

Thereupon the State of Ohio, to maintain the issues on its part to be maintained, called as a witness LESTER ADELSON, who, being first duly sworn, was examined and testified as follows:

DIRECT EXAMINATION

By Mr. Mahon: I now call Dr. Lester Adelson to the stand.

Q Will you tell us your name, please?

A Dr. Lester Adelson. A-d-e-l-s-o-n.

Q Where do you live, Doctor?

A 3640 Warrensville Center Road.

Q What is your profession?

A I am a doctor of medicine.

Q And what schools did you attend?

A I was graduated from Harvard College in 1935. I was graduated from Tufts College Medical School in Boston in 1939.

Q After your graduation, what did you do, Doctor?

A I served two years as a rotating intern at the Hartford Municipal Hospital in Hartford, Connecticut, and followed that with one year of additional service as a resident physician and director of the Out-Patient Department.

I next served 42 months with the Armed Forces during the war as a squadron surgeon with the Air Force, and two

of those years were in the South Pacific.

I was separated from the service and took up a residency in pathology. My specialty which I --

Q When was that?

A Pathology is the laboratory --

Q No. I say when?

A That started in January of 1946, and I served 42 months as a resident in pathology at the Hartford Hospital in Hartford, Connecticut. I then served 14 months as a research Fellow in pathology in legal medicine at Hartford Medical School. I terminated my appointment there in September of 1950,

and came to Cleveland to take --

Q Don't talk so fast. --

A I'm sorry. Where shall I begin, sir?

Q Well, where you began your specialty.

A My residency in pathology was 42 months at the Hartford Hospital in Hartford, Connecticut.

Q Now, let's stop there for a moment. Pathology is a specialty in medicine, is it, Doctor?

A It is.

Q And what is it?

A Pathology is the laboratory science of medicine.

MR. CORRIGAN:

What is that?

Laboratory --

THE COURT:

Laboratory science

of medicine.

Can you explain that in a little more detail, Doctor?

Yes. A pathologist is a doctor of medicine who is especially trained in the study of the actual changes that take place in the body as a result of disease or injury. In addition, he is trained in examination of body secretions and body fluids, such as examinations of urine, of blood, spinal fluid. He is especially trained in examination of entire dead bodies, which are called autopsies, and he is trained in the examination of any tissue that is removed at operation, such as an appendix or gall bladder, things of that nature.

Now, you had some special training in that line, Doctor?

Yes, I did.

And where did that take place?

The 42 months that I served at Hartford Hospital were training in this specialty.

That is Hartford, Connecticut?

That is, sir, and that was followed by 14 months of additional training at Harvard Medical School.

And then following that, what did you do?

I came to Cleveland to take my present position.

And your present position is what?

I am chief deputy coroner and pathologist at the Cuyahoga County Coroner's office.

And when did you take up that work, Doctor?

September 14, 1950, I commenced my period of service there.

And do you belong to any medical associations, Doctor?

I do.

What are they?

I am a member of the Cleveland Academy of Medicine and the Cuyahoga County Medical Association, the Ohio State Medical Association and the American Medical Association.

I am a member also of the Cleveland Society of Pathologists and the Ohio Society of Pathologists. I am a member also of the American Association of Pathologists and Bacteriologists, the American Society of Clinical Pathologists,

the American Academy of Forensic Sciences, the Ohio State Coroner's Association, the International Association of Medical Museums, and that is all.

And have you had the occasion to write any publications on pathology, Doctor?

I have.

And what were they?

I have written material dealing with the effects of poison on the human body, sudden and unexpected death, injury and cancer, performed the functions of the Coroner's office, material of that nature.

And where were they published?

They were published in national and international medical journals.

And do you belong to any honorary medical societies, Doctor?

I do.

What are they?

Alpha Omega Alpha, the National Honorary Scholastic Medical Society.

That is all?

I am also a member of Phi Beta Kappa, the national undergraduate honorary scholastic society.

Well, now, Doctor, when you came to Cleveland and took up your present position, what did your work consist of?

When I first arrived in Cleveland, I was appointed pathologist

Sheppard 1680
autopsy
2's start here.

at the Coroner's office and was also part-time pathologist at the Euclid-Orenville Hospital.

Q And just what are your duties at the Cuyahoga County -- as the Cuyahoga County pathologist?

A I am responsible for the autopsy work that is carried out at the Coroner's office.

Q Now, I want to call your attention, Doctor, to the 4th day of July of this year, and ask you if you made a post mortem examination on the body of one by the name of Marilyn Sheppard?

A I did.

Q And when did you first see that body, Doctor?

A At approximately 11:30 on the morning of July 4th.

Q And where did you see it?

A At the Cuyahoga County Coroner's office, 2121 Adelbert Road.

Q And when did you make your examination of the body?

A The actual autopsy began at approximately 12:30 in the afternoon.

Q And that was conducted by yourself?

A I carried on the autopsy with the help of my assistant.

Q Can you describe this woman's body to the jury, Doctor?

A Yes, sir. Marilyn Sheppard was a white woman who appeared to be approximately 30 years of age. She measured 67 inches in length and weighed 125 pounds.

MR. CORRIGAN:

I object. Are you

reading from something?

Are you reading that, Doctor?

Yes, I am reading from my autopsy notes.

Well, can you tell us from your memory her description, Doctor?

This is something that happened four months ago. I would rather not depend on my memory for details.

Have you something there that you can refresh your memory with?

I do.

Will you look at it and refresh your memory?

I will.

Has your memory been refreshed as to the description of the body, Doctor?

Yes, sir, if I refer to this periodically I think I will be able to carry on satisfactorily.

Will you give your description of the body?

Marilyn Sheppard was a white woman who appeared to be 30 years of age. She weighed 125 pounds and was 67 inches tall. She showed external evidence of injuries and there was external evidence --

MR. GARMONE: Object to this answer.

There is no question put to the witness, your Honor.

MR. CORRIGAN: May I have an understanding? I don't object to Dr. Adelson looking at

his report, if he prepared this report. Is that the understanding, that you prepared this report, Doctor?

THE WITNESS: I am responsible for this report completely.

MR. CORRIGAN: I see. It is perfectly agreeable to me that Dr. Adelson, if it is necessary, may refer to his report.

THE WITNESS: Thank you.

MR. CORRIGAN: As long as I have the understanding that he does not remember this independent of his report. Is that so, Doctor?

THE WITNESS: There are some things that I remember and some things to which I must refer.

MR. CORRIGAN: I see, I understand. I have no objection to the Doctor, if he prepared this report, referring to it.

THE COURT: All right.

Now, where were you, Doctor? You were describing the body. I described the body and mentioned that there was external evidence of injury, and before the objection I was going to add and pregnancy.

And pregnancy?

That is correct.

Q During your examination, Doctor -- you say there was evidence of pregnancy?

A There was, sir.

Q What was that evidence?

A When I massaged the breast or palpated it I was able to bring out clear fluid, a substance that is called colostrum, c-o-l-o-s-t-r-u-m, and that is the secretion that is found in the early stages of pregnancy, before the milk comes in.

Q And were you able to confirm that later?

A I was.

Q And what did you find in reference to pregnancy?

A THE COURT: What did he find in reference to what?

A MR. MAHON: In reference to pregnancy.

A My internal examination disclosed an undisturbed approximately four-month pregnancy in the uterus of Mrs. Sheppard, a male fetus was inside.

Q You said that you found some injuries, Doctor?

A That is correct, and on the body.

Q And where were those injuries located?

A On the head and face, on a shoulder and on the hands.

Q Can you tell us in numbers how many injuries there were, Doctor?

A I have 35 separate injuries noted in my autopsy.

Q 35?

A Yes.

Q Did you take photographs of the body, Doctor?

A We did.

Q When you say "we" was there someone else there that took the photographs?

A Someone worked with me and I with him.

Q I see. Did you direct what part of the body to take photographs of?

A I did.

Q And have you those photos?

A I have them, yes.

Q Are they colored photos, Doctor?

A They are.

Q And to show them, would it be necessary to have a screen?

A It would.

MR. MAHON:

If your Honor please,

I would like to at this time have a screen put up here so that the Doctor can describe the injuries that he found on the body.

MR. GARMONE:

At this time, your

Honor, I object to the request made by the prosecution. I think in fairness to the defendant, the doctor is fully capable of describing what the injuries were and giving in detailed expla-

nation what constituted the injuries without the exhibition by pictures that could become prejudicial to the right of this defendant.

MR. MAHON: I don't see where it would become prejudicial at all, if your Honor please.

THE COURT: Well, let me get this from the Doctor, first: Doctor, in demonstrating and describing these injuries to a layman, as these jurors and ourselves are, can you do it better by the picture method than you can by describing it here?

THE WITNESS: I think a combination of a description that I will read with an actual visualization of the pictures would help to make clearer in the minds of everyone what Mrs. Sheppard's appearance was at the time we did the autopsy -- or prior to the time we did the autopsy because most of the pictures were taken before we did the autopsy.

MR. CORRIGAN: I didn't get one word there.

THE COURT: Pardon?

MR. CORRIGAN: I didn't get one word there. Did he say the "appearance"? Did you say

the "appearance"?

THE COURT: Yes, he did say the appearance of Mrs. Sheppard at the time of the autopsy.

MR. CORRIGAN: Well, she was covered with blood, we know that, we are not interested in that. We are interested in the wounds.

THE WITNESS: The pictures -- Well, Doctor, let me ask you this: Before you took the pictures, was the blood removed? We washed the blood off the face of Mrs. Sheppard so that the wounds would be apparent.

THE COURT: And are those shown by your pictures?

THE WITNESS: Most of the wounds are shown, not all of them.

THE COURT: Well, at the moment the Court will say it is admissible. Exceptions may be noted. - We will see what develops.

MR. CORRIGAN: Will we have an opportunity of looking at these before they are submitted?

MR. MAHON: Sure, as far as we are concerned, it is all right.

MR. GARMONE: In the absence of the

jury?

MR. MAHON: It is all right with me.

THE COURT: My gracious, if we are going to try the case twice, we will take --

MR. CORRIGAN: No, no, don't misunderstand me, your Honor. I am not asking for an exhibition of the pictures on the screen.

THE COURT: You want to get an impression of just what is attempted --

MR. CORRIGAN: I want to see what he has and what he has brought here. I know that if they are thrown on a screen, they are just magnified. I don't want them magnified for my benefit now. I want to see what he has.

THE COURT: Yes.

MR. CORRIGAN: And examine that.

Have you got them here, Doctor?

They are on the bench in there.

THE COURT: How long would it take you to just show to counsel on both sides in the case just what the nature of the showing would be?

THE WITNESS: You can look at the pictures in your hands.

MR. CORRIGAN:
what you have there.

I just want to see

THE COURT: Is it agreeable that
Dr. Adelson and the counsel for the State and defense
retire to the chambers and look at them for their
own satisfaction?

MR. GARMONE:

Yes.

MR. MAHON:

All right.

(After conference in the chambers):

MR. GARMONE: If the Court please,
before anything is put in the machine, may we have
a question first directed to the doctor?

THE COURT: May you have what?

MR. GARMONE: Before anything is put
in the machine, first may we have a question
directed to the doctor?

THE COURT: Yes. I think that
ought to be done.

THE WITNESS: May I stand here?

MR. GARMONE: He may stand there.

THE COURT: Yes, surely.

By Mr. Mahon:

Doctor, the wounds that you found on the body of Marilyn
Sheppard, that were on the head of Marilyn Sheppard, you
took photographs of those wounds?

I have photographs that depict most of the wounds on the
head, not all the wounds.

And are they on separate film?

They are on several pictures showing the injuries to the
head.

Well, now, will you put on the picture there of one of the
wounds to the head, and describe it to us?

MR. CORRIGAN: Just a moment. I want to object, and I want to ask the Doctor some questions.

Doctor, these photographs were taken by whom?

THE WITNESS: By Mr. Lawrence Johnson, who is our staff photographer, and myself.

MR. CORRIGAN: Who operated the camera?

THE WITNESS: It might have been either one of us, or both of us. We were both moving around.

MR. CORRIGAN: You don't know.

As a result of the photographing of the head of Marilyn Sheppard, did you have some prints made of the photographs that you took?

THE WITNESS: The original photographs were transparencies, and from those transparencies, which can be projected, we have had black and white pictures made.

MR. CORRIGAN: So that you have pictures, black and white pictures of the photographs that you made?

THE WITNESS: That's correct.

MR. CORRIGAN: Do you have them with you?

THE WITNESS: I don't have them
with me. I believe --

MR. CORRIGAN: They are available?

THE WITNESS: They are available.

MR. CORRIGAN: And those photographs
that you have are photographs that correspond --
I will withdraw that.

You have seven slides, colored slides,
that it is your purpose to project upon this
screen, is that so, Doctor?

THE WITNESS: If I am permitted,
yes.

MR. CORRIGAN: Do you have photographs
made of those seven slides?

THE WITNESS: They have been made,
yes.

MR. CORRIGAN: We therefore, your
Honor, say that if there are any photographs to
be brought into this courtroom, that they be the
photographs that are made from the pictures
taken by Dr. Adelson and his associate, because
this demonstration cannot be taken -- the
photographs can be taken and introduced in
evidence and taken by the jury to their jury
room, while this that is intended to be produced

now of projecting some pictures on the screen cannot be taken to the jury room, so, therefore, we object to this method of procedure.

THE COURT: All right. Before the Court rules on the objection, may I ask Dr. Adelson a question?

Do these slides show a fair representation of the things that they purport to show as you saw them and had them at the time that you took them?

THE WITNESS: They do.

THE COURT: Well, of course, the Court does not object to having the photographs brought in, certainly. You may bring them in yourself, if you care to do so, but as to these, the Court will overrule the objection and let the doctor tell us what his first slide would show, what it is, just in a word.

MR. CORRIGAN: Were you finished, your Honor? I didn't mean to interrupt.

THE COURT: Yes.

MR. CORRIGAN: Now, may I include in the record that at the present time there is erected in the courtroom opposite the jury a screen --

what is the size of it?

THE WITNESS: Well, the actual screen is, I think, about 70 by 70. I don't know the exact measurements of the image as it will be projected from that distance.

MR. CORRIGAN: And about 15 feet from the screen there is placed on a table a projecting machine which is throwing a light on that screen approximately --

THE COURT: Three-fourths of the screen.

MR. CORRIGAN: -- approximately 4 by 4. Is that right?

THE WITNESS: I'd say that is fairly accurate.

MR. CORRIGAN: 4 by 4, and I guess this may be agreed: That it is the intention of the prosecutor to project upon that screen seven colored slides, one after the other, of the head of Marilyn Sheppard, showing wounds on the head of Marilyn Sheppard. To the procedure we object.

THE COURT: All right. The record may so show.

Now, Dr. Adelson, will you just tell us, if you can, just what slide number one would show, just in just a word. I don't want the details.

THE WITNESS: Slide number one is a full front face view of the head of Marilyn Sheppard, and it depicts or shows the injuries that were present at the time of autopsy.

It extends down to, I think, the mid neck.

MR. CORRIGAN: I object again because the picture that is thrown on the screen is an exaggerated picture of the head of Marilyn Sheppard and it is not truly representative of her head.

MR. MAHON: Doctor, would you put the first slide in.

THE COURT: Objection overruled.

MR. GARMONE: I want it noted that the machine is being operated by the Assistant County Prosecutor, Thomas Parrino.

THE COURT: All right.

MR. GARMONE: We object to the picture.

THE COURT:

Overruled.

By Mr. Mahon:

Q Doctor, what is that picture?

A That is the full face picture of the head and shoulders of Marilyn Sheppard as she appeared at approximately noon time on July 4th of this year at the Cuyahoga County Coroner's office after the blood had been washed away which covered her face when she first arrived.

Q And those marks on the forehead and the head, Doctor -- withdraw that for a moment.

On the left side of the head it appears that there is some hair missing?

That is correct.

Q Will you explain, Doctor, explain that?

In order to present and to observe and to photograph the group of injuries that are present on the left side of the head, the hair which covered those injuries was shaved at the Coroner's office under my direction, and another photo, if it is permitted to be shown, will illustrate that area.

MR. GARMONE: I object to the latter part of the answer and ask that it be stricken from the record.

THE COURT: That may be stricken.

The jury will disregard just the last statement.

Q Now, Doctor, will you describe each and every one of those

wounds as they appear on that photograph?

I will. Before I begin, I will number the injuries as we go along purely for identification. The number that I give to each injury is not to be inferred as representing the order in which that injury was sustained.

I see.

Now, injury number one is a contused abraded laceration. That means it is a bruise, scrape, tear, measuring one by one-half inch in the left frontal region of the left forehead region. That is centered two and a half inches from the mid line and extends from the supra-orbital margin, which is the upper border of the eye socket, cephalad or upward. That injury extended down to the underlying bone. All of the soft tissue had been lacerated or torn.

You mean by that, that that was the depth of the wound, Doctor?

That means that all of the soft tissue that covered the bone and the forehead was torn in this injury.

Right down to the bone?

That is correct.

MR. GARMONE:

I will ask now, if

the Court please, that that answer be stricken because it was not in response to the question put to him by Mr. Mahon.

THE COURT:

It is somewhat

responsive to the general question because he was asked to describe it.

MR. MAHON: That is right.

MR. GARMONE: Exception.

THE COURT: It does come within that definition.

(Continuing) Injury number two is a contused or a bruised, abraded crescentic laceration. Crescentic means it is like a quarter moon in shape, measuring an inch by a quarter inch, again in the left frontal region and left forehead, and that was two inches from the mid line. The lowest point of this tear or laceration was one and a quarter inches above the supra-orbital margin, and that laceration, as the previous one, extended down to the underlying bone.

All right. Now, show us the next one.

Three, there was a contused gaping laceration, and we have defined gaping and contused.

What is a gaping laceration, Doctor?

It means that the edges are pulled apart and the edges are open.

All right.

I have defined contused and abraded and laceration once, so I will not define them each time.

There is a contused gaping laceration measuring an inch and a half by three-eighths in the left frontal region,

centered one inch from the mid line, and that extends from the supra-orbital ridge, which is the elevation that you can feel above your eye socket, upward. And that laceration also went down to the underlying bone.

Number four is a linear or rather straight laceration measuring two inches by a quarter inch in the widest dimension in the mid frontal region, that's in the mid forehead. That injury starts at the glabella, which is the spot between the eyebrows, and extends upward, and that laceration went through the soft tissue to the underlying bone.

Number five is a ragged crescentic laceration measuring a half by a quarter inch in the right frontal region, centered one inch from the mid line and two and one-quarter inches above the supra-orbital ridge.

That laceration was located immediately below the hairline, and the edges of the laceration are abraded or scraped off over an area measuring up to an eighth of an inch and that laceration, too, extended down to the underlying bone.

Number six is a contused laceration measuring an inch by a half inch in the right frontal region, centered two inches from the mid line and an inch and a half above the supra-orbital ridge. The laceration runs from the center and above to the side and down, and that laceration, too, extended to the underlying bone.

Now, in the interest of simplicity -- I am just showing

the picture once -- I am going to go out of order by numbers to show the other injuries which are depicted on this particular view.

Now, this is number --

MR. GARMONE: That will be number seven, according to your description.

THE WITNESS: Yes.

(Continuing) My number 17 is a purple brown discoloration of the right upper and lower eyelids. In common parlance that would be called a black eye. It is a result of hemorrhage into the soft tissues of the eye into the lid.

Number 18, there was an area of crusted abrasion or a scrape in which blood had dried measuring a half by a quarter in the right mid upper eyelid, here. (Indicating)

And number 19, there was a similar area of crusted abrasion measuring a half by a quarter in the mid right lower lid, and that is right beneath that blood that is accumulated there.

Number 21, on feeling the nose there was a crackling or grating sensation which is characteristic of a fracture. When the rough ends of the bone rub against one another, there is a characteristic feeling called crepitation, and that was obvious when the nose was touched. It doesn't show in the picture.

Number 22 is a contused abrasion measuring a half by

an eighth over the bridge of the nose, here.

Is that where the fracture was, Doctor?

Yes, sir, beneath. Manipulating that area you could get this characteristic grating and crackling sensation.

All right.

Number 23 is a contused abrasion measuring one by a half inch on the left infra-orbital margin. That is here on the under surface of the eye socket. And there was also discoloration of the left upper eyelid, which is not as marked as that on the right.

And here on the upper surface of the right shoulder there is a very faint area of bluish discoloration, a bruise, or technically a contusion, measuring two inches in diameter.

I believe that is the sum total of the injuries that are depicted on this particular view.

Well, Doctor, this shows some injuries to the left side of the head where the hair has been shaved off. Have you another film which shows that more clearly?

I do.

Have you now described all of the other wounds that appear on this film?

I believe the description I have given covers the wounds from this area here and here.

What other film will show the others, Doctor?

There is another photo there that shows the head with special

reference to the left side of the head.

Q Do you know what number that is?

A It may be 2 or 3, I don't know.

MR. CORRIGAN: I make the same objection with regard to this slide as I made to the first.

THE COURT: Overruled and you may have an exception.

Is this the slide, Doctor, a film that you were just talking about that depicts the wounds on the left side of the head where the hair had been shaved off?

That's correct.

Now, will you describe the wounds in that section?

No. 11 is a ragged contused laceration in the left parietal region -- that is this area of the head -- measuring two inches in length, and that wound extends from the midline of the head down to the left and originated or began six and a half inches from the external auditory meatus, which is the left ear opening.

Now, No. 12 --

Before we get away from that one, can you tell us how far that penetrated in?

That is only through the soft tissue.

Now, No. 12 is a ragged crew-shaped or cross-shaped laceration measuring one and a half by one inch in the left temple region, and that was centered three inches from the left external canthus, and that is the place where the two eyelids come together, and then four and a half inches from the left external auditory meatus --

MR. GARMONE:

Is that the ear?

THE WITNESS:

This is the ear

partially hidden by the head. This laceration

went completely through the soft tissues through the underlying bone, and it was possible to see fractured bones in the depths of that laceration.

13 is a ragged contused laceration measuring two and a half inches by one-half inch, again in the left parietal region centered three inches from the midline and four and a half inches from the left external auditory meatus. The front part of this injury was separated from this injury by a bridge of skin which measured from a quarter-inch to a half-inch.

No. 14 is a contused crescentic laceration measuring two and a half by a quarter-inches in the left parietal region, centered three and a half inches from the midline and five and a half inches from the left external auditory meatus. It was separated from the preceding injury by a bridge of skin measuring about a half-inch in width there.

No. 15 is this injury here, a ragged crescentic laceration in the left parietal region centered three inches from the midline and six inches from the left external auditory meatus. This laceration measured an inch and a half by a quarter-inch and

was separated from the preceding injury again by a bridge of skin measuring up to one-half inch in length, and this injury falls at that extremity, and the underlying bone was exposed. These injuries were described in the previous picture. That is --

Have you described all the injuries now that appear on that film?

All the injuries that appear have been described including those that have been previously mentioned.

Now, is there another film here that depicts injuries that you have not as yet described?

Yes, sir. There is a profile of the right side of the face. Do you know what number that is, Doctor?
That would be -- if this is 2, the other is -- that's right.

MR. CORRIGAN: We will object.

MR. GARMONE: Same objection.

THE COURT: Overruled.

Does that view show injuries that you have not described heretofore, Doctor?

It does.

And will you point them out, please?

I will. This injury is one that we have not previously mentioned or described, and that is a gaping contused elliptical laceration measuring one by one-half inch in the

right frontal region of the right forehead, and that was centered two inches above the right supra-orbital ridge, and three inches from the midline, and the underlying bone was visible through that laceration.

MR. CORRIGAN: Doctor, you said it wasn't previously described. Was it described in your autopsy?

THE WITNESS: Oh, yes, sir. I meant previously described in court.

Doctor, have you given that a number on your autopsy report? That is No. 7 in my autopsy.

No. 7. All right.

This, in my report, is No. 16. This is a laceration with sharply incised margins measuring five/16 by 1/8-inch in the right auricular region -- that would be the region in front of the ear over the joint of the jaw -- and it was centered one and three-quarter inches from the external auditory meatus and adjacent to it is an area of contused abrasion or bruised scraping. These injuries have been previously described.

Is that all of the injuries that appear on this view, Doctor? Yes, sir.

Now, is there another film that shows other injuries?

I have the film showing fragments of teeth which were

dislodged from the upper teeth of Marilyn Sheppard.

Is that here?

It is available in the box.

MR. GARMONE: Let the record
show the same objection, your Honor.

THE COURT: Yes. And let the
record show objection throughout without specific
objection to this line of testimony, overruling
and exception noted.

Doctor, what does this film show?

This film shows two pieces of front teeth which were
dislodged from the upper teeth, the incisor teeth of
Marilyn Sheppard, and at the time of autopsy I noted that
there was a crusted abrasion or a bruised scrape measuring
an inch by a half-inch on the buccal surface of the mucosa
of the lower left, and that would be here. There was a
bruised scrape there, and there was a complete fracture
of the upper right medial incisor, at which point this
fragment of tooth had been dislodged, and there was also
a chip defect on the occlusal-frontal surface, which means
the biting front part of the upper left incisor from
which this fragment was dislodged.

Did you find those fragments, Doctor?

I did not find the fragments, no, sir.

Is that all that was shown on this film, Doctor?

Yes, sir, only the two tooth fragments.

Have you other films here to show other injuries?

I do.

May we see another one of those, please, Doctor?

On that film what does that show?

That is the appearance of the right hand of Marilyn Sheppard at the time we performed the autopsy.

Does it show injuries to the hand there, Doctor?

It does.

And will you point them out, please?

I will. This is No. 29 in my--

Point them out and describe them.

Yes, sir. No. 29 is an area of contused abrasion or a bruised scrape measuring two by three-quarter inches on the lateral aspect on the dorsum of the right wrist. That would be here. The lateral is the side and dorsum is the back.

No. 31 is an abrasion or a scrape measuring one-half by one-quarter inch over the dorsum of the proximal phalanx of the right index finger. That means it is over the first bone of the right index finger here. The dorsum is the back of the hand, and that was medially dislodged just beyond the joint, the knuckle, if you will.

No. 32 is an area of crusted abrasion or bruised scraping measuring one-quarter by one-eighth inch over the metacarpal phalangeal joint on the dorsum of the fourth right finger, and that is medially over the knuckle, as the picture shows.

And No. 33 shows an area of contused abrasion or bruised scraping measuring a half by a quarter over the dorsum of the proximal phalanx of the right fifth finger here right beyond the knuckle, and on manipulation of that finger, which the picture doesn't show, there was increased mobility, or you could move the finger more freely than you normally could, and there was some breaking sensation at that point.

That would indicate what, Doctor?

The probability that there was a fracture, dislocation at that point.

Have you now described all of the injuries that appear on that film?

I have.

MR. GARMONE: Just to divert for a minute, would you permit the film that carried the tooth chips put back on? I wasn't in a position to see everything that was there. Please.

MR. MAHON: Sure.

MR. GARMONE: I don't want any

description of it. I just want to see it.

MR. CORRIGAN: You just want to look at it?

MR. GARMONE: I want to look at it.

MR. MAHON: Is that the one?

MR. GARMONE: That's it. Thank you.

MR. MAHON: Is that all?

MR. GARMONE: That's all.

Q Doctor, what does that film show?

A That is the appearance of the left hand of Marilyn Sheppard at the time we did the autopsy.

Q Does that depict any injuries?

A It does.

Q Will you point them out and describe them, Doctor?

A There is almost a complete separation of the fingernail of the fourth left finger with the root of the nail exposed here, and there is a small bridge of skin which still holds the nail in place. That is called technically an evulsed wound or a wound where something had been torn away from its underlying attachments. This is a spot of dry blood, as are these.

Q Are there any other injuries that are shown on that hand, Doctor?

A No. This is the sole injury.

Now, Doctor, does this film show any injuries, Doctor?

It does.

And will you describe -- tell us what this film does show, and describe any injuries there, Doctor?

This is the appearance of the skull of Marilyn Sheppard after the scalp had been peeled away, and that is the routine fashion in which the autopsy examination is carried out. A cut --

MR. GARMONE:

I will ask that the

latter part of the statement be stricken from the record and the jury be instructed to disregard it.

THE COURT:

Oh, no, it is

descriptive of what it is, as far as it goes.

Overruled.

