incision.]

Were any photos taken of what you identified as the bruise of the visceral pleura?

Humes: "Kodachrome photographs were made of this area in the interior of the President's chest." 2 WC at 363. MD 11,

Karnei's probe inserted

EXs showing probe was used. [See
Feinman letter to Congress]

Missing x-rays?

During the course of the autopsy, did you identify a bone from the skull that had the characteristics of an exit wound?

Humes: 2 WC 355

Did you have that fragment x-rayed?

“To confirm that this was a missile wound, X-rays were made of that fragment of bone, which showed radio-opaque material consistent and similar in character to the particles seen within the skull . . .” 2 WC 355

[Is this the x-ray showing the three fragments or is this another x-ray?]

X-rays of extremities/full body.

[Should this be shown to Finck before asking him about it?]

Humes: “Before the arrival of Colonel Finck we had made X-rays of the head, neck and torso of the President, and the upper portions of his major extremities, or both his upper and lower extremities. At Colonel Finck's suggestion, we then completed the X-ray examination by X-raying the President's body in toto, and those X-rays are available.” 2 WC 364.

Finck: “I SUGGEST X RAY FILMS BE TAKEN, ANTEROPOSTERIOR AND LATERAL, OF THE ENTIRE BODY, BEFORE GOING ANY FURTHER WITH THE AUTOPSY. This radiologic survey does not reveal any major missile in the President's cadaver.” MD 28 at 6.

Finck: “Having a wound of entrance in the back and no corresponding exit, **I requested a whole body radiographic survey**, the results of which were negative.” MD 28 at 22.

Clark panel list

LBJ Comment on Clark list

Missing photographs at time of Clark panel
(Belcher/LBJ)

10*. Warren Commission

Warren Commission preparation and testimony

Arlen Specter

When did you meet with him.

March 11

3/12/64 memo Specter to

Rankin

How many times did you meet.

Did you ever become friends with

Specter.

How often did you talk to him

about the assassination or

autopsy.

Your testimony was March 16

When did you contact Rydberg

Did Rydberg see the autopsy

photographs

Did you ask to see the photographs

Whom did you ask and what were you told.

Accuracy of Rydberg drawings

testimony to HSCA

testimony to WC MD 11; 2 WC 350

Were you ever asked, in any way, to alter the location of wounds with respect to the Rydberg drawings?

Approximately how many times did you meet with Arlen Specter.

Did you ever meet with anyone else from the WC staff.

Any medical consultants.

Any forensics consultants.

Finck before the Warren Commission

March 16, 1964

Spent 7 hours with WC. MD 28 at 16.

Spent 30 minutes testifying MD 28 at 13.

March 23, 1964

In touch with FBI agent. MD 28 at 17.

April 14, 1964

five hours with WC, Specter, Rankin,
Eisenberg, FBI and USSS, Humes and
Boswell, Light and Olivier from Edgewood. Z
film shown. MD 28 at 19.

11*. Military Review-CBS

Military

MD 12

MD 13

MD 14

MD 68 (Lyndon Johnson-Ramsey Clark)

I would like to show you a document dated Nov. 1, 1966, and I will ask you if you can identify it.

Please describe the circumstances that led to the creation of the document.

Were you told that it had anything to do with an upcoming CBS broadcast.

Who contacted you.

What were the concerns.

CBS

Do you recall that you were interviewed by Dan Rather of CBS in June, 1967. (MD 15)

Please explain circumstances that led to that interview.

Did you know Jim Snyder.

CBS documents.

MD 16 (Richter)

MD 17 (McCloy)

DOJ

Reminder Rather was June 67

When did you do the interview

Did you speak to anyone at DOJ in preparation for the interview with Rather.

Anyone in US government

Obtain all circumstances

Do you recall the name Carl Eardley

Did you meet with him

MD 18 (Eardley)

**12*. Subsequent Activities: Clark Panel; Shaw trial;
HSCA; JAMA; Posner**

Clark

Clay Shaw Trial

Anything at time of Clay Shaw trial
taken to New Orleans?

HSCA

HSCA

JAMA

JAMA article

Ever contacted by any other representatives of US
government.

FBI

Secret Service.

Military

Miscellaneous contacts

Did you ever communicate, directly or indirectly with
any of the following regarding the autopsy or the
assassination:

--Robert McNamara

--Robert Kennedy

--Jacqueline Kennedy

--Admiral George Burkley

--President Lyndon Johnson

--did anyone ever suggest to you, as President
Johnson suggested to Earl Warren, that
millions of people might be killed if issues
related to the assassination were not handled
in the right way.