The scalp is incised across the head, the front part is pulled forward and the back part is pulled backward, and that exposes the underlying bones, and after the scalp was reflected on the head of Marilyn Sheppard, this was the appearance of the skull, and here are comminuted fractures, which means fractures where there are many fracture lines, where there are small fragments of bone resulting from the injury, and in addition to the comminuted fractures, which are visible, there is a separation of this suture.

Now, the suture is the seam between two bones in the skull, and in a younger person that seam is not completely

ted, and this seam has been pulled apart and stretched here. This is hemorrhaged and the under surface of the scalp.

Is that red portion there -- does that show hemorrhage?

Is that it, Doctor?

The scalp is infiltrated by blood which is hemorrhaged.

There are little fragments of soft tissue still adherent to the scalp which are infiltrated by blood, indicative of hemorrhage, and there is some blood there that has run off as the head was resting on the table.

Now, Doctor, these lines that run across here, criss-cross

here, what are they?

They are fracture lines.

And by fracture, you mean that is a breaking of the bone?

That is correct.

And what part of the scalp is that, Doctor?

This is in the forehead and top of the front region. This is the back of the head resting on the table. This is the front of the head in the forehead region.

Have you described now, Doctor, all of the wounds that appear on that film?

I have.

Doctor, can you tell us at this time how many wounds there was above the eyes?

MR. GARMONE: Are you through now with the slides, Mr. Mahon?

MR. MAHON: Yes, for the present.

MR. GARMONE: Well, may we put the doctor back on the witness chair, please?

MR. MAHON: Yes.

MR. GARMONE: May we have the equipment moved from the courtroom?

THE COURT: Yes, unless you are going to need it.

MR. MAHON: I don't think you will need it any more tonight.

THE COURT: Would it do for the moment if it is moved back?

MR. GARMONE: We would prefer it removed from the courtroom.

MR. CORRIGAN: Wait a minute. Oh, let it go.

MR. GARMONE: All right.

MR. MAHON: We won't need it any more tonight, I don't think.

MR. CORRIGAN: Move it back against the wall. I may want to ask some questions about it.

THE COURT: Let's keep it here

because you may need it.

MR. CORRIGAN: I may have some questions.

MR. MAHON: Mark these State's Exhibits 1 through 6.

(State's Exhibits 1 through 6, photographs, were marked for identification.)

Doctor, I want to show you what is marked here State's Exhibit No. 1, and ask you if you identify this?

I do.

And that is what?

MR. GARMONE: Object.

THE COURT: He may say what

it is.

This is a black and white reproduction of picture No. 1 which I just showed on the screen.

Was that the first film that was shown on the screen?

It was.

And is this an exact reproduction of that film?

It is larger than the original, but it depicts in black and white what the other shows in color.

MR. GARMONE: Object. He didn't answer the specific question.

THE COURT: Well, yes. He explained,--

MR. MAHON:

What was the question?

MR. GARMONE:

If that was an exact reproduction of the film that was shown on the screen.

Q Is this a reproduction of the picture that was shown on the screen?

A It is.

Q Now, showing you State's Exhibit No. 2, will you tell us what that is?

A This is a black and white --

MR. GARMONE:

Objection.

THE COURT:

Yes. Let the same objection run through without having to renew it. Let the record show that there is an objection to each and every one of these and need not be separately made, and overruled and exception noted, unless there is a specific objection.

A This is a black and white reproduction of the third color picture that we exhibited on the screen.

Q And showing you what is marked State's Exhibit No. 3, will you tell us what that is?

A This is a black and white reproduction of the second picture that we showed on the screen.

MR. CORRIGAN:

Why you don't get them

in order?

THE COURT:
difference.

It doesn't make any

MR. MAHON:
doesn't make any difference.

Well, it really

Showing you what is marked here State's Exhibit No. 4, will you tell us what that is?

That is a black and white reproduction of the colored film of the right hand of Mrs. Sheppard that was shown on the screen.

MR. CORRIGAN: What number is the colored picture?

THE WITNESS: Number five. The right hand is five, isn't it?

MR. GARMONE: Five.

What number was on the film?

MR. CORRIGAN: Film number five was the right hand of Mrs. Sheppard.

MR. GARMONE: That's right.

And film number five is the same as this exhibit, No. 4, is that correct?

That is correct.

Now, showing you what is marked here State's Exhibit 5, will you tell us what that is?

This is a black and white reproduction of the colored film of the left hand of Mrs. Sheppard that we just showed on the screen.

MR. CORRIGAN: That would be six.

And that would be what number film that you had?

Six.

MR. CORRIGAN:

Six.

Q All right. Now, State's Exhibit No. 6 is what?

A This is a black and white reproduction of the film showing the skull fracture on the head of Mrs. Sheppard that we showed previously as number seven.

Q And that would be number seven film?

A That is correct.

Q Now, these photographs from one to six, inclusive, that you have just identified, do they fairly show the true condition of the wounds which you found on and about the head of Mrs. Sheppard?

MR. CORRIGAN:

Object.

Q On July 4, 1954?

THE COURT:

Overruled.

MR. CORRIGAN:

Exception.

A They do.

MR. MAHON:

I would like to offer these exhibits into the evidence, if your Honor please.

MR. CORRIGAN:

Object.

MR. GARMONE:

Object to the introduction of them.

THE COURT:

Before we go any further, can the Court clear up this matter: You refer to seven pictures on the screen and there are only six exhibits. Is there one missing?

MR. DANACEAU:

The teeth.

THE WITNESS:

The teeth, your Honor.

MR. MAHON:

We haven't got the picture here of the teeth that was shown on the screen, your Honor.

THE COURT:

All right. The objection will be overruled and they will be admitted.

MR. GARMONE:

Exception.

MR. CORRIGAN:

Now, Mr. Mahon, were the films identified and marked as exhibits?

MR. MAHON:

They were not identified and marked. I will be glad to, if you wanted me to.

MR. CORRIGAN:

I think we ought to do that.

MR. MAHON:

All right. They will be cumbersome for the jury to have.

MR. CORRIGAN:

I think the films ought to be marked.

MR. MAHON:

Well, we can have them marked.

THE COURT:

Are those slides numbered, Doctor?

THE WITNESS:

They are numbered in

several places and they are identified with the autopsy number, the case number and the number in our files.

THE COURT: No. Are they numbered one, two, three, four, five and six?

THE WITNESS: Yes, sir, on the lower corner on each side is the number one to seven, inclusive.

MR. CORRIGAN: That is sufficient.

THE COURT: He has testified to them.

MR. CORRIGAN: I think that is sufficient, slide one, slide two, and so forth.

MR. MAHON: All right.

THE COURT: Because he has identified them in relation to the photographs.

MR. CORRIGAN: That is perfectly all right.

Doctor, did I ask you how many wounds were above the eyes?

I believe you did.

Can you tell us how many there were?

A total of 15.

15?

That is correct.

And Doctor, from your examination of the injuries that you

found on Mrs. Sheppard, from your examination, were you able to form an opinion as to the cause of her death?

A I was.

Q And will you tell the jury what caused her death?

A Marilyn Sheppard came to her death as a result of multiple impacts to the head and face which resulted in comminuted fractures of the skull and separation of the frontal suture, the seam I described, bilateral subdural hemorrhages, which means collections of blood immediately above the brain, diffuse bilateral subarachnoid hemorrhages, which are hemorrhages immediately on the brain, and contusion of the brain or bruising of the brain.

Doctor, your specialty has been pathology, the field of pathology; is that right?

A That's right.

Q And are you a certified pathologist?

A I am.

Q And who certifies pathologists?

A The American Board of Pathologists.

Q And are you a teacher?

A I am.

Q And where?

A Western Reserve University School of Medicine and the Law School.

Q And what do you teach, Docstor?

Legal medicine, forensic pathology.

MR. MAHON:

You may inquire.

Just a minute. We may want to recall this witness at some later date, your Honor, but for the present you may inquire.

MR. CORRIGAN:

If the Court please, my examination will take some with Dr. Sheppard and I don't like to break it in two.

MR. MAHON:

You mean Dr. Adelson.

THE COURT:

Can't you do some of it?

MR. CORRIGAN:

Sure, I can do some of it, but I don't like to break it in half. It is five minutes to four.

THE COURT:

I know, but if we are going to have these very short days, we will be here until doomsday.

MR. CORRIGAN:

I can go ahead.

THE COURT:

All right, we will adjourn until 9:15 tomorrow morning, but after this we will try to get as near as possible, if we can, the full day in so that we can move forward.

Ladies and gentlemen of the jury, we will now be adjourned until 9:15 tomorrow morning. Will you again please observe the caution which

the Court has expressed to you, do not discuss this case with anyone, not even among yourselves.

Now, Doctor, can you be here at 9:15, sir?

THE WITNESS: I will be here.

THE COURT: Thank you, sir.

Without any formality at all, we will adjourn until 9:15.

(Thereupon an adjournment was taken to 9:15 o'clock, a.m., Friday, November 5, 1954.)

THE COURT: ---

THE WITNESS: ---

THE COURT: ---

THE WITNESS: ---

THE COURT: ---

THE WITNESS: ---

THE COURT: ---

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THE WITNESS: ---

THE COURT: ---

THE WITNESS: ---

THE COURT: ---

THE WITNESS: ---

Friday Morning Session, November 5, 1954.

Thereupon LESTER ADELSON resumed the stand and was examined and testified further, as follows:

THE COURT: Let the record show that this is Dr. Adelson for cross-examination.

MR. MAHON: May I ask one or two more questions, if your Honor please, before they start cross-examination?

THE COURT: Yes.

FURTHER DIRECT EXAMINATION

By Mr. Mahon:

Doctor, in addition to the wounds that you described here yesterday, were there any additional wounds on the body of Mrs. Sheppard?

There were.

And will you tell us where they were and what they were?

I will. Injury No. 8 was a ragged, contused laceration.

That means a bruised tear measuring an inch by one-half inch in the right parietal region, and that was centered four inches from the midline of the head and four inches from the right external auditory meatus, and that laceration extended down to the underlying bone. All

the soft tissue was torn.

Q That wound was covered with hair, was it?

A It was, sir.

Q And you did not remove the hair?

A We didn't shave the hair on the right side of it.

Q So it did not show on the photographs that were shown here?

A That is correct.

Injury No. 9 was a ragged contused laceration, the same type of wound, measuring an inch by a quarter-inch in the right occiput -- that would be here in the back of the head -- and that was centered three and a half inches from the midline of the head and five inches from the right external auditory meatus, and this laceration extended only partially through the scalp.

MR. CORRIGAN: Did you say an
inch by a quarter-inch?

THE WITNESS: A half by a quarter,
sir.

MR. CORRIGAN: Half-inch?

THE WITNESS: That's right.

(Continuing) Injury No. 10 was a ragged contused laceration measuring one and a quarter by a quarter-inches in the mid-fronto-parietal region -- that would be in the center -- and that was centered three inches above the glabella, that

is, three inches above this point, and the back of that wound, the posterior part of it forked to produce a Y, each of whose arms measured a half-inch.

No. 28 was a contused abrasion or a bruised scrape measuring a quarter-inch in size over the right radius. The radius is the bone on the thumb side of the hand in the forearm, and that was centered seven and a half inches from the tip of the right thumb, so seven and a half inches from here there was a bruised scrape a half-inch -- excuse me -- a quarter-inch in size.

No. 30 was a dried abrasion or a dried scrape measuring three-quarters of an inch by a half-inch over the base of the right thumb on the Palmer aspect. That would be here.

MR. CORRIGAN: What number is that?

THE WITNESS: That is No. 30 in my report here.

(Continuing) No. 34 was a contused abrasion or a bruised scrape measuring one and a half by a quarter over the left ulna, and that is the bone in the forearm on the little finger side, centered 10 inches proximal to the tip of the left middle finger, and that would be here, and that measured one and a half by a quarter-inches.

The injuries I have just described were the ones

that were not visible in the photographs of yesterday.

Q Is that all of them, Doctor?

A That is all, sir.

WAS-WAS IT OF THE LATTER KIND?

Q Now, Doctor:

1. On the 10th of the month of June, 1964, you were called to the home of Mrs. [redacted] at [redacted] in the city of [redacted] in the State of [redacted] to examine the teeth of Mrs. [redacted] who was [redacted] years of age.

2. At that time, you observed that the teeth of Mrs. [redacted] were [redacted] and that there were [redacted] of [redacted] on the [redacted] of the [redacted] teeth.

3. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

4. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

5. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

6. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

7. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

8. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

9. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

10. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

11. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

12. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

13. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

14. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

15. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

16. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

17. You then [redacted] the [redacted] of the [redacted] teeth and [redacted] the [redacted] of the [redacted] teeth.

Did you make an examination of the vagina, Doctor?

I did.

Was there any evidence of a sperm there at all?

There was no evidence of any sperm.

MR. MAHON: You may inquire.

CROSS-EXAMINATION OF DR. LESTER ADELSON

By Mr. Corrigan:

Doctor, yesterday you showed on the screen the picture of parts of the teeth of Mrs. Sheppard, do you remember?

I do.

Do you have those with you?

The fragments of teeth?

Yes.

I do not have them with me, no, sir.

Where are they?

Locked in the safe in the Coroner's office.

Will you send for them when we have a recess, because I want to ask some questions about them?

I will be happy to do that.

I want them in court.

All right.

Now, you say that you are a pathologist?

That is correct.

And according to what you told yesterday to the jury about

your qualifications, your education and your background, you are a well qualified pathologist. Do you consider yourself a well trained pathologist?

A I have been exposed to a lot of training.

Q Among the other things that you said was that you were a member of the Phi Beta Kappa. Now, that has nothing to do with medicine, does it?

A Nothing whatsoever.

Q That means that you were a pretty smart boy when you were in college?

A I was elected to Phi Beta Kappa, sir.

Q That is a society that only those who are admitted have attained an undergraduate school high scholastic standing, is that it?

A I can't contradict that.

Q Well, that indicates to me that you were a pretty smart student.

A Thank you.

Q Now, you gave a definition of what a pathologist is. Now, see if you agree with this: "One who studies the causes and nature of disease; the study and conditions of organs as affected by disease." Would you agree with that definition?

A Disease and injury, sir.

Q "And of great assistance in the study of pathology is the

study of human bodies"?

That is fundamental, sir.

Q "And also the dissection in hospitals of diseased parts in operations"?

A Material that is removed in operations usually is submitted to a pathologist.

Q Now, as I understand, pathology is divided into quite a number of divisions, experimental, comparative, general, medical, special and surgical, all those divisions?

A That is correct.

Q Are you competent in all those divisions?

A I don't say I would be competent in all those divisions, no, sir.

Q Which ones would you not be competent in?

A I haven't done a great deal of experiment in pathology. I have done only a small amount on that side of the work.

Q I see. Now, involved in pathology, of course, there must be a very thorough knowledge of anatomy; is that correct?
A Not necessarily.

Q Well, would you classify yourself as an anatomist?

A Not at all.

Q Pardon?

A Not at all, sir.

Q You would not?

A No, sir.

And anatomy is the science which deals with the structure of the human body?

Correct.

The main bone of the human body is the backbone, isn't it, what we call the backbone?

I don't know if you would call it the main bone. It is certainly an important bone.

Well, that is the bone that contains the spinal column and the spinal cord?

The spinal cord runs through the backbone, that's correct.

And every bone in the body is attached to the backbone or is attached to some bone that is attached to the backbone?

I think that definition is too broad. The finger bones are not attached to a bone which is attached to the backbone.

Well, they are attached to the hand, and the hand is attached to the shoulder, and the shoulder is attached to the backbone, is that correct?

It certainly is.

And the ribs are attached to the backbone?

That's correct.

And the pelvis is attached to the backbone?

Correct.

And the legs are attached to the pelvis?

Correct.

And the head is put on top of the backbone?

A Correct.

Q So you don't classify yourself as an anatomist?

A Not at all.

Q Now, you came here in 1950, is that correct?

A That's correct, sir.

Q And were associated with the Coroner's office on coming here?

A That's correct.

Q And have been ever since?

A Correct.

Q Do you practice medicine, Doctor, or do you devote your entire time to the work of the Coroner's office?

Q You have asked me two questions, sir, and I can't answer them.

Q Well, I will ask you one: Do you practice medicine?

A The practice of pathology is the practice of medicine.

Q I mean, do you have an office?

A No, sir, I don't practice clinical medicine.

Q Pardon?

A I don't have patients or practice in that nature.

Q Then I will ask you the second part of the question: Do you devote your entire time to the business of the Coroner's office?

Q I am a full time employee there.

Q A full time employee. Now, you said in addition to your

other qualifications and your activities you are a lecturer on forensic pathology. Now, I understand what forensic is, that means argument and debate, and so forth, but I don't understand what the term is when it is attached to pathology. Will you kindly explain that to me?

I will. Forensic pathology includes those phases of pathology as a whole which are useful in the administration of justice and in courts of law.

Well, who do you teach this to?

Medical students, attorneys, police officers, people who are interested in the field.

People who are interested in testifying?

I don't know if they are interested in testifying; I know they are interested in the work.

But you collaborated with Dr. Gerber in a book that I read recently, "Physician in the Court Room"?

We were both joint authors, yes, sir.

And in that book it gives a pretty good analysis of how a physician should testify?

That is correct.

That is correct, isn't it?

It is.

And what he should do and how he should act in the court room?

Yes, sir.

Q Now, you have been a witness before, have you not, Doctor?

A On many occasions.

Q So that you are very familiar with the surroundings and you have been cross-examined before?

A I have.

Q And you are at ease more than the ordinary person who sits on the stand?

A Well, I don't know about the ordinary person.

Q Anyway, you have testified many, many times before?

A That is completely correct.

Q And you have testified for the State of Ohio?

A I have.

Q And practically all of your testimony has been for the State of Ohio?

A Certainly in this court.

Q Now, you remember that when you came here there was an old morgue down on Lakeside Avenue which was replaced by this very modern building out on Adelbert Road?

A That is correct.

Q And you moved to the modern building?

A Yes, sir.

Q And that building, I think it costs \$700,000, didn't it, the building alone?

A I believe it is something in that region.

Q And it is well equipped with all the latest scientific

apparatus and machinery necessary to operate a very modern Coroner's office?

That is correct.

Now, one of the reasons why it was placed on Adelbert Road was that it would be adjacent -- or one of the reasons advanced -- it would be adjacent to the medical school of Western Reserve University, is that not so?

That has been offered as an explanation.

So that you men, you professional men, working in the Coroner's office would have the advantage of the pathology department and the various departments of Western Reserve University in carrying out your work, isn't that so?

I think that is a reasonable explanation.

Now, you have on the one hand a very well equipped morgue, and adjacent to it you have one of the best medical institutions in the United States; is that correct?

We have good names.

In fact, I think it is classified as one of the top of the world, Reserve?

Yes.

Now, the head of that department of pathology is Dr. Allan Moritz, is he not?

That is correct.

And he is the man --

THE COURT:

That is, of the

University?

MR. CORRIGAN:

Yes.

The pathology department of the University, is Dr. Allan Moritz, and he is the man that you trained under, isn't he? For a brief interval.

Well, he was formerly the head of the pathology department of Harvard University?

He was head of the department of legal medicine at Harvard University.

Legal medicine?

That is correct.

And you did have some training under that gentleman?

Very briefly, because when I came there he shortly thereafter left to come to Cleveland, so our association was very brief there.

Now, then, the office of the Coroner is regulated by laws established by the State of Ohio, your duties are prescribed by those laws, are they not?

I believe they are.

You are familiar with them, aren't you?

Some of them.

Well, you have read them?

All the laws dealing with the Coroner's office?

Well, there aren't very many. There are only about 30 or 40 paragraphs.

Dr. Gerber, as a lawyer, is much more familiar with that than I am. I am acquainted with some small phases of it.

Let me put it this way: That you are acquainted with the laws governing the autopsy of a human being when it is brought into the Coroner's office?

That's correct.

And you also must prescribe and you must adhere to those laws when you are performing an autopsy?

The law that I know of states that autopsy may be done and it can be done, but the exact technique of the autopsy, to my

knowledge, is not prescribed in the law.

Well, don't you know that it is prescribed in the law that at the time you take the autopsy you must take an account of what you are doing?

A Yes. That is the recording of the details.

A You know that. And that as a Coroner -- and you become the Coroner -- or the Coroner delegates the duty to you to perform that autopsy --

A That's correct.

Q -- you do take notes as you go along, is that correct, Doctor?

A I may or may not, depending on the nature of the autopsy.

Well, we will get to this one. Of course, if a man is brought in with his two legs cut off and he is dead, you can immediately assume that he died of bleeding and from shock?

A You might assume. You might not necessarily be correct. He might have been dead before the legs were cut off.

A Now, in taking the autopsy, in making the autopsy, both complying with law and complying with your obligation as a trained pathologist, it is necessary for you, for instance, in the case of Marilyn Sheppard, to take exact measurements of bones and their locations, is it not?

It is.

Q And sometimes the measurements you take and the observations

you make will give you some indication of what kind of a weapon was used causing the wounds?

It is possible to interpret them in that fashion, yes.

Now, over the course of the four years, you have performed, would you say, several hundred autopsies?

At a minimum.

That would be a very minimum?

Several thousand would be closer.

Several thousand in the last four years. And in the performance of those autopsies and the observations you have made, you have had the advantage, not only of seeing the wound, but also of seeing the weapon that caused the wound?

In some cases we have had both available.

And that would be a matter that you would be required to study and to know something about when you see a wound to determine what is the type of a weapon that caused this wound?

We would try to draw a reasonable inference from our observation.

And if you have a cut, a sharp cut with sharp edges, no

lacerations and no contusions, you can come to the conclusion, a reasonable conclusion that that cut was made by a knife

or by a sharp instrument?

And by the

Yes. A sharply edged instrument of some kind.

A sharp edged instrument. And if you have, for instance, say skull fracture, where the plate of the skull is driven into the brain, and you have a tearing of the brain surface, then you can come to the conclusion that was done with a hammer or an instrument of that kind?

A heavier weapon of some kind.

Yes. Now, if it is a wound that goes in sharply and penetrates, and is smaller at one end and larger at the other, you have got a stab?

Well, a stab wound, as we define it, is one which has sharply incised margins, and the depth is usually much greater than the surface damage.

Yes. But your experience has brought you to a position where you can recognize, at least, what kind of an instrument caused certain kinds of wounds?

In some instances, it is possible to draw a reasonable correct impression of the wounding instrument from the nature of the wound observed.

Now, also, is it not necessary for you to measure the wound at various locations along the wound?

Measure the wound to get an idea of the dimensions and the pattern.

And by the measurements of the wound you can tell, to some

extent, in what direction the weapon was wielded?

It might be possible to draw that inference from the examination.

Now, take, for instance, in the case of Marilyn Sheppard, did you draw conclusions about where the weapon first hit Marilyn Sheppard?

I can't answer that question.

Well, you didn't draw any conclusions, then, is that it?

That's correct.

Is that the answer to the question?

On July the 4th, when Marilyn Sheppard was killed, when did you first learn about it?

Approximately 7:30 in the morning, I would say.

And by whom were you informed?

Mr. Raymond Keefe, our chief investigator, called me at home and told me that a woman had been killed in Bay Village, that he and Dr. Gerber had been asked to go to the scene, and I said I would go to the Coroner's office and see what was happening there inasmuch as Dr. Gerber would not be available.

That was at 7:30 in the morning?

As best I remember, that is the time that he awaked me from my sleep.

Now, then, did you have any conversation with Dr. Gerber

that morning?

A I don't believe I spoke with Dr. Gerber. I did get some messages from him, but I don't believe I spoke to him personally.

Q Well, I don't mean that you talked to him first, but did you talk to him that morning before you performed the autopsy?

A Oh, no, sir.

Q What?

A No, I didn't speak to him personally.

Q Did you see him?

A No, sir. I didn't see him at all on July 4th.

Q Well, then, a call came to you at 7:30?

A That is correct.

Q And that was before, you have learned, before Dr. Gerber had gone to the scene of the murder of Mrs. Sheppard?

A Mr. Keefe said he was going to pick up Dr. Gerber and drive over.

Q And then go out to Bay Village?

A That's correct.

Q Now, what time did you go to the morgue?

Q Will you call it Coroner's office?

A What?

A The Coroner's office.

Or the Coroner's office.

THE COURT:

We don't have a

morgue any more.

It may have been 8:30 or 9 in the morning. I got dressed, had breakfast and went down. I don't remember exactly when I arrived there.

And you waited?

I kept busy with some other responsibilities I have.

Well, now, at the Coroner's office, in this well-equipped building there is a room, is there not, where inquests can be held?

We have a staff room which is available for meetings.

Well, isn't there a room that is set up for the Coroner to hold hearings?

I don't know of any room that is especially designated for that purpose, sir. We have a room which will hold 15 or 20 people around the table, but that can be used for a variety of purposes.

Now, I have never been in it, but Mr. Petersilge tells me that there is an auditorium in that building.

We have an auditorium, also, yes.

How many people does the auditorium seat?

I think we have permanent seats for approximately 42 people, and we can bring in chairs if we have a larger group.

And there is a place in front where he who addresses this group --

Yes. We have a podium there, and we have an autopsy table in that room.

A podium and an autopsy table?

That's correct.

And a chair for witnesses, if necessary?

I know of no such chair.

Well, now, when Marilyn Sheppard was brought in, who brought her in, do you know?

Two employees of some funeral director.

Do you know who they were, what funeral director?

I don't recall that name at this moment, sir.

She was not brought in by employees of the Coroner's office?

No, sir. She was brought in by private individuals not in our employ, either part-time or full-time.

Did you see her remains when they arrived at the morgue?

I looked at them briefly.

When they were brought in?

That's correct.

And you looked at her briefly?

That's correct.

In what condition -- what was around her, if anything?

Well, she was brought in in the undertaker's litter. It is

On one of your what?

Rings taken off
Marilyn's Finger -

Litters, carriages, these wheeled carriages that are used to transport people.

And where was she taken then?

The body was undressed and we washed the blood off the face and the hands and the shoulders.

Just a minute, now. You say the body was undressed?

That's correct.

Do you mean that the body was undressed when she was brought in?

After the wrappings were undone and the body was placed on a litter, the clothing that was on the body at the time was removed.

What clothing was on the body?

I remember pajama tops and pajama bottoms.

Were the pajamas -- did they cover her entire body?

No. It was possible to see part of her body. They were gaping, the upper part, and I believe one leg was visible.

One leg was visible?

That's correct.

Now, did you notice, Doctor, in your examination, any rings on Marilyn Sheppard's finger?

I didn't notice the rings, but I saw the rings being taken off by our morgue attendant, the individual who actually received the body.

Q What finger were they taken off of?

A I don't recall that. I saw him manipulating the hand, and I know that he took off a ring or rings.

Q You don't remember what finger the rings were taken off?

A No, sir. I didn't observe that closely.

Q And he was working them off?

A That is correct.

Q Did you make a note of how many rings were on that finger?

A I made no such note, no, sir.

Q You did not?

A I didn't.

Q You pointed out one fingernail that was loose on the left hand of the finger next to the little finger.

A That's correct.

Now, did you observe that Mrs. Sheppard's face was covered with blood?

That is correct.

And that there was blood on her neck?

There was.

Did you notice blood on any part of her body?

Blood on her hands, blood on her shoulders and some on her chest, I believe.

On the shoulders and --

Face, neck, upper chest, hands and bloody crusts in the nostrils and in the mouth.

This blood was all dried?

It was dried, yes, sir.

Now, then, the first process was to wash that blood away?

After the body had been unclothed, the blood was washed away.

And who did that?

I did it with the help of my assistant.

And so that these wounds that we have viewed yesterday then became exposed and you knew where they were?

That's correct.

You have been reading from an autopsy report that you made and Mr. Garmone secured this from the Coroner's office, and I want you to look at it and see if it is the same as yours.

I have two sections.

I don't have that front sheet. That is a photostatic copy

of the one that I have. ...
 Wait a minute. I want to get something straightened out
 so that we won't get confused here.

MR. CORRIGAN: ... I will mark this so
 that if I want to introduce it in evidence later
 it will be identified. I want to mark these as
 Defendant's Exhibits A-1, A-2, A-3 and A-4.

(Defendant's Exhibits A-1,
 A-2, A-3 and A-4 were
 marked for identification.)

MR. CORRIGAN: Mark this one, consisting
 of six pages, as Defendant's Exhibit A-5.

Correct. (Defendant's Exhibit A-5
 was marked for identification.)

THE COURT: Consisting of six
 sheets?

MR. CORRIGAN: Yes. It is a Coroner's
 report, both of them are.

Now, let me see what you have, Doctor. What you have been
 reading from is a duplicate of what I have marked Defendant's
 Exhibit A-5?

THE COURT: I think you said the
 That is correct. I don't have that front sheet, though.

MR. CORRIGAN: Do you have it, John?

MR. MAHON: I have a copy of this.

Now, Doctor, Defendant's Exhibits A-1, A-2, A-3, A-4
 and Defendant's Exhibit A-5, will you identify those as

being reports that were made by the Coroner's office of this county in this case?

They are.

And those reports and what appears on them were made by you, is that correct?

Certain of the details were furnished by me. Others were obtained from the other official papers in the case.

Well, I want to find out, now, what you made and what somebody else made on this. I will come to that in just a moment, that these are identified as being official reports from the Coroner's office of this county?

Correct.

Now, after you washed the blood away, of Marilyn Sheppard, what was the next thing that you did, Doctor?

We proceeded to take the photographs that we showed yesterday.

MR. CORRIGAN: Now, may I have those slides? Are they in order as to number?

MR. PARRINO: They start in the front.

THE COURT: I think you said the numbers were on the lower right-hand corner.

THE WITNESS: That's correct.

Now, slide number 1 that was shown yesterday is the front view of Marilyn Sheppard's face with the wounds along the forehead?

That is correct.

What position was Marilyn Sheppard's body in when that photograph was taken?

Lying on her back face up.

And where was the camera?

Above her.

How did you get it above her?

The camera is on an apparatus which permits it to be raised and lowered.

And pointed down at her?

That is right.

How many feet from her head was the photograph taken?

I would say about 18 inches or thereabouts.

This is number 2, and that is a picture of the left side of Marilyn Sheppard's head and showing wounds number 1 and 2 in the forehead?

That's correct.

And in what position was the camera in then?

It was above and shooting at an angle.

It was a different angle?

That is correct.

The result was, Doctor, that wound number 1 as shown in slide number 1 -- so the jury remembers this, wound number 1 is the first wound on the left side of Mrs. Sheppard's face, forehead?

A Correct.

Q Wound number 1, as shown on slide number 1, and wound number 1 as shown on slide number 2 have a different appearance?

A The photograph is different, sir.

Q One shows it as sort of a triangle on wound number 2 -- wound number 1 on slide number 2 shows the wound as a triangle and on slide number 1 wound number 1 shows rather a straight line?

A That is correct.

Q So that it depends -- in taking a photograph, the picture that you get and the angles of the picture that you get depends to some extent on which way the picture is focused?

A Certainly.

Q Now, slide number 3 shows a picture of the right side of the face of Marilyn Sheppard?

A It does.

Q Where was the camera placed at that time?

A In such a position that the right side was presenting to the lens.

Q It wasn't above her?

A Well, it was above and to the side so we got a profile view.

Q Now, slide number 4 is a slide of the two pieces of teeth, isn't that so?

A It is.

Q Now, I notice that you have a date on that. Can you see it,

Doctor?

A I certainly do.

Q What is that date?

A That is the 14th of July, 1954.

Q That was the day the picture was taken, is that correct?

A That is correct.

Q So that picture was not taken at the same time these other ones were taken?

A No, sir.

Q And that is the pieces of teeth that I asked you to get at recess time?

A Yes, sir.

Q Slide number 5 is a picture of -- I don't know whether it is the right -- it is the right hand of Marilyn Sheppard?

A That is correct.

Q And 6 is the left hand of Marilyn Sheppard, slide number 6?

A It is.

Q Now, these pictures, 1, 2, 3, 5 and 6, were taken before there was any autopsy performed?

A Correct.

Q And slide number 7, which shows the scalp turned back and exposes the frontal bone, was taken after you had -- or during the process of your autopsy?

A That is correct.

Q And who took that picture?

Probably Mr. Johnson.

Well, not probably, Doctor.

Well, it happened four months ago, and we were both working together ---

I know, but didn't you take notes?

No. We worked together, and the important thing is the picture and ---

You don't know who took it?

Either Mr. Johnson or I.

I say, you can't tell me now who did it?

Not for certain.

All right. That is all I want to know.

Now, these are colored films, and were they developed in the Coroner's office?

They were.

And when were they developed?

Probably within a matter of several days after they were taken.

Can you be a little more accurate on that?

No. Our general policy is to take colored pictures, and when we get a dozen or so accumulated, then Mr. Johnson develops the batch of them. That is our usual procedure.

Well, now, as you went along performing your autopsy of the body of Marilyn Sheppard you said somebody helped you, didn't you, Doctor?

- A I did.
- Q Who was that that helped you?
- A James Roberson, R-o-b-e-r-s-o-n.
- Q And is he a doctor or pathologist?
- A He is not.
- Q Well, then, he was merely acting as your assistant in giving you your instruments and acting in a similar capacity that a nurse does at an operating table?
- A That's right.
- Q Not directing you in any way at all?
- A No, sir.
- MR. CORRIGAN: All right. I will put these back now so we don't get them mixed up.
- Q As you went along in the performance of your autopsy, did you take notes?
- A We wrote things on the blackboard.
- Q Who wrote them on the blackboard?
- A I may have written some or my assistant may have.
- Q Well, say, for instance, you have in the autopsy that Mrs. Marilyn Sheppard was declared dead at the Morgue at 8 a.m. Did you write that on the blackboard?
- A No, sir.
- Q Where did you write it?
- A I didn't write it anywhere.
- Q Well, it is in your report, isn't it?

A That is a part for which I am not responsible.

Who is responsible for that?

A That is information that is typed out by one of the clerks.

Q Well, my gracious, a clerk would not take upon herself in a case of an autopsy the obligation or the authority to declare when a woman was declared dead at the Morgue, would she?

A I didn't say that she declared the individual dead. I said she is responsible for typing it on a report, sir.

Q But where did she get the information?

A It come from the official records that are kept.

Q Well, where are the official records that are kept?

That information was put down in a book, a body book, and also on what we technically call a view slip.

Q Who put it down?

A The reception clerk at the building.

Q The who?

A Reception clerk, the man who receives the body, sir.

Q Well, you haven't got people out there that are undertaking in this fine Morgue that you've got, modern morgue with all this equipment in it, that you've got somebody out there just putting down things like that, have you, a very important matter of when a person was declared dead?

That information was undoubtedly transmitted over the telephone to the clerk, who wrote it in the book. He has no

authority to establish when an individual was pronounced dead.

Q You testified that you were responsible, I think that your words were yesterday when you testified that, "I am responsible for this report"?

A The anatomic report, yes, sir.

Q Yes. And that means that you are responsible for the report that I have marked Exhibit A-1 to A-4 and A-5?

A The anatomic --

Q Just a minute. Answer the question.

A Would you rephrase it?

Q You are responsible for this report that I have marked A-1 to A-4 and A-5?

A I can't answer the question in the form you have asked it, sir.

Q Well, now, Doctor, you are a teacher of forensic pathology as you stated, and I want you -- and you are an expert witness, and I want you to answer my questions. You stated on your direct examination that you were responsible for this report, did you not?

A I did.

Q You did?

A Yes.

Q Now, do you want to back away from it?

A I don't know what you mean by back away, sir.

Q You don't know what I mean?

No, sir.

Q All right. Now, in this report, in this official document that you have in your hand, it says that she was officially pronounced dead at the Coroner's office following arrival at 8 a.m., is that correct?

A It is so typed there.

Q It is in your report?

A It is.

Q That you are responsible for it.

Now, she didn't arrive at 8 a.m., did she?

A She did not.

Q She arrived at 11:30 a.m.?

A That is correct.

Q She was officially pronounced dead out in Bay Village, wasn't she?

A She was.

Q So that is error, isn't it?

A Yes. That is typed that --

Q I don't care whether it is typed or anything else. It is error, isn't it?

A Correct.

Q Now, this report is certified on every page by S. R. Gerber, the Coroner, isn't it?

A It is.

Q Did you read it?

A Did I read the report?

Q Yes, before it was certified?

A I did.

Q You did?

A Yes.

Q So that you saw that there.

MR. GARMONE: What was his answer
to the last question?

THE WITNESS: I did, yes.

MR. GARMONE: You saw it there?

THE WITNESS: I saw the report
before it was certified by Dr. Gerber.

A

Q

A

Q

A

Q

Q When you performed this autopsy, and after you had washed the blood away and made the photographs, then you examined the wounds, you examined the wounds?

A Yes, sir.

Q And what notes you made as you went along in the autopsy were written on the blackboard?

A That's right.

Q And did you write them as you went along?

A I am responsible for writing them.

Q Yes. For instance, let's turn to wound No. 1 that appears in the autopsy, and it states there that wound No. 1 is a ragged, crescentic laceration --

A I believe you are not reading from wound No. 1, sir.

Q No, that's five. I beg your pardon. "Wound No. 1 is a contused abraided laceration measuring one by one-half inch in the left frontal region, measuring two and a half inches from the midline. It extends from the supra-orbital ridge margin cephalad. The injury extends down to the underlying bone."

Did you write that on the blackboard?

A In that fashion as you read it, no, sir.

Q Yes.

A No, sir, I didn't write all that on the blackboard.

Well, what did you write on the blackboard? What notes

did you keep?

I wrote, as I recall at this time, four months later, the location and the dimensions. The description I could recall when I dictated it thereafter.

Well, after you got through with your autopsy, will you tell me the method that you employed to put down this description that appears here on this official record as the record of wound No. 1?

The description was dictated to a wire recorder, which we have in our autopsy room.

You didn't say that before. You said --

MR. MAHON: Object to this, if
your Honor please.

MR. GARMONE: It is cross-examination.
I think we have a right to delve into the matter.

MR. DANACEAU: He wasn't asked that.

MR. CORRIGAN: Well, I will ask him
now. Let's not argue, gentlemen.

The dictation was made to a wire recorder. Is that one of the Brush machines?

It is called a Webcor, I believe.

That is, you can talk into it, something like a microphone on it, and as you talk your voice is picked up?

You talk into a microphone, it is recorded on a spool of wire.

Now, when did you dictate into this recording machine?

Immediately after the autopsy.

You say you started the autopsy at 12:30?

About that time.

And you finished about what time?

Close to 3 o'clock, 3:15, I'd say.

What?

About 3 o'clock or 3:15, as I recall it at this time.

And the result of your autopsy dictated on this wire recorder, is that still in existence?

No, sir.

What?

No, sir.

What has become of it?

The usual thing we do is when we use the wire recorder and it is transcribed, the wire spool is reused, and when it is reused the previous dictation is wiped out and the fresh one is put on.

Well, then, it brings me to this question, Doctor:

The notes that were put on the blackboard, of course, had been washed away?

Long ago.

The notes on the wire recorder, they are gone?

Certainly.

So that all we have left officially of your autopsy are these official records that we have here?

That is correct.

There is no way we can check back?

Not to my knowledge.

Now, that was dictated -- this report was dictated at about 3:15 on July the 4th?

Close to that time.

The photographs that were taken and that were exhibited to the jury yesterday were not developed until three or four days later?

I think that is correct.

So they were absolutely -- those photographs that were shown here to this jury yesterday were of absolutely no assistance to you in putting down your official record, were they?

No, sir, I didn't have them available.

No. And there is nothing about those photographs that would assist you in any way, or did assist you in any way in making his official record here?

Not anything that is typed there, no, sir.

You are taking mine.

Oh, I am taking yours. I beg your pardon.

Thank you.

Q Now, you, without photographs, and without colored photographs, could tell this jury very plainly what wounds were on Marilyn Sheppard's body, couldn't you?

A I could read from my notes, and plus what I recall, could have explained what I saw.

Q And you are experienced in explaining to juries the nature and location of wounds, are you not?

A I am.

Q You said in the morning paper you testified 200 times.

A Quite a few times.

Q I read that when I was coming down. Would that be about correct?

A I think it is substantially correct. I don't keep a record of these things.

Q In all the times that you have testified before a jury, have you ever used colored photographs before?

A On two separate occasions in this court.

Q On two separate occasions in the 200 times?

A That is correct.

Q Now, in the examination of a wound, or in the examination of Marilyn Sheppard's wounds -- I will withdraw that.

Associated with you in the Coroner's office you have how many men, professional men, I mean?

A Doctors of one kind or another?

Q No. I mean that's out there. Say, July 4th, how many

professional men were on the staff?

A And who were there July 4th?

Q Yes.

A I was the only doctor. Dr. Dejak was there earlier in the morning. He is one of my colleagues.

Q I think we misunderstand one another. Don't you have some technical people connected with the operation of the Coroner's office?

A Well, if you --

THE COURT: Tell us who the entire staff is.

THE WITNESS: Do you want to know the entire staff?

Q I know you have clerks and stenographers and janitors, and so forth, and so on.

A That's right.

Q I am not inquiring about them, but I am talking about professional people, for instance, chemists, or technicians, or toxicologists, or people of that kind, do you have any of those people?

A Oh, yes, we have them. They are employed by the Coroner's office, certainly.

Q Now, who are they?

A I will start at the top and work down.

What?

A I will start at the top and work down. Dr. Gerber is the chief. He is the Coroner.

Q Yes. He is the chief, and you are the pathologist?

A I am the Chief Deputy Coroner Pathologist. My colleagues, who assist me and so some of the autopsies, are Dr.

John Dejak.

Q No, I don't want the doctors that are called in in cases to help out if you need them. Don't you have a toxicologist there?

A Certainly. Dr. Irving Sunshine is our toxicologist.

Q Dr. Irving Sunshine, he is associated with the morgue as an employee?

A Yes. He is a full-time employee at the Coroner's office.

Q When I say a "toxicologist," will you tell the jury what a toxicologist is?

A Dr. Sunshine is our chemist who runs analyses of blood, urine and the organs when we are looking for poisons or different substances that don't normally belong in the human body.

Q For instance, if you had a suspected poison case, death by poison, as you do, I suppose --

A We do.

Q -- you would call in the services of Dr. Sunshine?

We would turn over the appropriate materials to him for analysis.

Now, do you have anybody else that holds a related position as a scientist in the --

Miss Mary Cowan.

Miss Mary Cowan?

That's correct.

And what is she?

She does our trace work and blood work.

She is a technician, is she not?

She is a medical technologist, yes.

Dr. Sunshine, does he have a background of training in toxicology?

He has a Ph.D. in chemistry.

Where is it from?

He came to us from New York.

Does he devote his entire time to that kind of work at the morgue?

Yes, sir. He is a full-time employee at our institution.

They were there that day, both Miss Cowan and Dr. Sunshine?

Neither one was there.

But they were available on call?

They may have been. I didn't -- they weren't --

Is there a Dr. Chamberlain there, also?

Dr. Chamberlain is my colleague.

He is your what?

Colleague.

Well, he performs autopsies also?

He does.

Before the blood was washed off this lady's body, did anybody examine it?

Examine the blood?

Yes.

We looked at it. That is as far as our examination went.

You looked at it visually? Is that it?

That's correct.

Did you make any microscopical examination of that blood?

I did not.

Well, if you did not, nobody else did, did they?

To my knowledge, no one else did.

Will you be direct and tell me whether there was any microscopical examination of that blood?

Not to my knowledge.

That isn't --

MR. DANACEAU:

We object to that.

That is as far as the witness can go.

THE COURT:

That is a perfect

answer. He says he doesn't know of any.

MR. CORRIGAN: Doesn't know of any.

Well, he was the Coroner.

MR. MAHON: He said not to his knowledge.

THE COURT: He said he doesn't know of any.

MR. CORRIGAN: Well, let me ask this: --
if
There would be a record --/there was a microscopical examination of that blood, there would be a record in the Coroner's office, wouldn't there?

There should be if it was carried out.

Will you look and see if there was any?

There is none on my autopsy report.

Will you look and see if anybody else made an examination of the blood?

It would not be noted on my autopsy whether or not it was done.

I don't care if it is not on your autopsy or not. My question is: Will you look in the Coroner's office and find out if there was any examination of the blood of Marilyn Sheppard?

Of the blood that was on her face?

Of the blood that was on her face, and the blood that was washed away, and the blood that has gone down the drain.

When I go back down, you want me to check on it?

I want you to check on it and bring it here, if there is any made.

I will be happy to do that if there is any.

This is the official report. It should be in here, shouldn't it?

MR. MAHON: Wait a minute.

Maybe there is no report, so why should it be in here?

MR. GARMONE: Well, Mr. Corrigan --

MR. MAHON: I am objecting.

THE COURT: The doctor has said that there is no such statement in this report.

MR. GARMONE: May we have an answer to the last question?

MR. MAHON: He has answered the question.

THE COURT: The doctor has said, in answer to Mr. Corrigan's question, that he will make inquiry and be glad to report here, so that is a blank at the moment until we --

MR. GARMONE: Will you get Mr. Corrigan's last question?

THE COURT: Wait a minute. Let's

have just one counsel try this lawsuit, please, because we will get all twisted up here now.

The doctor has testified it is not in that report which is here, and he will see if there is any report, and he says he does not know of any.

I think that exhausts him at the moment.

Q Did you make any microscopical examination of the wounds?

A I did not.

Q You did not?

A That's correct.

Q Did anybody?

No, sir.

Q Now, isn't that a necessary part of the examination by a pathologist, by a trained pathologist, to examine the wounds and examine the blood to find if there is any foreign substance in the wounds or in the blood?

A You have asked a long question, and I lost you, I'm sorry.

Q Well, I will put it to you again: As a trained pathologist, should you not have made an examination, a microscopic examination of the wounds and of the blood to find out if there was any foreign substance?

A I examined the wounds with the naked eye. There was no evidence of any foreign material, and in my opinion it was not necessary. I did not do it.

THE COURT: Mr. Corrigan, could you break off here for a little recess?

MR. CORRIGAN: Yes.

THE COURT: Ladies and gentlemen of the jury, we will have a few minutes' recess at this point.

Please do not discuss this case.

(Recess taken.)

Q Well, Doctor, when we left before recess, you said that you had made an examination by looking at her, but you did not make any microscopic examination?

A Of the injuries?

Q Of the injuries or of the wounds?

A That's correct.

Q Now, as a pathologist, the use of the microscope is constant in the work of a pathologist, isn't it?

A Yes, sir.

Q It is just as essential to the work of a pathologist as a hammer and saw is to a carpenter?

A That is correct.

Q Or my law book is to me?

A Yes, sir.

Q Now, in that Morgue -- or that Coroner's office, pardon me, you have microscopes of the very latest and the very best, don't you?

A We do.

Q Of the highest power?

A We have excellent equipment.

Q And what is the highest power microscope that you have?

A We can get a magnification up to a thousand diameters, approximately, under what we call oil immersion.

Q That is, you can magnify a thousand times?

A That is correct.

And if you had used the microscope on these wounds and on this blood, if there were any foreign material in the wounds or blood, it would have been discovered, wouldn't it?

That is possible.

And if you had used the microscope to discover any foreign substance in the wounds or the blood, if there was residue of rust or of paint or of oil, grease, or any dirt, or any foreign substance, it would have been disclosed to you'reye? If it was small I might have missed it with the naked eye and seen it with the microscope.

That was not done?

That is correct.

And that would, if there were any foreign substances in the wounds it would have indicated, at least to some degree, the type of a weapon that had been used?

If there were pieces of the weapon in the wound, that is correct.

But if there was remains of dirt, wood, grease, oil, rust, paint, it would have given you some information as to the -- It might have, yes, sir.

-- type of weapon that was used? But that has all gone down the drain, hasn't it?

(No response.)

Now, it would also, if that careful examination had been made would have indicated to you which was the first blow

which was struck?

A I can't agree with that, sir.

Q Well, if there was more oil, more paint, more dirt, more rust in one wound than there was in another wound, in the second or third wound, you could come to the conclusion that that was probably where the first blow was struck, because the more residue was left in that particular wound?

A If that foreign material was there, as you say, that would be a reasonable conclusion.

Q But, of course, we can't find that out now, can we?

A No, sir.

MR. PARRINO: I object to the form of the questions, your Honor.

THE COURT: He has answered "No, sir." That is perfectly evident, in any event.

Q Now, you proceeded, then, to make your further examination, and you finally concluded what the cause of death was, didn't you?

A Correct.

Q And your cause of death, as set forth on Page 1, "Multiple impacts to the head and face with comminuted fractures of the skull and separation of the frontal suture, bilateral subdural hemorrhages, diffuse bilateral subarachnoid hemorrhages and contusions of the brain."

Now, that is your cause of death?

A That is correct.

Q And what was your conclusion at the end -- at three o'clock on the afternoon of July 4th?

A No, sir. That was my conclusion when I had finished the microscopic examination of some of the tissues as well as my gross examination.

Q Well, I will come to that. But it was your final conclusion?

A That is correct.

Q Now, will you turn back to Page 5?

A Yes, sir.

Q On Page 1 you have, "separation of the frontal suture," as the cause of death, as one of the causes of death, included in the cause of death, I should say?

A That is correct.

Q And you give on Page 5 the anatomy of the head and the autopsy you performed on the head, and in that you say, "There is extensive hemorrhagic extravasation through the entire scalp." That means there was bleeding around the scalp?

A There was bleeding into the scalp, sir.

Q Into the scalp, between the bone and between the scalp covering?

A Yes, the soft tissues of the head.

Q "The calvarium reveals severe comminution and splintering of

the frontal bone and complete separation of the coronal suture."

In your cause of death you give separation of the frontal suture and in your anatomy of the head you give separation of the coronal suture, don't you?

I do.

They are two different things, aren't they?

They are two different names for the same thing.

You mean that the coronal suture and the frontal suture are two different names for the same thing?

That is correct.

As an anatomist and pathologist you say that?

I say it as a pathologist. I am not an anatomist.

Well, you got to know something about anatomy to be a pathologist?

That is correct.

You say there is no frontal suture?

I say that in this autopsy --

Wait a minute. I will put my question differently: You say that the coronal suture and the frontal suture are the same thing?

I used them both synonymously.

I don't care how you used them. As a doctor and as a pathologist, are they the same thing?

Yes, sir.

They are? What authority do you quote on that?

My own experience.

What does Gray say?

I don't know.

Well, my gracious, Gray is the authority, the bible of the anatomists and the pathologists, isn't he?

It is a standard textbook in anatomy, not in pathology.

Don't you use it out in the Morgue or in the Coroner's office?

We may have one there, I am not sure.

What books have you got there, what anatomy have you got there?

We've got a book by Anson, A-n-s-o-n, and then I have my own copy of Sabotta's Anatomy, that is an atlas, and I have a copy at home of Cunningham's Anatomy. I don't remember if we have a Gray or not.

I will take Cunningham's Anatomy, if you have Cunningham's Anatomy, and does Cunningham say that the frontal suture and the coronal suture are the same thing?

I say it is the same thing, sir.

I don't care what you say. I say, do the authorities say it is the same thing?

I haven't referred to that portion of Cunningham or Gray, and I can't answer your question, sir.

Pardon?

I cannot answer your question. I haven't referred to those books.

And you say it is the same thing?

As I use them, sir.

And you base it on what you feel about it, not on what the authorities say; is that right?

The coronal suture and the frontal suture in this autopsy refer to the same structure.

You are presenting to this jury and this court and in this case of Dr. Sam Sheppard, who is on trial for his life, testimony here, Doctor, and you say that the coronal suture and the frontal suture are the same thing?

As I use them.

Q As you use them?

A That is correct.

Q Does anybody else use them that way?

A I don't know.

Now, you are a doctor?

That's correct.

And I am just a lawyer. When you are born, the two bones in the front are separated, aren't they?

There is a division in the frontal bone.

There is a division in the frontal bone?

That is correct.

When you are born, there is a division along the middle of the head, isn't there?

There is a suture there, yes.

And there is a division along the top of the head?

That's correct.

They are all sutures, aren't they?

That is correct.

If they are the same thing, if they are the same thing, coronal suture and frontal suture, why did you say in one place coronal suture and why did you say in the other place the frontal suture?

That was the way I used the words at the time I did the autopsy. I was referring --

It wasn't very carefully --

MR. MAHON:
answer, please.

Let him finish his

THE COURT:

Let him finish his answer,

please.

Will you finish your answer, Doctor?

As I used those two words in this autopsy, and in the various parts, I was referring to exactly the same structure.

I want to get you on record, Doctor, precisely on record.

You state that the frontal suture and the coronal suture are the same thing?

As I use them.

Is there a frontal suture?

As I use it, I refer --

Is there a frontal suture in the human body?

Yes, sir.

There is. Now, when we talk about anatomy -- I will withdraw that.

I will call attention now to this part of the Coroner's report, which I have marked Defendant's Exhibit A-1, A-2, A-3. I don't understand the relation of this report to this report.

Would you like to have me explain it to you, sir?

Q Yes. You have only one report, and I have two.

A Well, I don't have that available, because that information is also here. This is an additional form, which is the report of the autopsy. It includes some vital statistical data, some factual data about the body, the external marks

and wounds, and the cause of death, and associated laboratory findings.

I see. That was made out by you?

This is made out by a clerk from the information that is in the autopsy.

Wait a minute, now. Wait until I find out now. It was made out by a clerk. This was handed to me as an official record of the autopsy in the Coroner's office, and it contains the verification that:

"I, S. R. Gerber, M.D., Coroner of Cuyahoga County, certify that at 12:30 a.m. on the 4th day of July, 1954, in accordance with the law" -- and so forth, "made of" -- let's see what it says -- "Section 28556 of the General Code of the State of Ohio, made or caused to be made a postmortem examination on the body of Marilyn Sheppard of 28924 West Lake Road, Bay Village, Ohio, and that to my knowledge and belief, her age is 31, her color is white, complexion is medium, eyes hazel, nativity, American; weight 125, teeth good, occupation housewife, height 67 inches, hair brown, and marital status married."

Now, you gave that information, didn't you? No clerk went around and got that information?

That information is taken from the official admittance record where this data is recorded.

Well, where did they get this information from?

A They must have got it from somebody. That was submitted by appropriate authorities, perhaps Dr. Gerber, perhaps the police, and that was called in and made part of the record.

Q Then it has "Marks and wounds, No. 1 to 35," is that correct?

A That's correct, sir.

Q The same as on this?

A Correct.

Q Then it has the cause of death exactly the same as appears there?

A Correct.

Q And again appears the word "separation of the frontal suture," correct?

A Correct.

Q And then it has the anatomic diagnosis.

Now, what do you mean by anatomic diagnosis?

A The anatomic diagnosis refers to the list of the injuries and other conditions that were present in the body of Marilyn Sheppard as we found them.

Q Those were made out by you?

A Yes. I am responsible for that.

Q So that you do know something about anatomy, don't you?

A I know enough anatomy to carry out my functions.

Q You surely know more anatomy than I do?

A I hope so.

Q Or you should.

A I hope so.

Q You hope so. Now, then, I will go into the question of anatomy. Anatomy is the -- the books on anatomy are the discussion of what the general structure of a human being is, aren't they?

A They refer to the make-up, the way it is put together.

Q And while, of course, you study the general structure of a human being in the anatomy books, and by dissection, and so forth, the anatomy of every individual is different, isn't it?

A I don't think I understand your question, Mr. Corrigan.

Q I say, we all have a different anatomy?

THE COURT: No two people are

alike in that respect?

A The general structure of the human body is pretty --

Q We all have two legs, two arms, a head, trunk, internal organs, and so forth, that are all the same?

A Right.

Q But we all differ. One man is tall, one man is short, one man is broad, one man is fat, one man is skinny, one woman

is beautiful, and we have long heads, short heads, and all kinds of heads. I say the anatomy is different?

There's infinite variety in the human race.

And every one of these people that sit in this jury box, and me and you and everybody in this room, have a different anatomy, don't we?

We have a different appearance, I'd say. The anatomy is basically the same.

Basically, yes.

We are talking about the appearance of a person. Anatomy is the makeup. Everybody has the same usual number of bones --

And some people have frontal sutures and some people do not, isn't that correct?

As I use the term, or as you use the term?

No. I am using it just as is used by men who are learned in the subject of anatomy. I say some people have frontal sutures and some people do not have them?

I can't answer that question. I am not familiar --

You can't answer it?