13*. MISC. and Wrap-up

Z film

How can autopsy be reconciled with Z-335, 337 (scalp wound)

What does this mean?

Humes: "Scientifically, sir, it is impossible for it [the bullet] to have been fired from other than behind. Or to have exited from other than behind." 2 WC at 360 MD 11.

Ultimate conclusions

When you spoke to the HSCA Panel, you were asked whether the medical evidence supported the finding of a gunshot wound from above and behind or just behind. Do you remember what you said.

"I think behind is probably the most one can say from the anatomic findings." 7 HSCA 263.

Was that accurate. You said that when you were surrounded by some of the countries leading forensic pathologists who had been asking you some critical questions.

Do you recall what you are quoted as saying to JAMA when you were asked about it.

"In 1963, we proved at the autopsy table that President Kennedy was struck from above and behind by the fatal shot. The pattern of the entrance and exit wounds in the skull proves it, and if we stayed here until hell freezes over, nothing will change this proof. It happens 100 times out of 100, and I will defend it until I die."
MD 22 at 2794

Did you make that statement to JAMA.
Is that your opinion.

ADDITIONAL QUESTIONS

FOR DR. BOSWELL

Note: The only questions in Dr. Humes' list which are not appropriate to ask Dr. Boswell are those regarding Humes' destruction of notes and draft autopsy report; the question about the preparation of the Rydberg drawings; the alleged Livingston phone call prior to the autopsy; those regarding the content of the Humes phone calls to Dr. Perry (re: the back wound and the tracheostomy); the question asking Humes why he did not allow a neuropathologist to be present during the supplemental examination of the brain; exit wound question #2, about Humes' response to Allen Dulles' question about the direction of the head shot; and back wound question #4, which refers to why Humes personally began describing a high back wound as a low neck wound.

Brain question number 9, regarding how Humes' quote in JAMA regarding two thirds of the right cerebral hemisphere being missing relates to the brain weight of 1500 grams in WR, page 544, should simply be rephrased when asked of Dr. Boswell.

(1) In the JAMA article of May 27, 1992 (page 2800) you stated that "Having seen the clothing, I now know that I created a terrible problem with my own autopsy drawings. My drawings of the bullet holes on the night of the autopsy did not precisely match up with the actual holes in the clothing, because we were not aware that the President's suit jacket had humped up on his back while he waved at the spectators". Your statement is not understood at all, since in reality your diagram (dot) on the autopsy face sheet locating the President's back wound does appear to match precisely with the holes in the President's coat and shirt, and furthermore appears to match precisely with RADM Burkley's White House Death Certificate of November 23, 1963, which places the back wound at the level of the third thoracic vertebra. Why did you make this statement in JAMA? (Rationale: The ability to make a correct drawing of a wound's location on a body chart should depend only upon one's ability to correctly observe and measure a wound on the body...furthermore, since the holes in the President's coat and shirt appear to precisely match each other, and since there is not a double set of holes, there is no direct evidence that any clothing was hunched up. This statement is so outrageous that one inevitably wonders if Boswell was attempting, somewhat lamely, to make an excuse for the redescription of a back wound ("upper right posterior thorax," in the Protocol on page 540 of the Warren Report) as a "neck" wound (in CE 385, in 16 WH, 977,

and in Dr. Humes' testimony under oath before Arlen Specter--see 2 WH, 351), in an attempt perhaps to bolster the Warren Commission's single bullet theory.)

(2) **In your estimation, Dr. Boswell, how much of the mass of the right cerebral hemisphere of President Kennedy's brain was missing? Please use a rough percentage, or if you prefer, you can describe it in terms of a fraction--please use your own words to best describe your recollection of how much of the cerebral hemisphere was missing.** (Rationale: the intention here is to see if his recollection is on the same order of magnitude as Dr. Humes expressed in JAMA, and to then see if it is consistent with the recorded brain weight of 1500 grams.)

WRAP UP

Are there any questions that I didn't ask that you think that I should have asked.

Any further information that you think will help the American people better understand what happened during the autopsy.

Reminder to the witness not to talk about the deposition until later.

AM-More than one assailant.

In medicolegal autopsies, is it important to consider whether more than one assailant may have been responsible for the victim's wounds.

“Is there evidence that more than one assailant participated in the attack, and if so, what injuries can be attributed to each.” AM 60.

During the course of the autopsy, what did you do to determine whether there was more than one assailant.

What did you do to satisfy yourself in this regard.

“Pristine bullet”

Finck: “we were told that a bullet had been found on Kennedy's stretcher whereas it was on Connally's...” MD 28 at 24.

Doug

Boswell Identification of “exit” wound near trach