That is right.

But you appear as an expert, sir?

Not as an expert anatomist.

Well, who is the expert in anatomy at the morgue?

To my knowledge, there is none.

There is none. You mean this \$700,000 building --

MR. DANACEAU: We object to that.

-- has no expert in anatomy?

MR. DANACEAU: What a \$700,000

building has to do with this lawsuit, I don't

know.

THE COURT: He says they have

no expert in anatomy at the Coroner's office.

Now, I saw something else in this report that rather intrigued me. I will see if I can find it. Pardon me just a minute, your Honor.

Will you let me see your report, please, Doctor?

I want to call your attention to wound No. 16.

"There is a laceration measuring 5/16 of an inch by 1/8 of an inch in the pre-suricular region over the temporal mandible joint."

Where is the pre-suricular region?

Pre-auricular region.

Doesn't yours read that way?

(Spelling) P-r-e - a-u-r-i-c-u-l-a-r.

Well, now, here is a photostatic copy, Doctor, of this report.

Yes. This must have been made from a different copy.

Q Well, let's see yours.

A That is a misspelling. Apparently they typed two separate copies, and that was a misspelling.

Q It couldn't be a misspelling. It is a photostatic copy of your report.

A There were two individual reports typed, and that one must have been made from the second one.

Q Well, you have "pre-suricular" on this.

A On yours or mine, sir?

Q On yours.

MR. DANACEAU:

May the witness

see his own?

Q Was it changed?

A No, sir. There is no erasure there.

Q Will you examine this No. 16? Don't I read correctly:

"There is a laceration measuring so and so in the right pre-suricular region"?

A You are pronouncing it as it is written here.

Q I am pronouncing it as it is spelled. S-u-r-i-c-u-l-a-r.

A Correct.

Q This is a photostatic copy.

A Not of this autopsy.

Q I don't know. It is the photostatic copy that was given to us by the Coroner's office. Will you bring after noon

the report of which this is a photostatic copy?

Yes, sir.

And the pre-suricular region is down in the calf of the leg, isn't it, or do you know?

I never heard of that region.

Well, do you know if there is a pre-suricular region?

I am not familiar with any.

You don't know it. All right.

MR. MAHON: He said he is not familiar with it.

MR. CORRIGAN: I am asking him if he knows. He is a doctor.

MR. MAHON: And he says he is not familiar with it.

MR. CORRIGAN: All right.

Now, you say that you removed the calvarium?

Correct.

First you cut the scalp across from ear to ear?

Correct.

And flap the forward part forward and recessed the back part, is that correct?

That's right.

So that the bone of the head was exposed?

That's correct.

Q Now, Doctor, when we talk about the head, the head is composed of a good many bones?

A That is correct.

Q Commonly, we think when we put our hand on our head, we think we are touching one bone, but the head is composed of a frontal bone?

A That's right.

Q Which has a -- can't we say something else for sutures?

A The seams.

Q A seam. A seam extending about from the top of the temple along the hair line, across to the other temple?

A That is substantially correct.

Q And the frontal bone is what we usually call the forehead?

A It makes up the forehead region.

Q Now, of course, you don't agree that the frontal bone is divided also by a seam?

A In an adult?

Q That anyone of these people may have it?

A Ordinarily there is no seam or suture in this portion of the skull.

Q Ordinarily, but sometimes there is?

A There are always anomalies, unusual things.

Q Don't you know that it exists among the French people to a high degree?

A That comes as a complete surprise to me.

Q What?

A That comes as a complete surprise to me.

Q You never read that?

A No, sir.

Q With all your education?

A I don't know everything, Mr. Corrigan.

Q Now, then, when you get to the top of the head, then you have two bones on the top of the head?

A That's correct.

Q And the bone on one side is called the right parietal bone?

A Correct.

Q And the bone on the other side is called the left parietal bone?

A Correct.

Q We are going to refer to those later.

A Yes, sir.

Q I want the jury to understand just what these bones are, because I am going to refer to them later in my examination.

A Yes, sir.

Q And the seam that goes along here, that is called the coronal seam or suture, and separates the frontal bone from these two top parietal bones?

A Correct.

Q Is that right?

A Yes, sir.

And then down the middle of the head there is another seam?
That's right.

That goes down and separates these two bones, and goes down to a point about the middle of the back of the head?

That's right, sir.

And then in the back of the head there is another bone that is called the occipital bone that is located, you might say, in the back of the head, and that has a seam that separates it from these two parietal bones?

That's correct.

Then you have the bones at the side, the templar bone?

That's right.

That is also separated by a seam, and that is about -- well, where we ordinarily call the temple?

Temple and behind the ear.

And goes behind the ear?

That's right.

And that is also separated by a seam?

Separated or united, if you want --

What?

Separated or joined. When you talk about a seam, you think of things being joined together.

Well, they are joined together. If you take the scalp off and examine the head, you can see those seams?

A That's correct.

Q Where the separation is, and then you have the bones in the front of the face, face bones, the cheek bones, the nose bone, the upper jaw bone, the lower jaw bone?

A Correct.

Q And the lower jaw bone hooks up here onto the templar bone?

A Correct.

Q Now, in addition to this covering that we have described, the top of the head, there is also a base to the skull?

A There is.

MR. CORRIGAN: Have we got a blackboard, your Honor, that we could use?

Have you got a blackboard, Mr. Francis?

BAILIFF FRANCIS: Yes, sir.

MR. CORRIGAN: Well, bring it here and bring me a piece of chalk, because I want the jury to understand this clearly.

THE COURT: Mr. Corrigan, it is 12 o'clock. Could you drop right here and start off with what you have?

MR. CORRIGAN: I could.

THE COURT: And then we will have it all set up for you.

Ladies and gentlemen of the jury, we will

now adjourn for the noon hour. We will return
at 1:15 this afternoon.

In the meantime, will you please be
careful not to discuss this case in any way,
shape or manner, and not even among yourselves?

1:15 this afternoon.

- - -

(Thereupon an adjournment was taken to
1:15 o'clock p.m., Friday, November 5, 1954,
at which time the following proceedings were
had):

AFTERNOON SESSION, FRIDAY, NOVEMBER 5, 1954

Thereupon, LESTER ADELSON resumed the stand and testified further as follows:

CROSS-EXAMINATION (CONTINUED)

By Mr. Corrigan:

Q Doctor, between 8:00 and 11:30 on the morning of July 4th, I believe you said you arrived at the Morgue, at the Coroner's office at 8:00?

A I would say between 8:30 and 9:00. I don't remember exactly.

Q And you were there until Mrs. Sheppard's body arrived?

A Yes, sir. That's correct.

Q Now, during the time before you performed the autopsy, or during the time that you performed the autopsy, did you learn something about this case?

A Could you refer to something specific?

Q Well, did you learn that Mrs. Sheppard had been murdered in her bed and that Dr. Sheppard, her husband, was in the house when her body was discovered?

A I believe that some time during the morning I learned --

Q You learned that during the morning?

A -- that a doctor's wife, I didn't know her name, had been killed in her own bed and her husband, who was a doctor, had also been there. That is all I knew.

Q Did you hear the theory that was going around that morning, that she was murdered because the doctor discovered that she was pregnant?

A No, sir, not at all.

Q Did you hear it at all?

A During that morning?

Q Yes.

A No, sir.

Q Did you hear it afterwards?

A That she was murdered because she was pregnant?

Q Yes, that the doctor went crazy and discovered that she was pregnant and killed her?

A Somebody made mention to me, not in --

Q Yes, somebody made mention to you. All right.

A Now, I asked you to bring the teeth.

A I have them, sir.

Q Can you put them on this paper, Doctor?

A Yes. Do you want me to take them out of the container?

Q Yes, I would like you to take them out of the container.

Q Now, I want to put a circle around them. Which is the front and which is the back? This is the front of the tooth, isn't it?

Q Yes. That is the part you would be looking at if the individual's mouth would be open.

Q Where is the front here? Can we get the front?

A I think that smooth surface would be the front.

Q Now, marking this A and this B, referring to A, which is part of a tooth, that is in your autopsy as number 25?

A That's correct.

Q "There is a complete fracture of the upper right medial incisor at the junction of the proximal and middle third of the tooth. The fracture is recent and the fractured surface is sharp. The distal fragment of the tooth is not present within the mouth."

A Now, what does that word distal mean?

A The distal part of the tooth is the tooth that is furthest away from the root.

Q I see. Now, the right medial incisor is this front tooth, isn't it, the front tooth?

A It is here. (Indicating)

Q Well, we have two front teeth there?

A That's right.

Q And it is one of those, and it is the one to the right?

A Correct.

Q Now, that means that that represents about a third of the tooth?

A I would say that is closer to two-thirds.

Q Two-thirds of the tooth?

A Yes.

Q Now, in examining it -- did you examine the teeth of Marilyn

Sheppard?

A I did.

Q And the autopsy report shows that the teeth were good?

A That's correct.

Q That is your recollection of it?

A I think it is so stated.

Q Yes, you have that. Independently of the fact that you have stated in your autopsy report, you have no independent recollection of the teeth of Marilyn Sheppard?

A They were a set of healthy teeth.

Q They were a set of healthy teeth, that is your recollection?

A That's correct.

Q Well, were there any fillings?

A I don't recall.

Q You don't recall?

A No.

Q Were there any teeth gone from the mouth and false teeth replaced?

A I don't recall.

Q And there isn't any way of us checking now, is there?

A Short of exhuming the body and re-examining it, no, sir.

Q Now, have you made the observation -- well, you say they were good, and that is all you remember of them, is that right?

A That's correct.

Q Now, the next thing that I want to call your attention to is number 26. "There is a chip defect on the occlusal frontal surface of the upper left medial incisor and the defect is three-sixteenths of an inch by one-eighth and the edges are sharp."

Now, you are referring to the front tooth that is to the left?

A That is correct.

Q And when you talk about the occlusal surface, that is the surface that is at the bottom of the teeth -- or, at the bottom of the tooth which we use in biting?

A That is the chewing surface.

Q And that is represented here in court by the letter B?

A Correct.

Q Now, I would like the jury to see these two pieces of teeth.

MR. CORRIGAN: I will mark --

THE COURT: Can you carry them in front of the jury and let them have a view?

MR. CORRIGAN: I think they can pass them along.

Will you mark these Exhibits B-1 and B-2?

(Defendant's Exhibits B-1 and B-2 were marked for identification.)

MR. CORRIGAN: I want the jury to examine that, and will you hold it straight as you pass it along so that they don't spill off?

Q Now, we will put them back in the bottle, Doctor, and we will still retain the exhibit numbers, B-1 and B-2.

A Do you want the envelope that they came in, also?

Q Well, I don't know if we need the envelope or not.

Well, I guess we better keep it together.

Now, calling your attention to Item 24, you have there that, "There is a bruised abrasion measuring" --

A "Crusted abrasion."

Q "A crusted abrasion measuring one by one-half inch on the buccal surface of the mucosa of the lower lip."

Now, the buccal surface of the mouth is that surface which is inside the mouth and which I can represent when I blow my cheeks out where the air hits?

A (Indicating.)

Q That is the buccal surface?

A Inside the mouth, that's right.

Q The autopsy does not say where this injury is, except that it is on the buccal surface of the mucosa of the lower lip. What is the mucosa?

A The mucosa is the inside lining.

Q Do you have any independent recollection of that particular wound?

A I do.

Q You didn't put it in here, did you?

A I remember the wound, and this note that we have in my

autopsy recalls it to my mind.

Q But it does not appear in the autopsy where it is?

A (Indicating.)

Q No. I say it does not appear in the autopsy where it is?

A No. You have read the complete description.

Q And the notes are gone, and I can't check you, can I?

A You can check my memory.

Q But I can't check your notes?

A No, sir. Those are gone.

Q Well, now, then, where, to the best of your recollection, was that crusted abrasion measuring one inch by half an inch?

A Right here.

Q Now, you are pointing to the lower surface of the lower lip?

A That is correct.

Q Of course, which way it extended, we'd have to depend upon your recollection for it, wouldn't we?

A We would.

Q What?

A That is correct.

Q And the best we can get now is that there was a crusted abrasion on the lower lip?

A On the inside of the lower lip.

Q On the inside of the lower lip?

A That is correct.

Q An inch long. When you say crusted, that means there was some blood there?

A Dried blood.

Q And when you say abrasion, that means light scratch?

A A scrape.

Q A scrape, like something I would get if I brought the skin against a hard surface?

A Rubbed the cover of the skin off.

Q Now, there was no wound or no blow on the mouth of Mrs. Sheppard, was there?

A On the lips?

Q Yes.

A Nothing visible, no, sir.

Q Nothing there at all. On the 16th of July there was a meeting in the Coroner's office, you attended it, at which all these officials were present?

A That was a Saturday morning?

Q Saturday morning, yes.

A That is correct.

Q And on that Saturday morning there was present in the Coroner's office Mr. Mahon, Mr. Danaceau, Mr. Parrino, and Detective McArthur, is that right?

A I don't remember that Detective McArthur was there.

Q Well, Chief Story was there?

A He was.

Q And Deputy Sheriff Rossbach and Yettra?

A They were.

Q And Chief Eaton of Bay Village?

A Yes, sir.

Q The County Prosecutor Cullitan?

A He was.

Q Allan Moritz of the Pathological Department of the Western Reserve University?

A He was there for part of the morning.

Q Sheriff Sweeney?

A Yes, sir.

Q There was also a number of reporters?

A Correct.

Q From all the newspapers?

A Correct.

Q There was also photographers there?

A There were.

Q But there was none of the Sheppard family there, was there?

A No, sir, not to my recollection.

Q On that morning there was demonstrated to the jury these pictures that we have here today, or that you demonstrated yesterday?

A You don't mean to the jury. To the group.

Q To the group.

A Yes, sir, we showed them.

Q And there was also brought out the pants of Sam Sheppard?

A I believe they were.

Q And on the pants of Sam Sheppard there is a smudge, is there not?

A I believe there was.

Q Around the knee --

MR. GARMONE: Above the knee.

Q Above the knee, there is a smudge above the knee?

A I remember a smudge. I didn't carefully examine the pants myself.

Q You didn't examine them. Now, the entire matter was discussed by all these law-enforcing agencies that were present there?

A There was a discussion after the newspaper people were dismissed.

Q But they were there during the lecture?

A During the presentation of the facts, yes.

Q Of course, long before that you had determined the cause of death?

A Yes, sir.

Q There was nobody there that was associated with the defense of Dr. Sheppard?

A I don't know who was associated with the defense at that time. We have covered those individuals who were there

in their individual capacities.

Q You have told me who was there.

A As you recall them.

Q Yes. Now, at that time you read the Cleveland Press, didn't you, the editorials in the Cleveland Press?

A I looked at them, certainly.

Q Demanding that this man be brought in?

MR. PARRINO: Objection.

THE COURT: Objection will be sustained.

MR. CORRIGAN: Except.

Q Was there exhibited to that group a pair of glasses that had been found on the beach?

A I don't recall that, sir.

Q Was there exhibited to that group a handkerchief that had been found on the beach?

A I don't recall a handkerchief. It may well have been.

A I just don't recall.

Q You just don't recall?

A That wasn't my part of the presentation.

Q Well, you were there and listening to it?

A I was in and out after my part.

Q Was there presented to that group a piece of fiber or thread that was found under the nail of Marilyn Sheppard?

A I don't remember.

Q You don't remember. Was there presented another piece of thread or fiber that was found under another nail of Marilyn Sheppard?

A I don't recall those details, sir.

Q I see. Did you ever see a piece of fiber or thread that was found under the nail of Marilyn Sheppard?

A At the time of autopsy, I scraped the material from under the nails of Marilyn Sheppard and submitted them for examination to Miss Cowan.

Q And what did you discover?

A There was some different materials which I saved carefully in little pieces of paper, in individual containers, and gave them to Miss Cowan.

Q And where are they now?

A They are in the Coroner's office.

Q Were they ever turned over to the police?

A I can't tell you that. Miss Cowan had them.

Q They are in the Coroner's office?

A To the best of my knowledge, yes.

Q But you do know that under the nails of Marilyn Sheppard there was some material that you considered important to turn over to the technician?

A Yes, sir.

Q All right. But you don't know what it is?

A Different little fragments of material that were not identifiable by the naked eye.

Q Did you see a piece of leather?

A I remember a small fragment of leather.

Q And you knew that that piece of fragment of leather was picked up in the room of Marilyn Sheppard?

A I heard it was found at the scene. Exactly where, I don't know.

Q Did you have anything to do with it?

A No, sir. I knew it had been found, but I had no part in its examination.

Q Was there a T-shirt exhibited at that meeting?

A I don't recall that there was or was not.

Q You don't recall?

A That's right.

Q Did Dr. Gerber submit to you a T-shirt at any time?

A A T-shirt did come into the Coroner's office at some time.

Q Where is it now?

A Either at the Coroner's office or somewhere in the court, I don't know exactly.

10 Q Did anybody suggest in that meeting to begin looking for a person whose finger was bitten?

A I don't recall that that was ever mentioned there, sir.

Q It was never mentioned?

A Not to my knowledge. I didn't hear it or I don't recall it.

Q And the way that these teeth were broken off and the wound inside the mouth, without any exterior wound, indicated that something had got into that mouth; hadn't it?

A Certainly.

Q It might have been a finger that Marilyn Sheppard bit?

A The abrasion might be accounted for by such an event, certainly not the fractured teeth.

Q Well, you could fracture the teeth if in a struggle Marilyn Sheppard had bitten hard upon the bone of a finger; you can fracture a tooth with a piece of candy, can't you?

A It is possible.

Q But that was not suggested?

A Not to my knowledge, sir.

Q Now, I just want to refer to this tooth again, and take the photograph, Doctor, and compare it with the part of the tooth that we have marked B-1, and how much is your colored photograph magnified, how much larger does the impression on -- what is that slide?

A Yes, it is a slide.

Q What number?

A Slide 4.

(Continuing) How much larger is the picture on slide 4 than the actual tooth?

A I would say that the picture is approximately four times the size of the actual object which was photographed.

Q I see. Now, then, when we had the lantern here yesterday and the lantern was placed in front of the jury box and the screen about -- what would that be, what would that distance be in there that we had yesterday?

A MR. PETERSILGE: 15 feet.

Q -- 15 feet from the lantern, how much was that four times larger tooth magnified on the screen?

A It may have been up to 10 or 12 times. We would have to actually measure it with a ruler and compare it with the original if we are going to determine that accurately.

Q Well, I don't like to bring all that machinery back in here to do all that. We can probably do it some other time and I can get an answer from you.

A I would be happy to.

Q And the magnification of the wounds of Marilyn Sheppard as shown on that screen, were entirely out of proportion with the real wounds that appeared on her head, weren't they?

A Oh, of course. A wound that is two or three or four inches on the screen was not the same size on her head. As one

gets further away from the picture, the dimensions enlarge but always in proportion.

For instance, we had a wound on the nose.

22.

26?

26 is the tooth, sir. 22 is the wound on the nose.

And that was one-half by one-eighth?

A quarter by an eighth, sir.

A quarter by an eighth?

That's correct.

And when you begin to get that into real measurement, it shows that much on the ruler, doesn't it?

That is your eighth inch dimension.

That is my eighth inch dimension?

Correct.

And that much on the ruler shows a quarter of an inch?

That's correct.

So it is a very small, tiny cut?

It is a cut measuring -- not a cut, but a crusted abrasion, contused abrasion, measuring a quarter by an eighth.

But when it is put on the screen, it measured over an inch or an inch and a half?

It may well have.

So that is exaggerated.

Now, the first thing that you did was to begin to

make your analysis of the very obvious wound that appeared on Mrs. Sheppard's head, and you started with the left frontal forehead?

A Correct.

Q And you marked that as number 1?

A That is correct.

Q And then in the center of the forehead there was a cut, almost exactly in the center, which was marked number 4?

A That is correct.

Q And you started your measurements of those wounds, both to the right and the left, from this center wound?

A From the center of the head. That wound wasn't exactly in the center but it was close to it.

Q Well, wound number 1, which would be over on the left side of the forehead, was -- will you take your autopsy, Doctor?

A Yes, sir, I have it.

Q (Continuing) -- was two and a half inches from this center?

A That is correct.

Q Two and a half inches to the left. And that wound began just above the left eyebrow?

A Above the left eye socket, sir.

Q Pardon?

A Above the left eye socket. The supra-orbital margin is the eye socket, the border here, sir.

Q All right, the eye socket. And the size of it was one

inch by one-half inch?

A That is correct.

Q And you make the statement that it goes cephalad?

A That is right.

Q And when you make that statement, it means it goes upwards?

A That is correct.

Q Could you tell from the examination of that wound where the weapon struck first?

A Purely from an examination of that wound?

Q Yes.

A I can't answer that question.

Q You cannot? All right. Now, then, wound number 2, by the way, that wound that appears as wound number 1 you described as a contused abraded laceration?

A That is correct.

Q Now, that means, does it not, Doctor, that it was a sort of a ragged, not an even cut?

A It means that the margins of the wound were scraped off.

Q Yes.

A That is the contused part. And the abraded part means that it is rubbed right off so that it is scraped, so that you have a bruised scraped tear.

Q A bruised scraped edge?

A Tear, a laceration is a tear, not a cut.

Q A tear?

A Yes, a laceration is a tear, not a cut.

Q A laceration is a tear. So you could readily conclude that that was not done by any sharp instrument?

A Yes, sir, that is correct.

Q The number 2 wound is -- the size of that is one by one-fourth inch, one inch by one-fourth?

A That is correct, sir.

Q And that, according to my notes, was measured by you as being two inches from the mid-line?

A That's correct.

Q And the beginning of that wound or the end of it, whichever it is, was one and one-half inches, that is, the bottom of it was one and one-half inches above this supra-orbital ridge?

A Margin, sir, and that is one and a quarter inches, not one and a half, sir.

Q One and a quarter inches above the supra-orbital margin, and that likewise is a torn, abraded wound?

A It is the same nature of wound as number 1.

Q Would it be proper to say that all of these wounds on the front of the head were of the same type, torn --

A I would say --

Q --- abraded contusions?

A Excuse me, sir. Would you finish your question? I didn't mean to interrupt.

Q I say, would it be proper to say that all these wounds, 1, 2, 3, 4, 5, 6, 7, that appeared on the forehead were bruised, scraped cuts?

A I would say --

Q Or tears?

A Number 4 was a little different in its nature.

Q Number 4 was different?

A Yes, sir.

Q The other six were about the same kind?

A The same nature of injury, yes, sir.

Q Now, the next wound is a bruised gaping cut with lacerations, is that correct?

A Are you referring to number 3, sir?

Q What?

A Are you referring to number 3?

Q 3, yes.

A Yes, I am with you, contused gaping laceration is the way I described it.

Q And that is measured one inch from the mid-line and begins at the supra-orbital margin?

A That states the supra-orbital ridge, sir.

Q Well, is there a difference between ridge and margin?

A Yes, sir, there is.

Q What is the difference?

A I can illustrate with a skeleton head.

Q Never mind the skeleton, just illustrate on yourself.

A The margin is the edge --

Q We've got enough skeletons here.

MR. GARMONE: You can demonstrate
on me.

A When we talk of the supra-orbital margin we are referring to this area here, which is the edge of the eye socket. When we refer to the supra-orbital ridges we refer to the little elevation of bone that is apparent right underneath the eyebrow.

Q If I put my finger under the top of my eye, I feel the supra-orbital --

A Margin.

Q --margin?

A That's correct.

Q If I put my finger up above my eyebrow here, I feel the supra-orbital ridge?

A That is completely correct.

Q That was number 2.

MR. GARMONE: Number 3.

Q Number 3.

A Yes, sir.

Q Now, then, number 3 measures one inch from the mid-line?

A That is correct, sir.

Q Now, those three wounds that you have described, 1, 2 and 3 --

A You are on the wrong side of your head.

MR. GARMONE: On the opposite side.

Q 1, 2, and 3?

A That is right.

Q Wound number 3 is one inch from the center?

A Right.

Q Wound number 4 is two inches from the center?

A No. You mean wound number 2. You are going backward now, sir.

Q Let me go back over it again. Wound number 3 is one inch from the center, wound number 2 is two inches from the center, that's correct, isn't it?

That is correct, sir.

Q All right. Now, then, let me go to the other side of the head, to the right side, and I come to wound number 5.

Wound number 5 is a ragged sort of a crescent shaped cut?

A That's correct.

Q Two and a fourth inches above the supra-orbital ridge, that is this ridge here?

A That is correct.

Q It would be up here?

A That is correct.

Q And that wound measures one inch from the mid-line, doesn't it?

A That's correct.

Q It is a very small wound, one-half inch by one-fourth?

That's correct.

Q And you found in that wound that the skin, in addition to it being ragged and contused and lacerated, the skin had been scraped off?

A It was abraded, yes, sir.

Q Around the edges?

A Correct.

Q Now, then, I go to wound No. 5.

A You just read No. 5.

Q Did I read No. 5? I will go to wound No. 6. Wound No. 6 is the same type of an injury; that injury is two inches from the midline?

A That's correct.

Q And the size of that is one by one-fourth of an inch?

A One by one-half inch, sir.

Q Now, under those particular wounds, as you felt them, you could feel that there had been a cracking of the frontal bone?

A That is correct.

Q That is from wound No. 1 to wound 6?

A Yes, sir.

Q Now, then, the next wound is wound 7, and that is described as "a gaping contused elliptical laceration," which means tear, "measuring one by one-fourth" --

A One by a half.

Q I wish the Coroner would get a new machine. One by a half --

MR. DANACEAU: Get some new glasses
instead of a new machine.

MR. CORRIGAN: That might be a good
suggestion. These I have had for about 15 years.

Q "In the right frontal region centered two inches above the

right supra-orbital region and three inches from the
midline."

You have located it correctly, sir.

Now, let me see. You have a situation in regard to these
wounds that beginning at wound No. 2 and going over to
wound No. 7, and finishing at wound No. 7, there is a
distance between each of those wounds of one inch, isn't
there?

No, because one and two, there is a distance of a half-inch.
Beginning at wound No. 2, I said.

Going from 2 to 3, there was one inch, and then there was
one in the approximate center of the head, that was No. 4 --
Now, wait a minute, Doctor. From 2 to 3 there is one inch,
isn't there?

That's correct.

From 3 to 4 there is one inch?

That's right.

From 4 to 5 there is one inch?

That's right.

From 5 to 6 there is one inch?

That's correct.

From 6 to 7 there is one inch?

That is correct.

Now, wound No. 7 -- wait a minute, now, I have got some-
thing on my mind. Looking at wound No. 2 --

A 2, yes, sir.

Q The size of that wound is exactly the size of wound No. 6?

A No, it is not, sir. They are the same in length, but their width is different.

Q Well, wound No. 2 is one by one-half inch.

A One by a quarter, according to my notes, sir.

Q One by a quarter. I have on this report that wound No. 2 measures one by one-fourth inch. Do you have that?

A I do, sir.

Q And I have on this report that wound No. 6 measures one by one-fourth inch.

A I have it typed as one by one-half inch, sir.

Q Where is the original of these --

A This is the one from which yours was typed.

Q Here. Look here, Doctor, what I am reading from. I am reading from this, "There is a contused crescentic laceration measuring one by one-fourth inch."

A No. Read this here.

A I can read it without that glass.

Q You can.

A You are perfectly right there.

Q I am right. Now, then, I turn to No. 6. "There is a contused laceration measuring one by one-fourth inch,"

A that's right, isn't it?

A That's right.

Q I am correct?

A That is right.

Q Now, let me see what this was taken from. Where is the original?

A Here is the original.

Q "No. 2, there is a contused laceration measuring one by one-fourth inch."

A Correct.

Q The same as I have here?

A Right.

Q "No. 6, there is a contused laceration measuring one by one-fourth inch."

A Correct. This one is in error.

Q Your papers are in error?

A This one is in error.

Q Well, I think you better throw that away and take the original, Doctor.

A Yes. I will be glad to.

Q Now, so that the size of wound No. 2 on the left side of the forehead and wound No. 6 on the right side of the forehead are the same size?

A That is correct.

Q And wound No. 2 on the right side of the forehead --

A Wound No. 2 is not on the right side.

Q On the left side.

A That's better.

Q Wound No. 2 on the left side of the forehead is one and one-half inches, the bottom of it or the base of it is one and one-half inches above the supra-orbital ridge?

A I have it as one and a quarter.

Q One and a quarter.

A Supra-orbital margin.

Q From the supra-orbital margin. That would be the bottom of my eyebrow here?

A That's right.

Q And wound No. 6, which is exactly the same size as wound No. 2, is relatively in the same position as wound No. 2?

A It is in the same relative position, but it runs in a different direction, sir.

Q It runs in a different direction, but it is roughly in the same position?

A Yes, that is correct.

Q So that you have a sort of a circle of wounds there, each one inch apart?

A There is a roughly general pattern appearance of the injuries.

Q There is a general pattern.

Q Now, I want to talk about the wounds on the side of

the head. On the right side of the head you have wound No. 8 listed?

A I do.

Q And that is just above the ear?

A Yes, sir. It is in the right parietal region here, sir.

Q And the size of that wound is one by one-fourth inch?

A That is correct.

Q The same size as wound No. 2 and wound 6?

A That is right.

Q And then you have a wound just in front of the ear on the right side which is 5/16 of an inch by 1/8 of an inch?

A That is correct.

Q Can you tell how far -- does the record show how far that wound penetrated?

A That went through the skin and the subcutaneous tissue.

Q What's that?

A It goes through the skin and the tissue under the skin.

Q It does not go into the bone?

A No, sir.

Q Now, then, on the top of the head, the left top of the head, you have wounds 11, 13, 14 and 15. Check those, will you, Doctor?

A 11, 13, 14, 15, yes. You are omitting 12.

Yes. For the moment.

A All right, sir. I have them in front of me.

Q And they are the same kind of wounds that appear on the front of the -- on the forehead?

A They are the same nature of injury, bruised tears.

Q Tear, torn and bruised?

A Correct.

Q And wound No. 11 is two inches, wound No. 13, which would be the next one on the top of the head above the ear, is two and a half by one-half?

A That should be by one-half. I'm sorry. That's a

A typographical error there. That should be two and a half by one-half.

Q Is that the way it reads there?

A Yes. It is marked one-half, but I have corrected it at the time, and I initialed it, and it should be one-half.

Q You corrected it on that day. Two and a half by one-half.

A And No. 14 is two and a quarter by one-half, is that right?

A I have that as two and a quarter by a quarter here, sir.

Q By what?

A Two and a quarter by one-quarter.

Q And 15, which is the fourth wound there, is one and a half by one-quarter?

A That is correct.

Q Now, each one of those wounds on the top of the head is

separated by a half an inch?

A One was separated by a distance of a half to a quarter of an inch from the neighboring wound, and a second was separated by a distance of one-half inch, and the last one by one-half inch.

Q At least three of them were separated by half an inch?

A That is correct.

Q And the other one, the bottom is a quarter of an inch away, but the top is a half-inch away?

A That is the general appearance.

Q Now, there was a wound on the left side of the head in the temporal region. Would you kindly just point to where that was?

A About here, sir (indicating).

Q Did you measure how far away that wound was from wound No. 1 on the left side of the head?

A I didn't measure that distance between those two. I located --

Q You did not measure it?

A No. I located it in a different fashion.

Q Well, we have no way of determining how far that was from wound No. 1?

A Not from these individual measurements.

Q I see. All right. And that wound was a sort of a jagged

cross-shaped thing?

A That is correct.

Q It was different than any of the other wounds?

A It was the only cruciate laceration that I discovered.

Q Now, then, let me turn to the eyelids, and the eyelids, you say, the right eyelid was swollen, and the left eyelids were swollen, but the right eyelid was swollen more than the left eyelid?

A That is correct.

Q And on the upper lid and the lower lid of the right eyelid there was an abrasion?

A That is correct.

Q One-half inch by one-fourth inch?

A Correct.

Q Very tiny?

A As we measure it.

Q And that abrasion again was a scraping-off of the skin of the lower eyelid and the upper eyelid?

A That is correct.

Q It was not a blow?

A Do you mean could it have resulted from a blow?

Q Yes.

A It could have resulted from a blow, yes, sir.

Q Well, if it could have resulted from a blow, you surely would have had more than just an abrasion?

A It depends with what force and with what type of an instrument the blow was inflicted, sir.

Q Well, nobody knows what force or what type.

A That's correct, but we cannot eliminate a blow as the causitive factor of those injuries.

Q Well, anyway, what it amounted to was a quarter of an inch or a half-inch scraping of the skin on the upper eyelid and the lower eyelid?

A That is correct.

Q What?

A Completely correct.

Q And the eyelid was swollen, discolored?

A That is correct.

Q Now, when Mrs. Marilyn Sheppard was brought into the morgue, you say in your autopsies that lividities were present.

A Lividities were present.

Q But you do not say in your autopsy report where the lividities were, do you?

A Let me check, please.

Q Check it.

A I have noted that postmortem lividity, or the lividity that we see after death is noted as being dependent. That means on the lower surfaces of the body.

Q But you say that the lividities were dependent, that is all it said in there, isn't that correct?

A That is correct.

Q And we have to get you to find out what you mean when you say lividities were dependent, don't we?

A I will be happy to explain it.

Q Yes. Your notes are gone, and there isn't any way of checking you, is there?

A It is so noted in the notes in my hand.

Q The notes in your hand. Now, when you say lividities are present, I have to trust to your memory, don't I?

A No. We have got it written in black and white here, sir.

Q Let me see where it is written in black and white.

A "Postmortem lividities dependent" is noted in the first paragraph.

Q Now, let's tell the jury what lividities are, so that they know what they are, what we are talking about.

A Following death, when the circulation has ceased and the heart stops beating, the blood, which has previously been in motion and circulating, now settles like any other fluid to the lowest part of the body, and when we say lividity dependent, we mean that the blood has accumulated in that part of the body which was lowest as the individual lay dead, and in a case of Mrs. Sheppard, it meant that the blood

had puddled or accumulated under the skin over the back of the body, back of the legs. That is what we mean by postmortem lividity is dependent.

Q The blood settles or goes stagnant?

A That's correct.

Q In the back part of the body and the legs?

A Back part of the entire trunk, the body.

Q Well, it not only becomes evident in the back part of the body, but becomes evident all over the body, doesn't it?

A Lividity, sir?

Q Yes.

A No, because if the blood settles to the lowest part of the body, it can't be apparent on the uppermost part of the body.

Q But some of it may settle in the face?

A If we die face down, it will settle in the face. If we die face up, it will not settle in the face.

Q Never?

A To my knowledge, never. It would mean that water would be running uphill. This is against the law of gravity.

Q Certainly you have seen a body that hasn't been embalmed for two or three days, haven't you, or for 24 hours?

A Yes, many-a-time.

Q And you have seen the discoloration occur in the face?

A A body that was lying on its back, sir?

Q A man that died in his bed.

A Lying face up or face down?

Q Face up.

A And his face is discolored two days later?

Q Yes.

A That is not the result of postmortem lividity. That is the result of postmortem decomposition.

Q Well, isn't that the result of the blood that is in the veins?

A It is the result of the breaking down of the blood as a result of post-mortem decomposition.

Q So all the blood doesn't go down into the back?

A The bulk of the blood.

Q I am talking about the bulk but not all of it.

A There is a little bit of blood everywhere.

Q And that is the reason why the undertakers embalm bodies, to draw all that blood away so that the remains have a pleasant appearance rather than the mottled appearance or the discolored appearance that follows death?

A They improve the cosmetic appearance of the body, sir.

Q Now, very often -- and this can happen -- these lividities or stagnation of blood, can be taken for a bruise?

A It might be possible to confuse it.

Q And there is a simple way of determining whether you have a lividity or whether you have a bruise?

A That is quite true.

Q How do you determine whether there is a lividity or a bruise?

QA One way is to merely look at it, and to the trained eye in a body which has not been dead too long the difference between post-mortem lividity, as we see it in our day-to-day experience, and a bruise or a contusion, as we see it in our day-to-day experience, is readily apparent.

Q Well, you just do it by the naked eye?

A That is the usual way in which we function.

Q There are blood vessels all through the eyes, and when Mrs. Sheppard died there was a stagnation of the blood vessels and the blood in the eyelids, wasn't there?

A The blood --

Q There was a stagnation of the blood and the blood vessels in the eyelid?

A The circulation was stopped, of course.

Q And you don't mean to say that all this blood that is in the body goes down into the back and the legs?

A The bulk of it does, sir.

Q Well, you found blood in the brain, didn't you, you didn't find --

A It is only the blood which is still present within the blood vessels, and that's still fluid.

Q Well, the blood in the brain is present in the blood vessels, isn't it?

A Are we talking about this case in general -- specifically or in cases in general, sir?

Q I am talking about cases in general. I will talk about this case specifically after a while.

A All right. Will you repeat your question, please?

Q Let's talk about this case specifically. There was blood, you say you found, in the cranial cavity?

- A Yes, sir, there was free blood there.
- Q So that blood didn't flow down into the back, did it?
- A The blood had gravitated inside the skull, the subdural hemorrhage, which was fluid blood and it gravitates to the lowest part of the head if the body lies face up.
- Q Where was the blood found when you opened the scalp, in which part of the cranial cavity?
- A We didn't see the cranial cavity when we opened the scalp. You mean when we opened the skull, sir?
- Q When you opened the skull.
- A When we cut the membrane, fluid blood ran out.
- Q Which way?
- A Downward, obviously.
- Q Well, the fluid blood that ran out must have been somewhere up in the cranial cavity?
- A It was there before it was permitted to escape.
- Q So I say that blood didn't run down, to make the cadaveric lividities, in the back and the legs?
- A Only the blood in the trunk would settle to the back of the trunk. The blood that was in the legs would settle to the back of the legs.
- Q So the blood that is in the face may create a cadaveric lividity on the face?
- A Post-mortem lividity in the face.
- Q Yes.

A The blood that is in the blood vessels would tend to drain backward and the face usually is pale in front if the individual dies face up.

Q Well, now, you can form a very simple test; if you are distinguishing between a bruise and a lividity caused by death that stagnates the blood in the blood vessels, all you have to do to determine whether it is a bruise or whether it is a cadaveric lividity is to press on it with a knife or some sharp instrument?

A That's correct, you can do that.

Q And if it is a bruise, it will stay looking like a bruise?

A That's right. The color won't disappear.

Q The color won't change. If it is a cadaveric lividity, the color will change under the pressure of the knife?

A It will pale out.

Q Did you try that on the eyes?

A It was obvious to me that the eyes were --

Q Did you try that simple thing on the eyes?

A I did not, sir.

Q All right. Now, when there was a breaking of the frontal bone, the tendency of the blood that runs both inside and outside would be to run down under the eyes?

A Under the eyes?

Q Under the lids?

A Yes, there will be an escape of blood into the soft tissue

of the lids.

Q Under the lids, is that right?

A Into the lids.

Q Into the lids. And that may have caused the appearance of these lids?

A That could account for it, certainly.

Q All right. Now, after we leave the head and come to the hands of Mrs. Sheppard --

MR. CORRIGAN: Do you want to have a recess before I do that, your Honor?

THE COURT: Pardon?

MR. CORRIGAN: I say, do you want to have a recess before I go into the hands?

THE COURT: Perhaps it is a little early, but it is all right with me.

Ladies and gentlemen of the jury, we will have a few minutes' recess at this point. Please do not discuss this case.

(Recess taken.)

Q Now, I take, Doctor, the back of the right hand, and that includes item 28, "There is a contused abrasion one-fourth inch over the right radius measuring seven and a half inches proximal to the tip of the right thumb."

Now, you take the tip of the thumb and you measure seven and a half inches down this way?

A That's correct.

Q The radius is the bone that is on the inside of the arm?

A On the thumb side of the arm.

Q The thumb side of the arm?

A That's correct.

Q There is an abrasion, that is a rubbing off of the skin?

A That's right.

Q One-half inch by one-fourth inch?

A It measures a quarter of an inch in diameter.

Q Have you no other measurements on it?

A I have a contused abrasion measuring one-fourth inch over the right radius centered seven and a half inches proximal to the tip of the right thumb.

Q How wide is it?

A A quarter of an inch. It was a round thing and the diameter would be the width.

Q A quarter of an inch in width?

A That is right.

Q I see. Now, the next wound that you have listed there is number 29, and that is an abrasion of two inches by three-fourths of an inch on the back of the right wrist?

A That is correct.

Q Then you have an abrasion at the joint of the right forefinger one-half inch by one-fourth inch, is that correct?

A That's right. That's number 31.

Q And number 32 is an abrasion on the fourth finger, or what we usually call the ring finger, of the right hand, which is one-fourth inch by one-eighth inch?

A That's correct.

Q That is an abrasion, that is a rubbing off, both of those are rubbing off of the skin?

A That's correct.

Q Now, then, when you took the little finger, the joint was loose?

A That's correct.

Q But there was no abrasion on the little finger, was there?

A There was. It is not noted in the autopsy, sir.

Q Oh, it is not noted in the autopsy?

MR. DANACEAU: If the court please, may we have an absence of these histrionics that occur? If Mr. Corrigan wishes to ask a question, let him ask a question and not make speeches.

MR. CORRIGAN: I am asking questions.

THE COURT: The jury will disregard anything beyond the statement of Dr. Adelson on the subject.

Q And now, again, after four months' time, you are depending upon your memory to tell me that you have not noted in this official record that there was an abrasion on the little finger?

A I am not depending on my memory, sir.

What are you depending on?

A The picture which showed it.

Q Pardon?

A The picture which was showed yesterday demonstrates it very clearly.

Q You are depending upon the picture?

A Yes, sir.

Q But the picture was developed three or four days afterwards, and this report was the report that was made that particular day?

A That's correct.

So it isn't in here?

A That is correct.

Q Well, that was an abrasion, then, you say?

A It was.

Q Let's see the picture.

MR. DANACEAU: Do you know which
number it is, Doctor?

THE WITNESS: The left hand has
the torn fingernail.

MR. CORRIGAN: Let me see the
photographs. Were they introduced in evidence?

MR. PARRINO: Yes. Would you
like the rest of these, too, Mr. Corrigan?

MR. CORRIGAN: Yes, I would like
to see the rest of them.

Q I think this is the right hand, and you are right about
that, it shows some kind of an injury to the little finger.
A Yes, sir.

Q The little finger, you concluded it was broken?

A There was this crepitus or grating sensation when I
manipulated it, and a reasonable inference would be that
it was broken.

Q And pointing to wound No. -- what would that wound be
that is on the right finger?

A That would be No. 32.

Q And that is an abrasion?

A That is correct.

Q So that on the right hand you have one, two, three, four, five abrasions?

A Correct.

Q On the back of the right hand?

A That is right.

Q It indicates a struggle, doesn't it?

A It indicates --

MR. DANACEAU: We object to that.

THE COURT: Indicates what?

MR. CORRIGAN: A struggle.

THE COURT: Objection will be sustained.

MR. CORRIGAN: All right.

Q Now, on the back of the left hand you have items 34 and 35, which I guess are the last, and item 34 is an abrasion that is measured by taking the tip of the finger and measuring 10 inches --

A The tip of the left middle finger, that's right.

Q And measuring 10 inches so that it hits just below the wrist?

A It is 10 inches from the tip of the finger.

Q And that is an abrasion?

A Yes, sir. There was a contused abrasion or a bruised scrape.

Rings Remaining

Q Now, the fourth finger or the ring finger of the left hand is the finger where the nail is hanging off?

A That is correct.

Q And that was the finger from which this man was removing the rings, the man in the morgue was removing --

A He removed some rings from the left hand. It may well have been the fourth finger.

Q You don't know what finger it was?

A I didn't know that at that time. I know he was slipping the rings off.

Q Now, I just want to make a comparison, Doctor, so that I have it in the record. Wound No. 1 and wound No. 7 are the same size?

A That is correct.

Q Wound No. 2, which is on the left side here, and wound No. 6 are the same size?

A That is correct.

Q Wound No. 3, which is on the left frontal region, wound No. 10 which is in the front of the forehead here, wound No. 15 which is on the left side of the head, are the same size?

A They are about an inch and a half -- or an inch and a quarter.

Q And you have four wounds which are one-half inch by one-

A fourth inch, and that is wound No. 5?

A Correct.

Q Which is on the right side of the forehead, wound No. 9 which is in the back of the head --

A Right.

Q -- wound No. 18, which is in the upper eyelid?

A Right side.

Q And wound No. 19, which is on the lower eyelid, they are all the same size?

A They all have the same dimensions, that's right.

Q These wounds on the hand are not fatal wounds?

A No, sir, they are minor injuries.

Q The wound on the surface of the mouth is not a fatal wound, is it?

A No, sir.

Q The wound of the eyes or the condition of the eyes are not a fatal wound?

A That's right.

Q The wound on the nose is not a fatal wound?

A That is correct.

Q Now, the fatal wounds, in your opinion, are the wounds in the head?

A Yes, sir.

Q Now, wounds 1 to 7 fractured the frontal bone?

A That is correct.

Q The forehead. Wound 13 --

MR. GARMONE: 11 to 15, but
excluding 12.

MR. CORRIGAN: Wait a minute. I
will get it right.

Q Wounds 11, 13, 14 and 15, have you got them there?

A Yes, sir, I have them in my hand, sir.

Q Are the wounds on the left side of the head above the ear?

A That is correct.

Q There are no fractures under those wounds?

A No, sir.

Q The scalp is cut?

A The scalp is torn.

Q Yes. The scalp is torn. Wound No. 8 and wound No. 16 --
wound No. 8 is on the right side of the head?

A That is correct.

Q There is no fracture under that?

A That is correct.

Q The scalp is torn?

A That is right.

Q An inch-by-a-quarter-inch. Wound No. 16 is a very slight
wound, torn wound, right alongside the external auditory
meatus?

A Yes, sir. It is right here in the front over the joint.

Q And the external auditory meatus as used in this description means the opening in the ear?

A That is the meatus.

Q They have been criticising my language back there, these reporters, from time to time, my pronunciation, but we understand one another, at least?

A I believe we do, sir.

Q Now, these wounds on the top of the head, on the left side, were they fatal wounds?

A The wounds involved only the scalp, and in and of themselves, would not be fatal.

Q And the same is true of the wounds on the right side of the head?

A The injuries to the scalp alone would certainly not be fatal.

Q Now, then, we go back to the back of the head. We have this small wound on the back of the head -- I forget what size it was -- but it was pretty small, as I remember?

A A half by a quarter, sir.

Q Half by a quarter. That did not penetrate into the scalp at all, did it?

A That went only partially through the scalp.

Q And when you get to wound No. 7, which is the farthestmost wound on the right side of the forehead, there is no

fracture under that wound?

A I believe there was a fracture.

Q You haven't got it in your autopsy.

A "The underlying bone is exposed" --

Q Wait a minute, now. Look at your autopsy and see what you say about it. In your autopsy you classify 1, 2, 3, 4, 5, 6, and then you conclude and say "comminuted fractures of the frontal bone are visible and palpable in the depths of the lacerations described above."

Is that correct?

A That is completely correct.

Q Was that correct what I read?

A Yes, it was, completely, sir.

Q Then you come to wound number 7, "There is a gaping contused elliptical laceration measuring one by one-half inch in the right frontal region centered two inches above the supra-orbital ridge and three inches from the mid-line. The underlying bone is exposed." You say nothing in here about a fracture?

A Let me understand the question. Do you mean was the bone fractured or was a fracture line visible?

Q You understand me clearly.

MR. DANACEAU: If the Court please,
it is a very fair question that the witness asked.

MR. CORRIGAN: What is it now, gentlemen?

THE COURT: The doctor wants to
know just what you have in mind, Mr. Corrigan.

Q I don't want to know anything except this: That there is nothing noted in this autopsy about a fracture under wound number 7, is there?

A There is later in the autopsy a note saying that the entire frontal bone is splintered, and this wound is over the frontal bone and, therefore, there was a fracture under it.

Q Wound number 7 you have described. You have described wounds 1 to 6, haven't you?

I have, sir.

Q At the conclusion of your descriptions of wounds 1 to 6 you

say there are fractures under those wounds, don't you?

A That's correct.

Q You then describe wound number 7?

A Correct.

Q And you say nothing about fracture under that wound, do you?

A I could not see a fracture line through the skin. That does not mean that there was not a fracture there.

Q Well, my gracious, you did not -- you couldn't see a fracture line under the skin. You didn't write this until you had exposed the entire bone?

A This was written objectively in the order in which I saw it from the outside.

I am afraid that you are trying to run around me, Doctor.

MR. DANACEAU: We object.

MR. MAHON: I object to that.

MR. DANACEAU: We object to this sort of a comment.

THE COURT: Ladies and gentlemen of the jury, would you be kind enough --

Q I will have to go back.

THE COURT: Just one moment, please. Will you be kind enough to disregard that remark entirely. Just forget about it.

I will have to go back. When you got through with your autopsy, you stated to me that you dictated into a machine,

didn't you?

A I did, sir.

Q And you dictated into a machine after you had completed your entire autopsy, didn't you?

A I did, sir.

Q Yes. And the result of your dictation after you had completed your entire autopsy is what appears upon this report, doesn't it?

A It does, sir.

Q Yes. Now, the completion of your description and your autopsy shows this fact, does it not, that you described and dictated into that machine your description of wounds 1, 2, 3, 4, 5 and 6; is that correct?

A I did, sir.

Q And at the end of 1, 2, 3, 4, 5 and 6 you dictated into that machine, "Comminuted fractures of the frontal bone are visible and palpable in the depths of the lacerations described above"? That is the way you dictated, isn't it?

A I did, certainly.

Q Then you came down to wound number 7, "There is a gaping contused elliptical laceration measuring one by one-half in the right frontal region centered two inches above the supra-orbital ridge and three inches from the mid-line. The underlying bone is exposed."

Now, when you dictated that, you had exposed the frontal

bone, you had made your entire examination and you say nothing there about fracture under number 7, do you?

A May I explain it?

Q No.

MR. MAHON: Well, now, I ask that the witness be allowed to explain it.

MR. CORRIGAN: You can take him on your redirect examination, if you want to.

MR. MAHON: You asked him a question now.

MR. CORRIGAN: I asked him a question and I got an answer.

THE COURT: Let him give his answer in full what the answer is. Let's hear it all.

THE WITNESS: Thank you.

The autopsy was dictated, as Mr. Corrigan said, at the completion of the anatomic examination. However, the description as it is noted in the autopsy is in the form in which the autopsy was done. So when I described injury number 7 and I did not describe a fracture, I meant that when I examined it from the outside, when I measured the injury from the outside there was no fracture line visible in the wound.

A Now, when we completed the autopsy and when we went

and opened the head, then the fracture lines are visible and it is so noted later in the autopsy.

Well, my dear Doctor, you are saying now that they weren't visible. You say right here, "Comminuted fractures of the frontal bone are visible"?

In 1 to 6 from the outside. In injury 7, there was no fracture visible.

But you say that comminuted fractures in the frontal bone are visible?

And palpable, in injuries 1 through 6, and in number 7 I couldn't see the fracture from the outside. Had I seen it, it would have been so noted in my external examination, sir.

Well, all right. Anyway, we've got fractures on the frontal bone?

We have.

Now, were the fractures the cause of death?

Fractures of the skull do not cause death as such.

In the fractures of the frontal bone of the -- there are two tables to the skull, aren't there?

There certainly are.

Were the fractures through both tables?

Yes, sir, they were complete fractures.

Does it show in your autopsy whether the fractures were through both tables?

In my description?

Q Anywhere in your autopsy?

A Yes, sir.

Q Show me where?

A "Calvarium reveals comminution and splintering of the entire frontal bone."

That, to me, indicates that the bone was broken into pieces, and completely so.

Q Now, then, when you took off the calvarium -- will you tell what that is, Doctor?

A The calvarium is the roof of the skull, sort of like an inverted soup bowl when you remove it.

Q And where does it start?

A The calvarium is usually considered to be above the -- from the hairline to the back, what you could cover with a good size skull cap.

Q Doesn't it include the forehead, also?

A We don't make a cut in the forehead when we talk about the calvarium.

Q You don't cut the forehead?

A Not if we can help it.

Q Well, I have seen some skulls cut, and I find that they are cut along the forehead.

A As a result of an autopsy?

Q Well, I don't know whether they were the result of an autopsy or whether they were the result of experimentation

by doctors.

There is a difference in procedure. The one used is dependent upon the purpose that one is trying to carry out. In an autopsy, where the body is to be viewed by the family, we try to make our incisions above the hairline so that there will be less evidence visible of the autopsy to the family later.

Well, you took off the top of the head, and that exposed the brain to you?

It exposed the membranes that cover the brain, sir.

And you are sure that the frontal bone -- so the jury understands that, what we are talking about, the bone of the skull has an outside bone and an inside bone?

It has an outside layer and an inside layer with bone in between.

With sort of a honeycomb construction in between the two layers of bone?

That is a good way to phrase it.

So that it consists of what is called an outer plate and an inner plate?

Plate or table.

Outer table and an inner table with this honeycomb in between.

You say that both layers of that bone were split in the front?

That's correct.

Right through?

The bone was completely fractured.

Right through into the brain?

No, I didn't say into the brain. I said --

Right behind the bone is the brain, isn't it?

The brain is behind it, yes.

Yes. Now, when you took the covering off so that the brain was exposed and you looked at the brain was there any bleeding visible inside the brain?

Inside the brain?

Under the skull?

Do you mean was there evidence of bleeding on the surface of the brain?

On the surface of the brain?

Yes, there was, sir.

And where on the surface of the brain was the bleeding?

It was over all the upper surfaces of the brain, including what is called technically the cerebral hemispheres, the large part, and the cerebellar hemisphere, the parts that are in this region here.

Now, the brain has a covering which is called -- it has three coverings, which are called the dura, which is the first layer?

That's correct.

That covers the entire brain, both the top and the bottom?

Yes, that's correct.

And goes down the spinal cord?

It is in continuity with the dura that covers the spinal cord.

Was there any -- I will withdraw that.

Can you describe to the jury the texture of that covering?

The dura is a tough, fibrous covering which is quite strong.

How thick is it?

It is about a sixteenth of an inch, I would say, in a healthy person.

A sixteenth of an inch. Was there any cutting or bruising of that outside covering of the brain?

No. The dura was intact.

All right. Now, then, below the dura you have another layer, which is called the arachnoid?

Arachnoid, sir.

Arachnoid, thank you. And what is the thickness of the arachnoid?

The arachnoid is very thin, delicate and filmy. I think it measures less than a sixteenth of an inch.

It gets its name -- it is like a spider web, isn't it?

Yes. The term arachnoid means spider-like.

And it is a complete mass of veins?

I don't follow your question.

Veins, blood vessels?

Yes, in the subarachnoid space are located the major blood vessels of the brain and also the spinal fluid.

And below, the next layer that covers the brain is the pia mater?

That is correct.

And that adheres closely to the brain?

That fits the surface of the brain the way the skin on your hand fits your hand.

Now, when you removed this calvarium and could look down into the brain, you could see that there was no breaking of this outside surface of the brain?

The dura was intact, that's right.

And then did you proceed to remove the brain from its chamber in the head?

Yes, the brain was removed.

How did you do that?

After the top of the head is removed, the dura is incised or cut and reflected or peeled back, and then the brain is gently picked up and its attachments by the blood vessels and the spinal nerves are cut with a knife or a scissors, and it is gradually and carefully removed from the cranial cavity in which it normally rests.

Did you cut the outside covering of the brain?

The dura?

Yes.

Certainly.

Did you cut it from front to rear?

I wouldn't remember how I cut it. We usually take and follow the saw marks that we make in the skull. That is the usual procedure.

When you sawed the skull off, did you saw it in a rounding shape, like that (indicating)?

No, sir, it was not necessary to saw the front part of the skull because it was already separated at the seams, as we previously discussed. So we made some cut marks or saw cuts in this fashion here, and the top of the head was removed. (Indicating)

And then you cut the dura?

We opened the dura, yes, sir.

In opening the dura, of course, did your knife -- what did you do it with, a knife?

We usually use a scissors.

Did it come in contact with the arachnoid?

We try to be very careful that it does not, sir.

It is very difficult not to?

We manage to avoid it as a result of a lot of experience.

You manage to avoid it. You are sure that in disposing of the -- in cutting that dura, that you didn't interfere with the arachnoid, or cut the arachnoid, are you sure?

I am quite sure that the brain was removed carefully and competently.

That was all done by you?

Yes, I did that, sir.

Now, I've got to put up the easel for a moment.

I just want to draw a picture, Doctor, because I am going to ask you some questions.

Certainly.

So the jury will understand what we are talking about. I am not a very good drawer, so you will have to use your imagination to some extent, and so will the jury.

I want to draw the top of the head.

Now, that represents a head.

A Yes, sir, I can recognize it.

Now, assuming that this line here, or this line here going up represents the top of the head, the top of the skull -- Yes, sir.

-- and assuming that this line here represents the base of the skull --

I am with you.

-- and in the base of the skull there is an opening through which passes the spinal cord?

That is correct.

Down like this. I think it twists a little bit and goes down and around it is formed the back-bone?

Yes, the back-bone surrounds it and protects it.

Now, this space here, which we have marked as an I, represents -- what do you call that?

The orbit, the eye socket.

The eye socket?

That's correct.

And if we have a skeleton, that is kind of like a pyramid?

That's right. It is a pyramidal-shaped thing with the base of the pyramid on the front.

And there are openings through which the nerves pass from the base of the skull into the eye socket?

There are such openings but not ^{if} --/that chalk mark you drew is to represent an opening, it is incorrectly located, sir.

It would be more in the back.

It would be farther back towards the rear. Now, the brain fills all this space, doesn't it?

That is the general location, yes, sir.

And comes right down and fills the space above the eye socket and back of the forehead?

That's correct. It comes right up almost in contact with the bone there.

So that although you had the splintering of this frontal bone, you had no breaking of the brain covering that was right bang up against the frontal bone?

That's right. The dura was not torn.

Now, we will leave the brain for a moment, and I want to talk about something you have in your autopsy that you claim resulted from this splintering of the frontal bone. When you took this off, you could look down here and see the condition of the frontal bone and the base of the skull?

That's right. After the dura was removed -- after the brain was first removed, and then the dura, then the front of the skull was visible.

And this floor was visible?

That's right. The entire floor of the cranial cavity.

Now, as I understand it, the floor of the skull upon which the skull rests --

A The brain rests.

Q Yes. Is suspended, has three different sections?

A That's correct.

Q I am using your autopsy now, because the language in your autopsy says that the frontal fossa was affected.

Q I think the frontal fossa is what you --

A I said the anterior or the front. The anterior means the fossa or the space that is closest to the front of the head.

Q That would be this part here?

A That's right.

Q When you are talking about the base of the skull, you talk about the anterior, which, in your language, is the front?

A Correct.

Q And the middle?

A Right.

Q Which is the same in our language, we who are not doctors, and the posterior, which is the back?

A Correct.

Q Now, did you find any injury to the posterior base of the skull?

A None whatsoever.

Q Did you find any injury to the middle base of the skull?

A No, sir.

Q Your injury, then, is confined to the frontal base of the

skull?

A That is correct.

Q Now, you say "the floor of the cranial cavity reveals severe communiton involving the anterior cranial fossa."

A Right. I am with you.

Q That would be up here in front?

A That is exactly right.

MR. MAHON: Step back. These jurors can't see it, if you are trying to show them something.

MR. CORRIGAN: Can you see it?

MR. MAHON: When you are not standing in front of it.

Q Well, that would mean this part up here?

A That's correct. You have located it correctly.

Q The front floor. Now, then, you further say, "The roofs of both orbits are splintered and fragmented, and the interior of the frontal sinus is visible."

A That's correct.

Q Now, when you say that, you are saying that the roof over the eye is the part that is splintered?

A That's correct.

Q What?

A Yes, sir.

And when you say that the frontal sinus is visible, you are referring -- when the skull or the frontal bone comes down toward the eye, it separates, does it not?

A It becomes hollow.

Q There is a hollow right at the top of the eye?

A Yes, sir. There usually is.

Q In other words, the inner plate, which is up at the top of the head, and which is separated from the outer plate by this honeycomb situation, disappears, and the two plates separate?

A That's right.

Q Just above the eye, leaving a hollow there?

A That's correct.

Q Over both eyes?

A That --

Q Now, that is the thinnest part of the skull, isn't it?

A The frontal sinus has thinner walls than the adjacent areas.

Q And the splintering that took place was the splintering of this base of the skull that is in the vicinity of the frontal sinus and over the eye, is that correct?

A Yes, sir, completely correct.

Q All right. Now, then, you had a separation of a suture, and in one place you say frontal suture, and in another

place you say coronal suture, am I correct?

Yes, sir. The same suture.

The separation of the suture would release pressure on the brain, would it not?

I suppose you might look at it that way.

When you have a brain hemorrhage, one of the things you do to relieve it is to lift up the skull so that that pressure that is on the brain is relieved if it is due to a hemorrhage?

Yes, sir. That is called decompression. They elevate a flap or take a flap of bone out.

Now, in these wounds -- in the breaking of this frontal bone, there was no bones driven back into the brain, was there?

No, sir. The fragments were not depressed.

It was cracked?

It was broken completely through, but not pushed in.

It was cracked, then?

Cracked or broken.

Now, the head and the frontal bone especially, and the frontal part of the brain, will stand a great deal of abuse without causing death?

That is a pretty broad statement. I don't know if I can accept it in the way in which you phrase it.

I say the breaking of the skull and the cracking of the skull

is not a thing that causes the damage, it is the effect that the breaking of the skull has upon the brain?

A I don't think we can completely eliminate a comminuted skull fracture as completely innocuous or harmless of the severity that I found in the head of Marilyn Sheppard, sir.

Q Yes, but I say this, or I ask you this question:

You can have skull fractures, and you can have a number of skull fractures but if you just have the breaking of the skull without injury to the brain, you have no fatality?

A You raise a peculiar situation, because sufficient violence --
What?

A Sufficient injury or violence to fracture the skull, as you have described it, would invariably be accompanied by severe injury to the soft brain beneath.

Q Well, supposing it isn't?

A Suppose the brain is not injured, as such?

Q Yes.

A The effects would be less damaging to the victim.

Q And the effect upon the frontal part of the brain, the cracking of the skull in the frontal part of the brain, is less damaging than, for instance, the cracking of the skull in the occipital part of the brain?

A You mean just the skull fracture itself?

The skull fracture, yes.

A I think that a skull fracture of equal severity in any part of the head has equal effects as such without further qualification.

Q Now, as a matter of fact, don't you know this, Doctor:

A That you can drill into the front of the brain and take part of the brain out?

QA I am quite familiar with results of neurosurgical work.

Q You are familiar with that operation?

AA Yes. They do prefrontal lobectomies.

Q You are familiar with that operation that they do among the insane?

QA Yes, that is a pre-frontal lobotomy.

QA Where they drill into the head and remove part of the frontal part of the brain?

A Certainly. Any part of the brain can be operated on.

Q And the frontal part of the brain is the part that controls -- is the seat of memory and understanding?

QA You could phrase it that way.

QA And that can be removed and taken out?

A Yes, sir, certainly.

QA And they can take out the whole frontal part of the brain?

AA Up to a point.

Q Yes; up to what point?

AA Until you reach the point where you start interfering

with vital functions.

Q Well, the vital functions are in the frontal part of the brain as well as every place else?

A No, sir. That is not true, sir.

Q Well, your memory would go?

A Memory is not a vital function of the brain. You can live without a memory.

Q You can live without a memory. Well, I don't want to live without a memory.

A I wouldn't want to, either, but nature is not always kind.

THE COURT:

There is no doubt

about that, I am sure.

Q Well, that was the place where the cracking was?

A Yes, sir, in the front part of the forehead region.

Q Now, then, when you removed this covering of the brain, the dura, and you came to the second layer -- what was it, the arachnoid?

A The arachnoid.

Q The arachnoid, you found some bleeding under the dura?

A When we opened the dura, blood flowed out, liquid blood.

Q Then we found under the arachnoid --

Q Did you catch that blood that flowed out?

A No. It escaped, and I estimated the amount there.

Q What?

A It escaped.

Q It escaped?

A That's right. It ran on the table.

Q Q You couldn't measure it then?

A No, sir. I could estimate it.

Q You made no measurement of the amount of blood that came out of the head?

AA I said I estimated, sir. I didn't measure it.

Q Q Well, your estimate may be wrong?

A It is possible.

Q What?

A It is always possible.

Q In your business as a pathologist, you hold yourself to great exactitude, don't you?

A Insofar as it is possible, yes, sir.

Q You don't try to guess, do you?

A There is a difference between a guess and an estimate, sir.

Q Well, you don't estimate, either, do you?

A Under some circumstances we have no choice but to estimate.

Q Now, you said in your autopsy here that each of the lobes of the brain were covered by 20 centimeters of fluid blood.

A I said that there are 20 cubic centimeters, which would be a little more than a half-ounce, flowed out of the subdural space when we cut the dura.

Q Let's see what you said about that. Can you give me the

page?

Bottom of page 5, sir.

It says there that, "On reflecting the dura, 20 centimeters, cubic centimeters of fluid blood are found in each sub-dural space." That is what you say there, isn't it?

I do.

Now, reading that, if I didn't have you on the stand, I would be justified in coming to the conclusion that you had measured accurately the blood found in the sub-dural space, wouldn't I?

Reading it without my being here, you might be entitled to that interpretation.

Now you say that the blood ran away?

That is correct.

You don't say that here.

There are a lot of things I don't say here, and I am here to explain it, sir.

I realize that. There are a lot of things that you haven't put in your autopsy that you are depending on your memory for. You don't say that here, do you?

No, sir.

No. So that now, instead of the language that is here, that 20 centimeters of fluid blood were found in each

sub-dural space, you should have said that, "The blood that was in the sub-dural space ran away, and I estimated it was 20 centimeters of blood"?

A Mr. Corrigan, I will have to take the responsibility for using my own words in my own autopsy. I will be glad to interpret it as best I can.

Q No. I say that it develops in your examination that you should have said -- now, see if this is not correct -- that you should have said that, "In reflecting the dura, 20 cubic centimeters of fluid blood ran away, and I estimated it was 20 cubic centimeters of fluid blood."

Isn't that correct?

You mean you would have me say it in the fashion you did?

No. I am saying that that is the fact.

Yes. Those are the facts --

Not what appears here.

You have --

This is --

I'm sorry.

This is not the fact, what you say here.

I have explained it, what this sentence means.

I know you have explained what this sentence means, but

I say it is not in your autopsy.

MR. MAHON:

What is not in it?

MR. CORRIGAN: That 20 centimeters of blood flowed away, and that he estimated that the amount of blood that flowed away was 20 centimeters of blood. That is what is not in the autopsy.

THE WITNESS: You have me to cross-examine, sir, and not the autopsy.

You said that you couldn't depend upon your memory when you were talking to Mr. Mahon, and that while you remembered some things about it, you had to use it to refresh your recollection.

Yes. I said it was a combination of my memory and --

How many --

MR. MAHON: Let him answer the question first before you give him another.

I believe I said yesterday that it would take the autopsy and things that I recollected --

How many autopsies did you do since you did this one?

Quite a few.

How many?

Maybe 150 or 200.

150 or 200 bodies you went over?

That's correct.

And made autopsies. When you took your machine, after you

finished your autopsy at 3:30 on the afternoon of July the 4th, and dictated into the machine, this is what you dictated, wasn't it?

A Certainly.

Q Your memory was very, very fresh on the matter then, wasn't it?

A Certainly.

Q Much fresher than it is today?

A That is natural.

Q And what you dictated in the machine is this language, "On reflecting the dura, 20 cubic centimeters of fluid blood are found in each sub-dural space."

That is what you dictated, isn't it?

A Completely correct.

Q Now you are saying that what really happened was that when you reflected the dura, some blood ran away?

Q THE COURT: Well, Mr. Corrigan, let's be clear about this. That isn't quite clear.

MR. CORRIGAN: I am clear.

THE COURT: What he said is that what he found there --

MR. CORRIGAN: No, I am clear about it, and I am clear about his autopsy.

THE COURT: Let's not take too much time on that issue.

MR. CORRIGAN: I am going to take all the time necessary, your Honor.

THE COURT: No. We are not going to take the time necessary --

MR. CORRIGAN: You can stop me if you want to.

THE COURT: -- if you follow that line of questioning.

MR. CORRIGAN: I say you can stop me.

THE COURT: The doctor has said in his report exactly as he says now as to what he found there.

MR. CORRIGAN: What is it your Honor is arguing about in this matter of my questioning?

Q I say -- and I wish your Honor would listen -- that this autopsy report says that he dictated this matter on July the 4th, he dictated his autopsy report on July the 4th at 3:30 in the afternoon, that he dictated into that machine that, "On reflecting the dura, 20 centimeters of fluid blood are found in each sub-dural space."

THE COURT: That is what he said. Now, that is clear, isn't it?

Yes, sir.

Yes. That is what you said?

Certainly.

Now you say that that isn't correct.

MR. MAHON: I object to that.

He hasn't said that at all.

THE COURT: That is not true,
Mr. Corrigan.

MR. MAHON: Objection here.

THE COURT: He says it is
correct.

MR. MAHON: He said that he
estimated that 20 cubic centimeters --

MR. CORRIGAN: Now, wait a minute.

MR. MAHON: That is what he said.
That is what he testified to here. Let's not
change it now.

MR. CORRIGAN: He is able to take
care of himself.

MR. MAHON: And he is still saying
that.

Now you say -- I will get it straight -- you say that when
you opened the dura, 20 -- no -- when you opened the dura,
blood flowed away?

On both sides.

On both sides?

A That's correct.

Q That the blood that flowed away you did not measure?

A That's correct.

Q And that the blood that flowed away you estimated to be 20 centimeters of blood?

A That's correct.

Q And the question I put to you, Doctor, which the Court interrupted me on, is that that statement that you make now does not appear in your autopsy?

A That is correct.

Q So, Doctor, if there was pressure on the brain as a result of the blood that flowed away, we have an estimate by you of what the blood was, therefore, it follows that all you could do was estimate the amount of pressure there was on the brain?

A I haven't discussed pressure on the brain at all up to now, sir.

Q I see. Well, that is where the danger is from, isn't it?

A There was more to the brain injury than 20 cc's of blood in the sub-dural space. Now, I estimated 20 cc's.

Q Now, on the under surface of the brain you say there is a bruise. Wait till I get that, now. There is a contusion.

Q Now, what do you mean by that?

A A bruise.

Q A bruise?

A Correct.

Q "With focal and confluent hemorrhages." What do you mean by that?

A There were actual hemorrhages in the brain, some were individual and some places several had flowed together. That is what the term confluent means.

Q Now, "Involving the cortex on the under surface of the temporal and frontal lobes, bilateral."

What was involved in the brain in these hemorrhages?

A The cortex, the outer layer of the brain, that portion of the brain which contains the nerve cells.

Q The outer layer of the brain?

A Correct.

Q The under outer layer of the brain?

A That's right.

Q In the front?

A The frontal and temporal lobes.

Q What functions do they control?

A Well, the frontal lobes, as we mentioned, control memory, personality and functional thinking. In the temporal lobe we get into more or less the same type of situation.

Q Did you determine from that bleeding of the focal hemorrhages on the under surface of the brain that that was fatal?

A I don't think we can talk about any single phase of the head injury that was fatal. It was the multiplicity of the situation that led to a fatality.

Q But you can't pick out and say that this was fatal or that was fatal?

A I don't think I can pick out one aspect of the entire complicated head injury that led to death.

Q Did you examine the rear of the brain?

A Certainly.

Q What?

A I did, sure.

Q And you say here "In the right basal ganglia there are focal and confluent areas of hemorrhage."

Now, the basal ganglia --

MR. CORRIGAN: This is rather tedious, your Honor.

THE COURT: Let's go ahead.

MR. CORRIGAN: And it is tiresome, but it is things that I have to do in regard to --

THE COURT: We will be patient, Mr. Corrigan. Go ahead. It is all right.

MR. CORRIGAN: You weren't patient a little while ago.

Q Now, we talk about the right basal ganglii --

A Ganglia.

Q Ganglia, and I suppose the jury knows no more about the right basal ganglia than I did before I read about it, so probably you better give a little explanation of it if you can, Doctor?

A I will be glad to. The basal ganglia --

Q Wait a minute. I want to ask you some questions.

A All right, sir.

Q The frontal part of the head contains what is known as the cerebrum?

A The cerebrum runs from the front all the way to the back.

Q All the way to the back?

A That's correct.

Q And that is divided into two different lobes, one on each side?

A That's correct.

Q And then in the back of the head we have what is known as another lobe brain?

A Other lobes.

Q That is known as the cerebrum?

A Cerebellum.

Q Cerebellum. Now, when you talk about the ganglia --

A Ganglia.

Q -- ganglia on the outer surface of the brain, what do we

have on the outer surface of the brain?

A We mentioned the cortex, sir.

Q What is in the cortex?

A In the cortex are located the neurons or nerve cells, and the supporting structures which are called, technically, glia, g-l-i-a.

Q And then the nerve cells lead to the inner part of the brain, and what is in the inner part of the brain?

A In the inner part of the brain we have what is called the white matter, which is mainly the nerve trunks.

Q So we get the beginning, for instance, of a sensation on the outside of the brain, and by means of a network of nerves it is brought into the inside of the brain?

A It is carried to the appropriate centers.

Q And then those nerve operations are carried into another section of the brain where they are coordinated?

A Yes. The brain functions as a unit.

Q For instance, if I pick up a pencil, picking it up puts into action one part of the brain, doesn't it?

A I think you might be over-simplifying it.

Q And determining it is a pencil brings in another function of the brain?

A That's correct.

Q Is that right?

A Yes, that's correct.

Q And then determining that this is not a spoon but is a pencil brings in another function of the brain?

A Yes, sir.

Q And then the determining that I can write with this pencil brings in another function of the brain?

A I believe that is correct.

Q And then writing brings in another function of the brain?

A Correct.

Q Of course, these things are all crossing in my brain very fast?

A I would say very fast.

Q And then all those functions that have to do with my picking up a pencil, determining it is a pencil, determining to write with it and then writing with it, all cross down and go through and are coordinated in the ganglia?

A When we talk about ganglia in the brain, we speak about collections in the nerve cells.

Q But I say, the coordination takes place in the ganglia?

A The coordination takes place in different ganglia, yes.

Q Now, those are spaces in the lobes, in these various lobes of the brain?

A They are not spaces, sir, they are structures.

Q They are structures, and injuries to those structures are fatal, aren't they?

A Depending on which structures are injured.

Q Well, now, the basal ganglia is one of the most important, isn't it?

A They are extremely important.

Q Yes, extremely important. The basal ganglia, through that you have a coordination of breathing, of heart beats, of the functions of the abdomen?

A No, sir. I believe in that you are in error. The basal ganglia that are referred to here are not concerned with the functions you have just mentioned. Those functions are located in the base of the brain, but the basal ganglia are not.

Q Well, what functions are controlled by the basal ganglia? The basal ganglia are responsible for smoothly coordinated motions, and disease of the basal ganglia leads to Parkinson's Disease or paralysis agitans.

Q Then you found bleeding in that part of the brain?

A That's correct.

Q Now, is the basal ganglia located near the frontal fossa?

A No, it is toward the middle of the brain.

Q Towards the middle of the brain?

A That's right.

Q And could you tell whether the blows that Marilyn Sheppard received on her head, whether the bleeding in the basal ganglia resulted from the blows that she received in the front, on the top or the back of the head?

Any one or all of them might have.

Q Any one or all of them might have caused it?

A Any or all of them.

Q Now, after you had made this examination of the head and viewed all these wounds and the condition of the brain, you came to a conclusion that Marilyn Sheppard had died of a combination of effects from these blows in the head?

A Yes, sir.

Q What?

A Yes, sir.

Q The first thing that you did in the autopsy, after you had made your visual examination of the wounds that were visible, was to do the autopsy of the head and come to your conclusion?

A No. We usually do the trunk before we do the head.

Q Pardon?

A We usually do the trunk before we go to the head.

Q Did you do the trunk?

A That is our usual procedure.

Q Well, I mean in this?

A At this time I would say we did the trunk and saved the head for last, because that was the most important part, and I wanted to take care of the other portion of the autopsy.

Q You did the trunk, then, before you did the head?

A Yes, sir.

Although the obvious wounds and the obvious damage was to the head?

Yes, sir, that's correct. We saved the head for last.

You saved the head for last?

That's correct.

Even though you had these obvious injuries to the head and no other injuries appeared on the rest of the body?

That's correct. My procedure is to save the most important things for last.

Then you proceeded to cut open Marilyn Sheppard's body?

That is the usual way we do an autopsy.

Now, when you viewed her body, you determined by the examination of her breasts that she was pregnant?

That led me to believe that she might well be.

The breasts were giving off the certain fluid which occurs when a woman becomes pregnant?

That's right.

And also as you viewed the body you noticed the swelling of the abdomen?

I don't think that was quite obvious as she lay on the table.

But did you have any conversation with anybody about the fact that she was pregnant?

At what time, sir?

At the time you started the autopsy?

When I got the colostrum out, I believe I remarked to my

assistant, "I wouldn't be surprised if she is pregnant, we've got some colostrum here."

Q You didn't take the time to telephone to any of her people or folks?

A Not in the middle of an autopsy.

Q No, but I say, you didn't do it?

A I communicated with no one that day.

Q You didn't communicate with anybody, but you had determined, to some extent, that Marilyn was pregnant?

A You mean by my external examination alone?

Q Yes.

A Yes, at that time I had a very suggested indication.

Q Now, then, you opened the body and you examined all the organs of the body?

A That's correct.

Q You made a report on it?

A It is so noted.

Q And you examined the stomach and found in it certain residue of some kind?

A I did, sir.

Q And that was also true of the bowels?

A Yes, sir.

Q And you made a note of that?

A It is so noted.

Q Was any of the contents of Marilyn Sheppard's body sent to

your toxicologist for an examination?

Yes, one body fluid was sent.

Where does it appear?

The result is here. Blood was submitted for testing for alcohol and barbiturates.

No, I wasn't talking about blood. You examined the lungs, the gastro-intestinal tract, that means the stomach, and the --

Intestinal bowels.

-- and the intestinal bowels?

Esophagus.

You examined the liver, the pancreas, the spleen, the kidneys, the genitalia, and that was her female organs?

Correct.

The lymph nodes, you examined the bone marrow, the heart; you made all those examinations?

Yes, sir.

Now, did you submit anything except the blood to the toxicologist at the morgue?

No, sir.

So that if there was any poison in her system or any drugs in her system, we don't know about that and can't find out about it, can we?

If there was anything of that nature that would have appeared in the blood, we would have had it in the blood.

Well, you can have it in the stomach and not in the blood?

your toxicologist for an examination?

A Yes, one body fluid was sent.

Q Where does it appear?

A The result is here. Blood was submitted.

Q No, I wasn't talking about blood. You examined the lungs, the gastro-intestinal tract, that means the stomach, and the --

A Intestinal bowels.

Q -- and the intestinal bowels?

A Esophogus.

Q You examined the liver, the pancreas, the spleen, the kidneys, the genitalia, and that was her female organs?

A Correct.

Q The lymph nodes, you examined the bone marrow, the heart; you made all those examinations?

A Yes, sir.

Q Now, did you submit anything except the blood to the toxicologist at the Morgue?

A No, sir.

Q So that if there was any poison in her system or any drugs in her system, we don't know about that and can't find out about it, can we?

A If there was anything of that nature that would have appeared in the blood, we would have had it in the blood.

Q Well, you can have it in the stomach and not in the blood?

A That is quite possible.

Q But anyway, that wasn't done?

A That's correct.

Q All right. Now, then, in examining the lungs, you found that in the lungs there was blood?

A That's correct.

Q I will return to that in just a moment.

You found out in examining this body that the nose and the mouth and the windpipe were full of blood?

A That's correct.

Q And that blood had flowed down either from the injury that occurred to her nose or the injury that occurred to her head; and that flowed down through the opening into the windpipe?

A That's correct.

Q And did you make an examination of the amount of blood that was in her lungs?

A Did I make an examination? I noted that the lungs were rubbery and I weighed them on the scale; that they were heavier than normal, and on their gross appearance to the naked eye they were quite dark, all of which indicated that there was abundant blood in the lungs. There is no way to measure the material that is caught in the lungs because it is like water in a sponge.

Q Well, you knew -- as a pathologist you could determine,

the amount of extra blood that had been taken into the lungs?

A The best way to do that with the lung is by weight; the increase over normal of the lungs would be due to the presence of excess blood.

Q Well, did you figure that out, what the increase over normal was?

A Yes, sir.

Q What does it say?

A Well, the right lung weighed 550 grams, and I might say that there are 454 grams in a pound, so the right lung weighed 550 grams and the left 470 grams.

Now, a normal lung in a woman the size of Marilyn Sheppard would weigh between 250 and 300 grams, so the excess over 300, in that region, would be due to the presence of excess blood.

Q Well, if her lungs normally would weigh 300 grams, then she had 250 grams of blood in her right lung and 170 grams of blood in her left lung; is that correct?

A That's correct, that is substantially correct.

Q Now, in the examination of the vaginal smears, who made that examination?

A I did, sir.

Q And when you say vaginal smears, what are you referring to?

A I inserted a cotton swab into the vagina or the front passage of Mrs. Sheppard, collected some of the material

that was present there on the swab, and streaked it out on a glass slide. That material was permitted to dry, was stained with appropriate dyes that we use in a laboratory, and was then examined under the microscope.

Q Did you give it any chemical examination?

A No, sir.

Q Well, that would be necessary, would it not?

A Necessary to establish what?

Q To establish whether there was semen present?

A We looked for spermatozoa and found none.

Q What?

We didn't see any spermatozoa.

Q You did just a microscopic examination, you did no chemical examination?

A No chemical examination was carried out.

Q And a very simple method of determining whether there is any sperm, male sperm present, would be to submit it to a saline solution, test it in a saline solution, wouldn't it?

A We don't look for sperm in a saline solution, sir.

Q What?

A We don't look for sperm in a saline solution.

Q But that is a simple way of finding it, isn't it?

A We could have found it equally readily under a microscope by smearing it out and staining it.

Q But you didn't go to the chemical analysis of this matter, did you?

A That is correct.

Q All right. Although you have a well equipped chemical laboratory present there in that Morgue?

A That's correct.

Q This is a fact, isn't it, Doctor: That in the examination -- and I suppose you have done this many times -- in determining whether or not there has been an attack upon a woman, you examine her to determine whether you can find any seminal fluid present, don't you?

A That's correct.

Q Now, the sperm is contained in the seminal fluid?

A That's correct.

Q And besides the sperm in the seminal fluid are a number of other substances?

A That's correct.

Q Now, while you can determine, to some extent, the presence of sperm under a microscope, in order to determine whether it is seminal fluid you submit it to a chemical test, do you not?

A That can be done.

Q All right. Now, that was not done in this case?

A That is correct.

Q Now, in the examination of the stomach you found that there

was no blood in the stomach?

A That's correct.

Q That Mrs. Sheppard had not swallowed any blood?

A That's correct.

Q Although there was blood in the lungs?

A That's right.

Q And there was no blood that went down the throat in this case?

A None down the esophagus.

Q Was there any examination made in the laboratory of the County Morgue of the sheets and the bed clothes that were on Mrs. Sheppard's bed to discover whether there was any attack made by anyone?

A There was an examination of --

Q Other than blood? I am talking about an examination for seminal discharges or seminal stains?

A To my knowledge, that examination was not carried out on the sheets.

Q Now, in making this examination of the other organs of the body beside the head, I don't suppose you were doing it just for the purpose of exercise, you were looking for something, to see if there was any other evidence that would cause Mrs. Sheppard's death; is that correct?

A The autopsy is carried out to determine all evidence of injury or disease.

Q Now, did you examine Mrs. Sheppard's neck?

A Yes, sir.

Q And you found in Mrs. Sheppard's neck an attachment to the thyroid gland?

A I found the thyroid gland, yes, sir.

Q And was there anything wrong with the thyroid gland?

A There was a small goiter, which is technically called an adenoma.

MR. CORRIGAN: I don't think I will finish this afternoon, your Honor.

THE COURT: I am wondering if we couldn't finish. I think a whole day is enough to determine the cause of death.

MR. CORRIGAN: I am defending a man on trial for his life, and time is not important to me. I can't finish this afternoon.

THE COURT: We have tried many people here for their lives and I have not known a case in which we took a whole day in which to determine the cause of death.

MR. CORRIGAN: You probably didn't. You probably never had an examiner like me before you, your Honor. I have examined all day long, and I am sure the doctor is tired, too.

THE COURT: Well, how long do

you think it is going to take you to finish?

MR. CORRIGAN: Probably an hour.

THE COURT: Well, I think we ought to go ahead. I think we ought to finish with the doctor today.

MR. CORRIGAN: Well, I am tired.

THE COURT: It is not fair.

MR. CORRIGAN: To whom?

THE COURT: To anyone.

MR. CORRIGAN: I am worrying about my client.

MR. GARMONE: It is certainly not fair to Mr. Corrigan, at his age, to place him under this pressure.

MR. CORRIGAN: The jury is tired, and I don't want a jury that is tired out in my examination. Where are we going? You and I aren't going anywhere.

THE COURT: What we were doing here most of the day, unfortunately, is not determining the cause of death. We were going into an entire school along certain lines.

MR. CORRIGAN: We have done more than that today.

THE COURT: Oh, of course.

MR. CORRIGAN: Do you want me to go over with you, your Honor, to show you what I have done today in this matter?

THE COURT: I know what you have done today. I am not discounting what has been accomplished, but I do say that there is a good deal --

MR. CORRIGAN: Well, it is half past four.

THE COURT: -- of water gone over the dam today that doesn't point up to at all the thing that Dr. Adelson is here to prove.

MR. CORRIGAN: I say, it is half past four, your Honor. I am tired.

MR. PARRINO: If the Court please, we have no objection to a recess at this time.

MR. CORRIGAN: Why do we have to work beyond half past four? You and I are not going anywhere.

THE COURT: I am telling you, if we are going to drag on in this case, we are going to work Saturdays from now on. We won't tomorrow. All right, we will adjourn now until 9:15 on Monday morning, and will you, ladies and gentlemen, be good enough to observe

the caution which the Court has expressed to you,
do not discuss this case at all.

(Thereupon, an adjournment was taken to
9:15 o'clock, a.m., Monday, November 8, 1954.)

- - -

MONDAY MORNING SESSION, NOVEMBER 8, 1954.

Thereupon, LESTER ADELSON resumed the stand and testified further as follows:

CROSS-EXAMINATION (CONTINUED)

By Mr. Corrigan:

Doctor, you are an official of the County, aren't you?

I am, sir.

You are appointed by the Coroner, who is elected by the people?

That is correct.

You are the highest paid official in the County outside of the judges, aren't you?

MR. DANACEAU:

I object to that, if

the Court please.

I am not familiar with other salaries. I know my own compensation.

What?

I don't know what other peoples' salary is, I know my own.

Yours is \$13,000?

\$13,200, sir.

Yes. As an official of the County, your testimony is to be unbiased and unrehearsed, isn't it?

I don't know what you mean by unrehearsed. My testimony is

Q factual as best I can make it, sir.

Q Since you left the stand on Friday, have you had a meeting with the prosecutors?

A On Saturday morning, sir.

Q Did you go over your testimony?

A Certain parts of it.

Q Yes. Who did you meet with?

A Mr. Mahon, Mr. Danaceau, and Mr. Parrino, sir.

Q How long did you spend in conference with them about the testimony you gave here on Friday?

A Approximately an hour.

Q Did you meet them this morning?

A Yes, sir.

Q Yes. Now, Doctor, you have in your autopsy Item 16.

A Yes, sir, I have.

Q And you use the word pre-suricular, don't you?

A I believe on Friday --

Q Now, wait a minute.

A I used the word pre-auricular, which was typed pre-suricular.

Q Have you got the original that I asked you to bring here?

A Yes, sir, I have.

Q You use the word pre-s-u-r-i-c-u-l-a-r, don't you?

A Here it is, a-u-r-, sir.

Q What?

A Here it is, a-u-r, and here it is with an "s". As the girl

was typing it, she hit an "s" instead of an "a".

Q How do you know?

A I have no other reasonable explanation for a word that is misspelled with a single letter.

Q Is this the original?

A Yes, that is the original.

Q This is not the original, this is the one you had with your --

A No, that is the original. That was a copy. This is the original from which your photostat was made, sir.

Q This is the original from which my photostat was made. Will you look at this photostat? That is a photostat, isn't it?

A Yes, sir.

Q That is the one that was certified, "This is a true copy of the original document on file in the Cuyahoga County Coroner's Office, Adelbert Road. Signed by S. R. Gerber by Gloria" --

A Collansanti.

Q Collansanti. This is a copy of this.

Will you look at -- and this is a photostat?

A I believe that was made from this, this so-called report of autopsy.

Q And in Item 16 we have the word pre-suricular, don't we?

A That's correct.

Q And, of course, pre-suricular is down in the calf of the leg, isn't it?

A I believe I mentioned on Friday, sir, that the "s" was a

misspelling in the place of an "a". It refers to a wound in the front of the ear which was clearly depicted on the photographs which I demonstrated.

Q But that is the report that we received and had to go on?

A Yes, sir, that's correct, and that is a typographical error, no other significance, sir.

Q Now, in this report you have something about the nails of the hand, that there is a pale cyanosis of the nails of the hand?

A That's right.

Q Do you know where that item is?

A Yes. It is the fourth line on page 2. Not in that one.

A The pages refer to the autopsy. Not the report of autopsy.

Q This is page 2 here.

Q Yes. "There is a pale cyanosis of the lips and the nail beds."

A That's correct.

Q You had a particular reason for noting that?

A It is part of my objective description of what Mrs. Sheppard's nails looked like when I inspected them.

Q That meant that there was lack of oxygen, is that not so, Doctor?

A Yes, sir. That means that the blood didn't have enough oxygen in it at the time she died.

Q Perhaps you better explain to the jury a little bit about that.

A I will be glad to.

Q Now, wait a minute. I will ask you questions.

AA Yes, sir.

Oxygen is necessary for life?

It is.

And we get oxygen by breathing it into our lungs from the air?

That is correct.

And when it goes into the lungs, it attaches to the -- what do you call the little things in the blood?

Red corpuscles.

To the red corpuscles?

Well, it attaches specifically to the hemoglobin in the red corpuscles.

The blood is made up roughly of fluid of red blood corpuscles and white blood corpuscles?

Well, that is over-simplifying the situation, but I think for our present discussion it is satisfactory.

I am just simplifying it.

All right, sir.

And there are billions of red blood corpuscles in the blood?

That is quite correct.

And that is what makes the fluid red?

That's right.

Now, as the air comes in, as the oxygen comes in, it attaches to these red blood corpuscles?

It attaches to the hemoglobin, not to the red blood corpuscles. The red blood corpuscle is an envelope for

the hemoglobin.

Q And then it passes down into the heart, it goes down into the heart, the blood that is loaded with this oxygen goes into the heart?

A That's right. From the lungs it is carried to the heart.

Q And then it is pumped out of the heart into the arteries?

A Correct.

Q And distributed by the arteries to every bit of tissue in the body?

A That's correct. Wherever there are blood vessels, the blood is carried.

And the tissue is made up of cells?

A Yes. That is correct, substantially.

Q And that blood carries to the various cells the oxygen, and also as it goes through the arteries it picks up the nutriment that is necessary for the cells that come from our food and drink, and so forth?

A It picks up the nutriment as it passes by the intestinal tract where the nutriment is absorbed and it transports it along with the oxygen.

Q And then as it deposits this nutriment and this oxygen in the cell, the cell gives off the waste material -- I am simplifying this as much as I can -- and that is carried away by the veins back to the heart, and the

heart pumps it out into the lungs, it pumps that out into the lungs and we breathe out the waste material?

A You breathe out the gaseous waste material. There is certain other materials that are passed by the kidneys.

Q The gaseous waste material we breathe out?

A Right.

Q That is what makes the room heavy here along about 4:30 in the afternoon, all of us breathing this waste material in the air, is that correct?

A I believe that that is substantially correct for the present discussion.

Now, other waste material is taken by the kidney, as it passes through the kidney?

A As the blood passes through the kidney.

Q As the blood passes through the kidney going back to the heart, this waste blood, or this blood loaded with the impurities it has picked up, the kidney takes off out of that blood certain acids and poisonous matter which goes into the bladder, and from the bladder is taken out of the body through the genital organs?

A Through the urinary organs.

Q Through the urinary organs. Now, that generally describes the circulation of the blood, and when you had "pale cyanosis of the nail beds" you knew that from observing

that that something had happened to the blood supply, that the oxygen was not carried to those nail beds, is that right?

A I knew that there was a decreased amount of oxygen in the nail beds as compared to an individual who is in good health.

Q Now, then, when you examined the bladder of this lady, the bladder was empty, wasn't it?

A That is correct.

Q There was no urine in it?

A That's correct.

Q Now, the urine in the bladder or the blood stream -- our kidneys are working all the time, aren't they?

A Yes, sir. In health, they function pretty constantly.

Q They are functioning constantly because the blood is going through the kidneys constantly and throwing off this waste material into the bladder?

A Into the urine which is carried to the bladder.

Q So that it indicated -- it must have indicated, or would indicate to anybody looking at that autopsy that Mrs. Sheppard had emptied her bladder immediately before she was killed, is that correct?

A Not necessarily, sir.

Q But there would be urine in the bladder if that wasn't true?

A The urine could run out after she was already dead, also, sir.

Q What?

A The urine might have escaped from the bladder right after she was dead.

Q I don't want any might's. We are not dealing with might's.

A You asked me to speculate on a question to which there were several answers, sir.

Q We are dealing with facts. There was no urine in the bladder?

A That is a fact.

Q Now, then, in the examination that you made of Mrs. Sheppard, you say in item No. 21, "There is a fracture of the nasal bone and crepitus upon manipulation."

A Now, "crepitus," will you kindly explain what you mean by the word crepitus?

A Yes, sir. Crepitus is a grating sensation which is very characteristic, which is produced when the broken ends of a bone are rubbed one against the other, and to the trained finger it is quite apparent when you would move the nose, and you got this grating harsh sensation, that there was a broken bone beneath.

Q Now, in your autopsy on the broken nose, you give no further explanation of what was broken and where it was broken, do you?

A I said "There was a fracture of the nasal bone," sir.

But I say you give nothing further?

A Those are the facts as we have them.

Q The nasal bone consists of two outside bones that stretch down, are attached to the frontal bone here, and are attached to a bone back of the nose and to the front of the jaw here, the top of the jaw, that's right, isn't it?

A The nasal bones, as I use them -- there are the two bones which form the bridge of the nose here, sir. There are other bones that make up the nose as a whole, but they are not nasal bones, technically.

Q When you made your autopsy, did you write on the blackboard "There is a fracture of the nasal bone."

A Probably -- I don't remember exactly at this time, but I put down enough to let me know there was a fracture.

Q But you don't explain where the fracture is, do you?

A The fracture of the nasal bone, which would be here, sir.

Q What part of the nasal bone you don't say.

A The nasal bone is a small bone. It doesn't measure more than a half or a quarter, and I couldn't localize it any better than "the nasal bone."

Q That is all you could do?

A Right.

Q Well, that is all you did do?

A That is correct.

Now, on the outside of the nose, on the bridge of the nose -- we call this the bridge of the nose, don't we?

A This part over here, just below where your glasses would rest (indicating).

Q There was a little abrasion one-fourth by one-eighth of an inch, is that right?

A Yes, that's right.

Q Now, on the meeting of July 16, when all these officers were present, and you were present, and the wounds of Mrs. Sheppard were discussed -- and you showed the pictures, didn't you?

A I did, sir.

Q Was the relation of the wound on the inside of the mouth and the relation of the nose discussed?

A No, sir.

Q It was not. Now, the nose, of itself, outside of this very small abrasion, and the fact it was fractured somewhere, bore no other signs of injury?

A Blood within the nose, sir.

Q That is inside the nose?

A That's right. But that was the sole injury on the nose itself.

Q Well, the blood that was inside the nose may have been blood that had been coming from these wounds in the top of

the head?

A That is quite correct.

Q But the nose was not swollen?

A Not to any great extent, sir.

Now, on Item 27 you have listed as an injury an area of purple-brown contusion two inches in diameter, and that the discoloration is faint. Did it strike you, Doctor, that that might be some old bruise?

No, sir, I didn't think it was an old bruise.

Well, when you have a purple-brown discoloration, isn't it the evidence of a bruise that is healing?

My impression of this bruise was that it was sustained at the same time the other injuries were sustained.

No. Let me see, as far as we can tell, you were performing this autopsy at 12:30 and the body was discovered about 6:00 in the morning?

So I have been told.

And this may have been 6 or 8 hours after death?

At a minimum, certainly.

Now, when you get a bruise you get first a reddening of the skin, don't you?

In life? You mean in a living person?

In life, yes.

When you get a bruise, or a contusion, technically, it is the result of breaking the blood vessels under the skin without breaking the skin, and there is an escape of blood from these vessels under the skin, and that gives what is called technically a black and blue, or commonly a black and blue mark or purple-brown, or things of that description.

Q You don't get black and blue immediately?

A You get blue very promptly because the blood, as it escapes under the skin, has a bluish color or purple-blue.

Q Well, isn't it a fact that if I get hit, I will get a reddening of the tissue and the skin?

A If you get hit sufficiently hard to break --

Q Well, I am not going to waste a whole lot of time.

MR. DANACEAU: Let him finish.

You ask a question and then you won't let him answer.

THE COURT: Let him answer.

A I will be glad to answer your question the best I can, Mr. Corrigan.

Q What?

A I will be glad to answer your question the best I can, as I have tried to do since Friday.

Q I know this, that I see these fellows on the television getting pummelled around in boxing matches, and I suppose you have seen it, too?

A I have.

Q And then the next day their eye puffs out or they get a discoloration, but first it is a reddening.

A Well, you say "first." How many minutes before there is a different change?

Q Well, it isn't important enough for me to spend a whole lot

of time on, Doctor. The only thing I want to ask you, and get your answer, is that you say that even though it is a purple-brown contusion and the discoloration is faint, that in your opinion that was a recent injury?

A It appears that way.

Q All right. We have that set.

Now, you state in your autopsy that there is bilateral subdural hemorrhages. Do you mean that there were hemorrhages between the dura of the brain and the arachnoid of the brain?

A That is the usual location for subdural hemorrhage, sir.

Q Then you have diffuse bilateral subarachnoid hemorrhage?

A That's correct, sir.

Q And that you determined when you opened the brain and opened the dura and this blood flowed out on the table?

A The subarachnoid hemorrhages, sir?

Q Yes.

A No, sir. A diagnosis of subarachnoid hemorrhage is made when the dura is taken off, the blood that was on the surface of the brain in the subdural space is washed off and then in the arachnoid membrane, which is a filmy, cob-webby structure that covers the brain, one can see this diffuse infiltration or extravasation of blood, and that is visible on the external surface of the brain when the surface has been washed off. That's how we made that diagnosis.

Q All right. Now, the brain -- and I have got to ask you these questions in order to get that straightened out -- the brain, the frontal part of the brain and going back to about in the middle of the back of the head, is called the cerebellum -- or the cerebrum?

A The cerebrum runs from the front all the way back.

Q All the way back?

A The cerebral hemispheres run from the forehead to the back.

Q That is the cerebrum?

A The cerebrum or cerebral hemispheres.

Q And that is divided into two sections?

A That's correct.

Q And in those sections, in the center of those sections, or somewhere in the sections there are spaces called ventricles?

A That's correct.

Q Pardon?

A Hollow spaces within the brain.

Q And in those ventricles is produced a fluid, correct?

A Yes, sir.

Q And that fluid is pumped out by a system of -- I don't know what it is, but it gets out from those ventricles?

A Yes, sir. There is a circulation of fluid from the ventricles out into the subarachnoid space.

Q Wait a minute. Just take it slowly because we don't understand those things, we are not doctors.

A Yes. I am sorry.

Q Now, the brain has three coverings?

A We discussed that on Friday, sir, that's right.

Q The first covering over the brain is called the dura, correct?

A Yes, sir. That is the top, the most superficial, the one that you see first when you go into the head.

Q And that dura covers the entire brain, doesn't it?

A It does, sir.

Q And goes down and covers the spinal cord?

A That's right.

Q It is a continuous sheath?

A Continuous membrane, and it envelops the whole central nervous system.

Q And the brain is suspended, it is not attached, is it, but it is suspended in this covering?

A The brain is present within it. It has no specific connection, although there are structures that run from one to the other.

Q Yes. Now, that dura that covers the brain, the outside covering of the brain, is attached to the bone inside?

A That's correct.

Q What?

A Yes, sir.

And it is attached all the way across the frontal bone?

A I don't think it is attached all the way across the frontal

bone. It is attached to certain structures within the skull.

But when the frontal bone was cracked, that covering of the brain, the dura was not injured, was it?

It wasn't torn, that's correct.

Now, in fact, every bone has a coating over it, doesn't it?

They call it the periosteum?

That's correct.

And this is really, this dura, in addition to being a covering of the brain, it is also the outer coating of the inside surface of the inner table of the brain?

That's right. It is immediately adjacent to it.

Now, that has two layers, do you know that?

Yes, sir.

The dura has two layers, and as it passes around through the brain as a covering the layers separate?

In some areas.

And one layer keeps attached and the other layer creates a sort of a space, and in the spaces created by the separation of the dura the venous blood collects, does it not?

It doesn't collect, it circulates.

It circulates?

That's correct.

And that is the blood that the brain has used up that has picked up the -- that is the venous blood that has picked up

the waste material from the brain, and it circulates in these little spaces and then it is carried away from the brain down through the jugular veins to the heart; is that correct?

Yes, sir.

And the brain gets its new supply of blood?

That's correct.

Now, how thick is that dura?

The dura, I would say, is no thicker than a sixteenth of an inch.

A sixteenth of an inch. Now, the next covering, and the covering that we are interested in, is the covering that is called the arachnoid; is that the right name?

Yes, sir, a-r-a-c-h-n-o-i-d.

Now, the arachnoid, which ; is the second covering, do you know how thick that is?

That is, I would say, paper thin or thinner. It is a very delicate structure.

It is a very delicate -- it gets the word or I think they get that word from the Greek spider web, don't they?

Spider-like, sir, not spider web but spider-like.

I didn't get the last word.

Spider-like, like a spider.

Like a spider?

Yes, like the legs of a spider. May I illustrate it with a

diagram to make it easier for all of us?

Wait a minute. Just stay where you are, Doctor. We will get along.

Now, that spider-like mesh called the arachnoid is right attached closely to the inside of the dura, isn't it?

It is not attached to the dura at all, sir.

Well, does it lay close to the dura?

Oh, it is in immediate apposition to it, but --

Is there any space between the inside of the dura and the arachnoid?

In life and in health there is no space, but there is a potential space.

What do you mean by a potential space?

I mean that in life the two are close together, like this, but in the presence of injury or disease, where abnormal substances accumulate, they are pulled apart thusly. So that is what I mean, that there can be a space but in life there is no space.

In life there is no space?

That is perfectly correct.

I don't suppose you have ever performed any brain surgery?

Never in my life.

Did you ever witness any brain surgery?

I have assisted when I was an intern in training.

And the separation of that arachnoid from the dura requires

extremely careful technique, doesn't it?

A You mean as a neuro-surgical procedure?

Q What?

A You mean neuro-surgically?

Q Yes.

A Oh, certainly. Any kind of surgery requires careful technique.

Q And requires special instruments?

A A neuro-surgeon would know more about that than I would, sir.

Q I see. Now, when you took the top of the head off, will you tell me, you started up here at the coronal suture?

A We didn't have to saw that apart, sir, because that was already separated, as you will recall.

Q Well, you took the top of the head off?

A Yes, we removed the calvarium.

Q Let's get that straight.

A Yes, sir, that's correct.

Q Now, how much of the top of the head did you take off, would you please indicate?

A The coronal suture, running in that general direction, was already separated, so we took our saw and we made a cut in the back, a v in the back here and around here and joined it to the other separation, and we removed the so-called calvarium, the bowl part of the skull.

Q Well, you took the head off about halfway up the back of the head or the skull, about halfway up the back of the skull?

A I suppose you might phrase it that way.

Q Mrs. Sheppard was lying on her back?

A Yes, sir. When we performed that part of the examination, she was lying face up.

Q Now, then, between the arachnoid and the brain itself there is another covering, isn't there?

A Yes, sir.

Q What?

A You might refer to it that way.

That is called the pia mater?

A That's right, p-i-a.

Q And that adheres very closely to the brain substance?

A It fits the brain like the skin on your hand fits your hand.

A It is an integral part of the brain.

Q And the brain has a sort of a lot of convolutions in it, hills and valleys and spaces, and so forth?

A You could phrase it that way.

Q And this pia mater fits closely and follows all those spaces in the brain?

A Just like the skin on your hand fits your hand and your fingers.

Q Or like a silk handkerchief that you might spread over a

ball or something like that?

Yes. It is very intimately attached.

In fact, that particular covering is such that it isn't visible to the naked eye?

No, sir, it is really part of the brain itself, although it is technically called the covering.

And between the arachnoid and this particular covering what is the space?

That is called the subarachnoid space, or the space below the arachnoid.

How much space is there?

It may vary in width from an eighth of an inch to three-sixteenths.

When you opened the dura, what did you open it with?

A scissors.

A scissors?

That's correct.

And where did you insert the scissors, which end, do you recall?

I don't know if I can recall exactly which end. We usually start it here at an angle and work forward and work to the back. That is the usual procedure.

What kind of a scissors was it?

A regular dissecting scissors, I believe.

And you inserted an end of the scissors into the dura and

then started to cut so that you made an opening, well, from the point where you could at the top, and you made an opening in this dura?

A Yes, sir, that's correct.

Q Of course, in doing that you could not avoid cutting the arachnoid, could you?

A I could have, I believe, very readily avoided cutting the arachnoid.

Q Did you avoid cutting the arachnoid?

A To the best of my knowledge, I did. We are very careful, particularly in a case of this --

Q When you got through cutting the dura, was the arachnoid still there?

A Certainly.

Q Did you separate the arachnoid by that method?

A No, sir.

Q What?

A No, sir.

Q You mean to say, Doctor, that you inserted a scissors into this covering of the brain and you cut with that scissors across the covering of the brain to the other side, and that you did not sever the arachnoid in that type of an operation?

A Mr. Corrigan, that is a routine part of every autopsy, and we do not sever the arachnoid in that procedure.

Q My question is very plain, Doctor.

A The answer is no, sir.

Q You did not?

A That is correct.

Q You did not cut the arachnoid?

A That is absolutely correct.

Q Although this arachnoid, this filmy-like or spidery-like membrane, which is so close up to that dura, the bottom of that dura, you didn't cut it?

A That is correct, we did not cut the arachnoid as we cut the dura.

Q I see. So you were able to put your scissors in there and cut around without interfering with the arachnoid?

A I should hope, with my training, that I ~~would~~ be able to do that.

Q Don't you know, Doctor, that it requires the most careful brain surgery to separate the arachnoid from the dura?

A You are talking about --

Q Don't you know that? Just answer yes or no.

A I can't answer your question in that fashion, sir. I am not a neuro-surgeon, I am a pathologist.

I see. All right. You have answered it.

Now, then, between the pia mater and the bottom of the dura to which the arachnoid -- or the inside of the dura to which the arachnoid is attached, there is a space, isn't there?

A Would you say that again, sir? Between what structures?

Q I will put it over again. We have demonstrated that the pia mater is the covering of the brain.

A Right on the surface.

Q We have demonstrated that there are two other coverings, the dura mater and the arachnoid, which is attached to the dura?

A That's correct.

Q We have discussed that?

A Yes, sir.

Q Now, I am coming to the point: Is there not a space between the pia mater and the arachnoid?

A Yes. That is what we call the sub-arachnoid space that you mentioned a little while ago.

Q How wide is that space?

A Between an eighth of an inch and three-sixteenths, I'd say, on the average.

Q And eighth and three-sixteenths?

A That's correct.

Q And in that space there is a fluid, isn't there?

Yes, sir.

That is cerebral spinal fluid that we talked of just a little while ago that was produced in these ventricles in the brain?

Yes. The cerebral spinal fluid is correct.

Q And that covers the entire brain, and sometimes we call it a shock absorber, reacts as a shock absorber?

A It bathes all the brain and the central nervous system, generally.

Q When you opened the dura, did the cerebral spinal fluid flow out on the table?

A Only an estimated 20 cc's of blood flowed out of the subdural space when I incised it.

Q What became of the cerebral spinal fluid?

A That is in the sub-arachnoid space where it is bound or contained.

Q I know, but that was opened.

A We haven't opened the arachnoid, sir. We have only opened the dura.

Q You never opened the arachnoid. How could you avoid opening the arachnoid?

A Under what circumstances are you referring, sir?

I am referring to the time when you cut over and opened the brain.

Opened the brain itself?

No. Opened the covering of the brain.

I believe I stated that when we opened the covering, we carefully separated the dura from the underlying structures and incised the dura.

I know you said that, but I am trying to demonstrate that when you cut there, this fluid that was in the brain also flowed out on the table?

No, sir, it didn't.

What became of it?

It stays right -- it is still within the arachnoid membrane.

The lady was lying on her back, isn't that so?

Yes, sir. We mentioned that.

What?

Yes, that's correct.

You say "diffuse bi-lateral sub-arachnoid hemorrhages."

That is under the arachnoid?

That's right. Blood within the arachnoid space, the sub-arachnoid space.

Sub-arachnoid. Under the arachnoid. "Sub" means under?

Exactly.

What?

That is perfectly correct, sir.

So you are talking about hemorrhages that were between the arachnoid and the pia, aren't you?

That's correct. That is perfectly correct.

Q And in order to determine whether there were hemorrhages between the arachnoid and the pia under the arachnoid, you had to open the arachnoid?

A I did not, sir.

Q How could you see it, then?

A The arachnoid is transparent. You can readily look through the arachnoid easier than looking through the finest piece of silk.

Q It is transparent?

A That's right. You can look right through it. The brain is visible through the arachnoid. The dura is opaque.

Q You are sure now?

A Quite.

Q That you didn't cut the arachnoid?

A I believe I stated several times that we did not cut the arachnoid when we removed the brain, or when we cut the dura.

Q Did ^{that} the cerebral spinal fluid / was between the arachnoid and the pia remain in the head?

A It remained on the brain until the arachnoid was cut later.

Q When was the arachnoid cut later?

A When we examined the brain and made many cuts through the brain, then the arachnoid is cut and the spinal fluid flows--

Was the spinal fluid bloody?

A Yes, it was.

Q What have you got in your autopsy about it?

A I stated "diffuse sub-arachnoid hemorrhage."

Q You don't say anything about the spinal fluid, do you?

A The spinal fluid is in the --

Q No, no. Just answer my question, Doctor.

MR. DANADEAU: He is answering
your question.

A There are two ways to say the same thing.

Q No. You do not mention the spinal fluid in your autopsy?

A I have not mentioned it as such, but when I say that
there is sub-arachnoid hemorrhage and the spinal fluid
is in the sub-arachnoid space, then by that very statement
I have stated that there is blood in the spinal fluid.

Q Do you say in your autopsy anything about the spinal fluid?
-- was my question.

A Not in that particular fashion.

Q All right. Then that answers it.

You are out here for a number of years, you are
familiar with the law?

A Which law, sir?

Q Section 31312. Are you familiar with this?

A Would you quote it to me? I don't remember.

I will quote it to you:

"He shall make" -- referring to an autopsy -- "a detailed description of the observations written during the progress of the autopsy, or as soon after such autopsy as is reasonably possible, and the conclusions drawn therefrom shall be filed in the office of the Coroner."

You are familiar with that?

A Yes, sir. I am familiar with it, now that you have described it.

Q And what you write down is all that anybody is bound by, isn't it?

A I don't think I can accept it at face value.

Q All right. We will pass it. You won't accept it.

A Excuse me. May I get a drink of water?

THE COURT: Yes. The Bailiff

is getting it.

Q Have you got any water there?

A They will get me some. You may continue, sir.

Q Now, the accepted way of a pathologist to determine the amount of blood that is in the brain, or the effect of blood in the brain, is not the method that you followed, is it?

A I don't follow your question at all, sir. Would you rephrase it?

Q Well, I will rephrase it. What you did was took a scissors

and cut across?

A Yes. I incised the dura to expose the brain.

Q And so fluid came out and you estimated it?

A That's right. I estimated 20 cc's of blood flowed out of each sub-dural space.

Q Now, there is a way, a method, a scientific method of determining what blood is in the brain and the amount of blood that is in the brain, and the effect of the blood that is in the brain, if you have a hemorrhage?

A In the brain itself?

Q Yes, or in the spaces of the brain, or any place up in this cavity. You don't know it?

A I am not familiar. I may know it under a different phraseology.

Q It is used every day in the hospital.

A In a hospital, sir?

Q Yes.

A What are you referring to?

Q I am referring to a spinal puncture.

A Lumbar puncture. Oh, I am quite familiar with it. I have done it and I have had it done to myself.

Q And that is the accepted way of finding what is in the brain in regard to blood, isn't it?

A In a living patient, yes.

Q And all you do is take a needle and insert it between where the -- where the space right up in the -- what are you laughing about?

A I am not laughing. I don't mean to be.

Q There is a space right up here above the -- where the spinal column meets the base of the brain that you can puncture, and there is a sort of a cistern of the spinal fluid at that particular point, isn't there?

A Yes. That is quite correct.

Q And you can puncture in there and draw off and determine from the fluid that you get from the puncture the number of blood corpuscles that appear in the spinal fluid of the brain?

A That is a procedure that can be done if it is indicated.

Q You didn't do that?

A I had no reason to do it, sir.

Q I say you didn't do it. I don't care whether you had a reason or not. Did you do it?

A That's correct, I didn't do it.

Q You sawed the head off and cut through. Now, then, you can also get a spinal puncture in the back and draw off the fluid?

A That's correct.

And determine by the comparisons of the blood that is in that spinal fluid drawn from the lumbar puncture, or the

spinal puncture, and the puncture made at the top of the head, the effect -- the relation of the amount of blood in the brain and what effect it is having on the brain, can't you?

A I think that by the procedure that you have described, you can in a live person determine --

Q That is the procedure --

MR. MAHON: Let him finish his answer.

MR. CORRIGAN: Pardon me, gentlemen.

THE COURT: We are getting into technical matters now. Let's let the doctor explain.

A I might -- if I may ask you a question: Are we referring to a living patient or to an autopsy?

Q I am referring to a body.

A A living or a dead body?

Q Living or dead. Did you ever do any --

MR. MAHON: Wait a minute.

THE COURT: That is exactly the point that the doctor wants to differentiate between.

Q Well, in this case, a dead body. Now answer the question. Now we are referring to a dead --

Q Now, wait a minute. Did you ever do any work on live bodies?

A Yes, sir. I have had a moderate amount of clinical experience with living patients.

Q When was the last time you had any clinical experience with living patients?

A When I was in the service. That would be in 1945. Before I started in the training in pathology I was a medical examiner in combat and also in the States.

Q And for the last four or five years you have worked on nothing but dead bodies?

A I have confined myself to pathology, and also parts of living bodies, because I did clinical pathology before I took up full-time work at the Coroner's office.

Q But I say, since you have been in the Coroner's work, you have been working on dead bodies?

A My professional work, yes, has been solely concerned with the dead.

Q And, of course, as a pathologist you know that there is a method of estimating through a spinal puncture if there is blood in the spinal fluid, the amount of blood that there is in the brain?

A This is in a living patient, now, or a dead patient?

Q In a dead person or a live person.

A If it appears indicated, a spinal tap, or a substernal tap or puncture may be done.

Q Don't get away from my question.

MR. DANACEAU: Let him answer these questions.

MR. CORRIGAN: All right. He can answer it, then I will put it again.

A Okay. Thank you. One can, if it appears indicated or is advisable or necessary, stick a needle blindly into the back of the neck and into the spine of dead people, and I have done that under certain specific situations where it appeared necessary, and examined the type of fluid that we receive from the two locations, and under those circumstances, reach certain conclusions about what has taken place.

Q Yes, because you can estimate, you can count the number of blood cells. You have a method of counting the number of blood cells, don't you?

A Yes, sir. That is common clinical work.

Q And they run about four or five billion --

A What?

Q Four or five million to the square millimeter?

A I'd call it a cubic millimeter.

Q Cubic millimeter?

A That's right.

Q How big is a cubic millimeter?

A Well, let's say it this way: 15 drops, which is one cubic centimeter. A cubic millimeter is a thousandths of 15 drops.

Q So you would measure it down that closely?

A That can be done. What you described is in blood.

Q Well, anyway, that was not done, was it, Doctor?

A No reason whatsoever to do it, sir.

Q I don't care whether there was a reason whatsoever. I asked you to give me a direct answer whether that was not done.

A You mean a blood count on a finger blood?

Q A spinal tap to determine the amount of blood that was on the brain.

A That was not done, no, sir.

Q You took the unscientific method, didn't you, of estimating?

A Mr. Corrigan, --

Q Did you?

MR. MAHON:

Now, wait a minute.

Let him answer.

A I hold myself to be a trained pathologist and to be familiar with my life's work. I don't know any pathologist who does a lumbar puncture when he is going to open a head, and to do a blood count on a spinal fluid when he will

have the brain in his hands to visualize.

Q Well, you are out there to be a trained pathologist and to do these things in the most scientific manner, aren't you?

A As I have been taught by my superiors, sir.

Q The dead bodies of the citizens that come in to you are to be treated in the most scientific manner, aren't they?

A We do the best that we can.

Q Now, when you say that you took the scrapings from under the fingernails, did you submit those scrapings to a microscope?

A I'm sorry --

Q Did you submit those scrapings to a microscopic examination?

A I --

Q Did you? Yes or no.

A They were submitted to someone else to be done. I didn't do it personally.

Q Did you do it?

A No, sir, I did not.

Q What?

A No, sir, I didn't do it. I collected the material.

Q Did you put them under the microscope to discover whether there was any skin or blood in those scrapings that might have come into Mrs. Sheppard's nail by scratching the face of the man who attacked her?

MR. DANACEAU: We object to that, if the Court please. First of all, we went into that yesterday. He explained that he turned that over to somebody else.

MR. CORRIGAN: I am talking to him as a pathologist.

THE COURT: Well, he has already said that he did not, and it was done by others.

THE WITNESS: That is not part of my work, sir.

Q It was done by others?

MR. DANACEAU: He said that yesterday, that he turned that over to somebody else.

MR. CORRIGAN: All right. We will find out who it was turned over to.

Q It was done by others. You are the chief pathologist. You are the pathologist, Doctor, aren't you?

A Yes, sir.

Q And you say you turned that over to others?

A Certainly.

Q You followed it through?

A At the Coroner's office we have people who do different things.

Q I know, but you didn't just abandon this case and turn

something over to a technician without knowing what the technician discovered, did you?

A Miss Cowan, who examined it, has a full report on that. She does the trace work. I confine myself to the body, that's all.

Q I asked for a microscopic report from the Coroner's office. You are familiar with this?

A I have seen it from time to time. I haven't studied it.

Q This is a photostatic copy.

A Yes, it is, obviously.

Q Of the laboratory findings?

A That's correct.

Q Is there anything in there about the examination of the scrapings under the fingernails? Will you look at it?

A "Scrapings removed at autopsy from underneath fingernails of Marilyn Sheppard. No significant fibers or hairs noted."

Q "No significant fibers or hairs noted."

A That's right.

Q That is all she looked for, fibers or hairs?

A She may have looked for other things. That is all she has written down, sir.

Q You didn't examine it?

A No, sir, I did not examine that portion of the case.

Q I see. That would be a very important item in a murder of this kind to find out if the woman's fingernails had any

skin or blood or anything of that kind under it, wouldn't it?

MR. PARRINO: Objection.

A

Certainly --

MR. PARRINO: Objection.

THE WITNESS: Sorry.

Q

Did you --

MR. DANACEAU: Just a minute.

We have made an objection. I would like to have the Court rule.

THE COURT: Let him answer.

MR. PARRINO: Well, all right.

Go ahead. You seem to be doing pretty well, sir.

MR. CORRIGAN: Well, thank you,

Thomas.

THE WITNESS: Would you ask the question again?

Q

I haven't got a question yet. I am going to give you a question now.

The reason that you didn't do it, and that it wasn't done, is because you had been told that Dr. Sheppard had murdered his wife or bludgeoned her; and there wasn't any use of looking any farther for anybody else?

A

Do you want me to answer that question?

MR. MAHON: Yes, certainly answer it.

When I did the autopsy between 12:30, thereabouts, and 3:15, my only knowledge was that Dr. Sheppard was in the hospital and had been hurt, and nobody at that time implied to me that they knew who the murderer was, or that Dr. Sheppard was in any way implicated, but that he had been hurt.

Q Well, you told me Friday that you heard that rumor.

MR. MAHON: Objection. He didn't say that. He never said that at all, if your Honor please.

THE COURT: That is correct. He didn't say that.

MR. CORRIGAN: Well, I have the record.

THE WITNESS: I am not here to try Dr. Sheppard.

MR. CORRIGAN: I say I have the record written out.

THE WITNESS: All right, sir. Would you read that, please?

MR. MAHON: Yes. Read it, if it is in there.

MR. CORRIGAN: I can't put my finger on it.

MR. DANACEAU: You never will put your

finger on it.

THE WITNESS: You raised the question.

MR. CORRIGAN: All right. I will put my finger on it.

MR. MAHON: If you can.

Q Now, did you examine the fibers that were found under Mrs. Sheppard's fingernails under the microscope?

A No. Miss Cowan did that.

Q She was the technician?

A She is the medical technician in our institution, yes, sir.

Q She gets about \$4,000 a year, and you get \$13,000?

MR. MAHON: I object to this.

A I don't think my compensation I am receiving is a matter --

MR. MAHON: Wait a minute.

THE COURT: Objection will be sustained.

Q Now, when you examined the skull of this lady, and when she was brought in, and before you took off the scalp, you had determined that there was fractures in the front part of the skull?

A That's correct. That was visible. I could see it and could feel it by looking at it.

Q How did you determine it?

A I looked at it and I felt it.

Q How did you feel it?

A With my fingers.

Q Which fingers?

A The fingers of my hand.

Q Are you laughing at these things? I am not laughing at them.

A Sir, I put my hand on her head. I didn't -- I can't tell you whether it was my thumb, or index finger, or fourth finger. I palpated the skull. That is part of my examination. I could feel the broken bones beneath it. I could look into the lacerations, and I could see them. That confirmed my impression of the fracture.

Q That is what I want to find out. If you will just answer my questions and not make a joke of this.

MR. MAHON: Wait a minute.

I want to object to those comments, if your Honor please.

MR. CORRIGAN: Why is the doctor laughing when I am asking these questions?

THE WITNESS: When I say I felt them with the finger, and you ask me which finger --

Q All right. You felt of the frontal bone, didn't you? You palpated it?

A That's correct, sir.

Q And you felt it?

A Yes, sir.

Q And you determined it. Well, you displaced -- that kind of an action would displace these bones here, wouldn't it?

A No. Not if you palpate gently.

Q Well, you didn't palpate gently?

A Why would I palpate any other fashion?

Q Well, you felt this frontal bone, didn't you?

A I just -- the skull was so badly fractured that merely running my hand across the forehead indicated to me that there was fractures underneath.

Q Now, you say you ran your hand across the forehead.

A That is palpation.

Q Before you said you felt it and you palpated it, didn't you?

A Yes, but you can palpate gently or roughly.

Q All right. That answers the question. But when you took the brain out, this dura that was attached to the frontal bone was not injured at all, was it?

A It was not torn.

Q Now, you have placed in your autopsy the fact that the fractures of the frontal bone, together with this bleeding that you found inside the head, was the cause of death.

A And the bruising of the brain, as you recall.

Q The bruising of the brain?

A That's right.

Q You can take the whole frontal bone off a person, can't you, without causing death?

A Surgically?

Q A gunshot wound.

A It has been reported.

Q Well, you were in the Army, weren't you?

A Yes, sir.

Q Don't you know of instances where men had the front of their heads shot off and still lived?

A That's correct. It is possible.

Q And that there are men living in hospitals today that suffered in the last war that had the front of their head shot off and part of their brain removed?

A That is possible.

Q Now, when you come to the lungs, you found out on an examination of the lungs that there was in the lungs an excess of 250 grams of blood?

A In one lung I believe it weighed -- I estimated 250 grams more than that lung would weigh in health.

Q And there was 175 grams of blood in the other lung?

A I believe that is correct, sir.

Q So that the lungs were flooded with blood, weren't they?

A The lungs had an increased amount of blood, certainly.

Q And that, of course, would prevent -- down in our throat here we have two passages, one is the gullet, in which we swallow our food that goes down to the stomach?

A That's correct.

Q And the other is the windpipe?

A That's correct, sir.

Q Through which the air is breathed, and we get the oxygen into the lungs, is that right?

A That's right, sir.

Q And when the windpipe gets down to the lungs, it separates into two pipes, one going to one lung and one going to the other?

A That is exactly right.

Q And you found that this windpipe was full of blood?

A That's correct.

Q And you found that the lungs were full of blood?

A They weren't full of blood. They had an increased amount of blood.

Q But at least the windpipe was full of blood?

A The windpipe had a large amount, that's correct.

Q And that would prevent, of course, the oxygen getting into the lungs?

A That's correct.

Q And that would cause death?

A It might.

Q Did it?

A In this case?

Q Yes.

A I can't say that that in and of itself --

Q Did you rule it out?

A Are we going to discuss the cause and mechanism of death, sir?

Q What did you say?

A Do we want to discuss the cause and mechanism of death, sir?

Q No. I say you made no mention of it.

A Mention of what, sir? I described that there had been --

Q You described it, but you made no mention of it; in the cause of death you give only one cause of death, and that is the head wounds, don't you?

A That is perfectly correct, sir.

Q But this spilling of the blood into the windpipe, this filling of the windpipe with blood, and this filling of the lungs with blood would prevent the oxygen from going into the lungs?

A Correct.

Q And that is why you noted the cyanosis or the blue condition of the fingernails, because they were not getting any oxygen?

You make no mention of that in the cause of death, do you?

A That's correct.

Q Now, --

A May I explain why?

Q No. You can explain it to the prosecutor, if he wants to

take you. I am just reciting facts. That is all, Doctor.

A They are not complete in and of themselves.

Q But I say -- is there anything wrong about the fact that I have stated that the windpipe was full of blood?

A No, sir.

Q Is there anything wrong about the fact that I have stated that the lungs were full of blood?

A The lungs had an increased amount of blood, that is correct.

Q Is there any mistake in the fact that I state that that would prevent the oxygen from going into the lungs?

A No. That is absolutely a correct observation.

Q Now, there was no blood in the stomach, was there?

A No, sir, none whatsoever.

Q So there was no swallowing?

A That's correct.

Q And swallowing is one of the last reflexes that a person loses?

A Not necessarily.

Q Well, isn't it one of the last?

A An unconscious individual doesn't swallow, ordinarily.

Q What?

A An unconscious person will breathe, but they won't swallow. Swallowing is a voluntary action, but we breathe whether we want to or not.

Q We swallow when we want to swallow?

Swallowing is a voluntary act.

Q Swallowing is a reflex act, isn't it?

A No, sir. We swallow when we want to swallow. When there is something in our mouth we want to get down, we, of our own volition, decide that we want to get this into our stomach, and we swallow. That is a voluntary act, not a reflex.

Q Did you ever see an unconscious person dying?

A Many times.

Q Did you ever see a doctor administer medicine to them?

A In what fashion?

Q In the throat?

A I don't know any doctor who would give medicine by mouth to somebody who was unconscious. He'd be afraid he would choke to death.

Q Did you ever see it?

A I don't think I ever saw it. If I had seen it, I would have stopped them.

Q Did you ever see an unconscious person swallow their tongue?

A The term "swallowing of the tongue" is a misnomer. The tongue flops back, it is not swallowed. The unconscious --

Q It is these reflexes in the mouth and in the throat.

A The unconscious person --

Q Well, we disagree on it.

MR. DANACEAU: Give him a chance
to answer the question.

THE COURT: You have stated the
premise, Mr. Corrigan. Let the doctor answer.

MR. CORRIGAN: All right. I don't
want to shut the doctor off.

MR. DANACEAU: Let him answer.

MR. MAHON: Did you have some-
thing you wanted to say, Doctor?

THE WITNESS: Thank you.

A (Continuing) The term "swallowing the tongue" is very loose
usage. Of course, nobody actually swallows his tongue.
When we use the term "swallow" we mean something goes into
the stomach, and nobody's tongue goes into their stomach.
An unconscious person, who can't control his tongue, has
it rolled back and it interferes with his breathing. That
is called, in quotation marks, swallowing the tongue. The
tongue, of course, is not swallowed, it stays in the mouth.
When we swallow something, we expect to find it down here.

Q I take a swallow.

A Voluntarily, you want to swallow.

Q That is a voluntary act?

A That's correct.

Q How long can a person keep from swallowing?

A How long can you keep from swallowing?

Q Yes.

A Keep from swallowing what, sir?

Q Anything; just the swallowing of the saliva in the mouth?

A You swallow the saliva to put it down, because you decide to do it, but a person can do one of two things, either spit it out or swallow it. You do either one, according to your wishes and the circumstances of the occasion.

Q You maintain, then, that when we swallow our saliva, that it is a voluntary act, we are thinking about it?

A It is done under the control of the volitional part of the brain, certainly.

Q All right. Now, did you consider the effect of shock?

A In this case?

Q Yes.

A Certainly, a most serious factor.

Q You didn't put it down?

A I have put down the --

Q No, no. I say, you did not put it down?

A There are many things that are not down there in the mechanism

of death.

Q I say, you did not put the theory of shock down?

A An autopsy report is no place for theorizing. That is a factual report.

Q I am not theorizing at all. I am just calling your attention. You shall make a detailed description and observation during the progress of the autopsy, that is your duty?

A Descriptions and observations are there in the autopsy, theorizing and things of that nature are not.

Q Now, the shock was not put down?

A That's right. That is not an observation, it is not a description.

Q And this woman may have been shocked into unconsciousness by the blows on her head?

A I am quite sure she was, sir.

Q In fact, she may have been shocked into unconsciousness by a blow on the back of the head?

A That is a possibility.

Q By any one of these blows in the head?

A Any blow that is sufficiently severe to disturb the mechanics of the brain could render her unconscious, certainly.

Q And shock is a disturbance or a concussion of the brain that will produce unconsciousness?

A Let's define our terms, sir.

Q Wait a minute. I will withdraw that question.

I say, a shock to the brain --

A You mean a mechanical blow, is that what you mean?

Q Yes, just like these blows that we have here.

CA A mechanical blow to the brain?

AQ Mechanical blow to the brain, yes.

SA Yes.

AQ The brain is suspended, the brain is shook, hits the wall of the cranium, and immediately there comes unconsciousness?

A If the brain is sufficiently disturbed, the individual is rendered unconscious.

Q You see that frequently on these prize fights that occur on the screen; that means that when that man falls down, when he is hit and he falls down, there has been a jarring of the brain?

A That's right, if he sustains the injury to his head, that is the explanation.

Q Did you see a prize fight in which a man named Gil Turner was knocked out?

A I don't remember. I have seen quite a few fights on

A Wednesday nights.

Q Where one man rushed across the ring and struck this other man and immediately he fell down?

A That would mean that concussion was accompanied by immediate paralysis and the individual collapses. Certainly, that is a common knock out, as it is called.

Q And you may have deaths from shock without any injury at all?

A You mean from the type of shock you described, where the individual is rendered unconscious?

Q No. I say from shock.

A Shock in the broad sense?

Q Yes.

A Without any injury?

Q Yes.

A Well, how does the individual go into shock to begin with?

Q What?

A How does the individual go into shock without an injury?

Q Well, supposing you have an instance where a man comes into a mother and says, "Your little girl was just killed out in front of the house," it produces a shock, doesn't it?

A That is emotional shock.

Q That is emotional shock?

A Not traumatic or shock due to a physical injury.

Q That is emotional shock, and the woman falls down, she is shocked into unconsciousness, isn't she?

A Well, you can use that term. You can say she fainted. The word shock covers so many different situations that we have to be careful the way we use it so that there is no misunderstanding.

Q I will take fainting in relation to shock. Shock is a disturbance of the circulatory system, isn't it?

- A Yes, speaking broadly, I think that definition is all right.
- Q I have to use the word broadly because I am not a doctor.
- In other words, with the shock, whether it is emotional or whether it is traumatic, due to injury, there is a dilation of the blood vessels and the dilation of the blood vessels slows up the circulation of the blood; do you know that?
- A I certainly do.
- Q What?
- A Yes, sir.
- Q That is true, isn't it?
- A Certainly, it is.
- Q It is like the output of the heart, is just the same but the pressure falls?
- A There is a rapid fall in blood pressure.
- Q It is just like if you have a hose and you have a volume of water coming out of it, and then at some place along the hose, or two or three places along the hose it begins to expand, then the pressure at the end of the hose drops?
- A That's correct. That is a good example.
- Q And that is just the way shock occurs?
- A This variety that we are talking about.
- Q And traumatic shock and that sudden lowering of the blood pressure may produce death?
- A That is a possibility.
- Q All right. But that is not mentioned in the autopsy?

A No reason to.

Q What?

A No reason to mention such a situation.

Q I don't care whether you say there is no reason to mention it.

A There is a lot of things that aren't in the autopsy, Mr. Corrigan.

Q I say, it is not mentioned in the autopsy?

A That's correct, it is not there.

Q Yes. Now, when a person is hit on the head -- the head is so constructed, or we are so constructed that there is a lot of mobility about our head, and it will swing around and give to blows and all that kind of stuff, won't it?

A Yes. If we have a healthy neck, we can certainly move the head.

Q And because of the separation of these bones in the head, the seams, and so forth, when you are hit on the front of the head, the dome-like shape of the head and the separation of the bones, the force of the blow in the front may transfer that to another part of the head? In other words, put it this way, Doctor, you can get a blow on the top of the head and feel a pain down in the jaw?

A I suppose that is possible.

Q What?

A I suppose that is possible.

You can get a blow on the top of the head and have a fracture in the back from that blow?

A fracture can be transmitted, certainly.

Now, the head is set on the top of the spinal cord. Did you examine the spinal cord?

A We removed the upper part of the spinal cord when we removed the brain.

Q Did you look at it?

A Yes, sir, we looked at it.

Q Where is it in your autopsy, examination of the spinal cord?

A That is included with the --

Q Where is it in your autopsy?

MR. MAHON: Let him tell you.

Q Point it out to me.

A It is not so stated in as many words, but the removal of the brain and the examination of the brain includes with it the examination of the upper part of the spinal cord.

Q Point out to me in that autopsy where you examined the spinal cord? Read it to me.

A It is not written down. It is part of --

Q It is not written down? That is all I want.

MR. DANACEAU: Just a minute.

Let him complete his answer.

A It is included in my other description.

Q Where is it included in your other description?

A When I --

Q Read it to me. Read where you have included in your other description the pathology of the spinal cord of Marilyn Sheppard?

A If there had been anything there, it would have been mentioned.

Q Read to me in your description where you have described the pathology of Marilyn Sheppard's spinal cord?

A It is not mentioned in there at all, sir.

Q All right, that answers it.

A All right.

Q Now, on the meeting of July 16th --

THE COURT: Mr. Corrigan, are you starting a new subject now?

MR. CORRIGAN: I think I can finish in just a few minutes, your Honor.

THE COURT: All right.

Q On the meeting of July 16th, when all these officers were present and you were demonstrating the pictures, the illustrated pictures, colored pictures, as you demonstrated in the court room, was there all the -- the things were laid out that had been accumulated in the coroner's office in regard to the murder of Marilyn Sheppard?

MR. PARRINO: If the Court please, I wish to make an objection at this time to

Dr. Stephen Sheppard coming to the trial table and consulting with counsel.

WILLIAM H. CORRIGAN: Why, he is not --

MR. PARRINO: I am making the objection to the Court.

THE COURT: Let's have one thing at one time, gentlemen.

MR. CORRIGAN: He is hardly consulting with me.

A Would you ask your question again, please?

Q All the things that were connected with the -- that had been picked up connected with the investigation of the murder of Marilyn Sheppard were there in the room?

A There were many objects brought in, certainly.

Q Did you see an imprint of a woman's bare foot?

A I think there was a picture displayed which was an imprint of a bare foot, man or woman, in some beach sand, I believe. I saw that picture, I recall.

Q Now, there are just a few other questions I want to ask you, Doctor, and then I am finished.

A Yes, sir.

Q When you performed the autopsy on the body, that part of the autopsy in which the body was opened, you opened the womb of Marilyn Sheppard, didn't you?

A Certainly.

And you found nestling in the womb a baby?

A I found, yes, a fetus or undeveloped --

Q You call it a fetus, I call it a baby. And that was four months' old?

A Yes, sir, by measurement.

Q And you took that baby out of that womb, didn't you?

A I did.

Q What did you do with it?

A I have it ⁱⁿ a jar.

Q What did you put it in a jar for?

A To preserve it.

Q What did you put it in a jar for?

A To preserve it.

Q For what?

A In case any questions came up, we have it.

Q About any question?

A That's right. It is part of the anatomic examination.

Q What other parts of Marilyn Sheppard did you keep in the Morgue?

A I have in a jar with formaldehyde sections from every major organ in Marilyn Sheppard's body, preserved in formaldehyde.

Q But you kept the baby in a jar. And did you label it?

A Yes, sir.

Q What did you label it?

A I don't know. The label is on it.

Q What?

A The number of the autopsy and the case number, that is our procedure with labels.

Q And the baby of Marilyn Sheppard was not buried with her, was it?

A No, sir, we have it.

Q You kept it. And the baby of Sam Sheppard is out in your Morgue in a bottle, isn't it?

A (No response.)

MR. CORRIGAN: That is all, sir.

THE COURT: Ladies and gentlemen

of the jury, we will have a few minutes' recess at this point. Please do not discuss this case.

(Recess taken.)

MR. CORRIGAN: There is one or two questions I want to ask before they start the redirect. It won't take me very long.

THE WITNESS: At your service.

By Mr. Corrigan:

Q Now, you, as a pathologist, told the jury that the swallowing reflex was a voluntary action, didn't you?

A I did.

Q Now, we swallow in our sleep, don't we?

A I don't know that we do.

What?

I don't know that we do.

You don't know that?

Because we get the --

All right. Now, wait a minute. You don't know, all right.

Can you sit there or can any member of this jury sit here for 15 minutes and not swallow unvoluntarily?

A They would either have to swallow voluntarily or they would have to expectorate their sputum, one or the other.

Q So you don't know whether we swallow in our sleep or not?

A I don't think we do. I think it is a volitional act.

Q Now, you have in the autopsy here the separation of the frontal suture, don't you?

A I have it in one place, in other places, coronal.

Q Well, when you give the cause of death, when the official cause of death was recorded in the Coroner's office in this county, you gave as the cause of death the separation of the frontal suture, didn't you?

A I did.

Q And you said to the jury that the frontal suture and the coronal suture are the same thing?

A As I use them.

Q Well, you may use them that way. You can say six and eight is nineteen, but it wouldn't be right, would it?

A The name that one attaches to a structure --

No. Answer my question.

MR. DANACEAU: If the Court please,
we object to this. He is going over and over the
same thing. He went over and over it the other
day.

MR. CORRIGAN: I haven't gone over
and over it.

MR. DANACEAU: You are going over
and over it again ad infinitum.

THE COURT: You have gone over
it, Mr. Corrigan.

MR. CORRIGAN: But I am going to
demonstrate now that the Doctor is wrong and
that he doesn't know his anatomy. That is the
purpose of my question.

Q Now, I have here Cunningham's textbook of anatomy, and you
are familiar with this book?

A I used to use it.

Q What?

A I used to use it when I was a student.

Q You used to use it when you were a student. Haven't you
looked at it since you were a student?

A Rarely.

Q Rarely. Isn't the book on anatomy as necessary to a patho-
logist as the criminal code is necessary to me in the trial

of this case?

A I can't discuss how much you need a particular law book, not being a lawyer.

Q I see. Well, this book is used in Western Reserve Medical School, isn't it?

A It may be. I don't teach the anatomy part.

Q This book is in the library in the Coroner's office, isn't it?

A I am not sure if we have that book or some other one like it. We have several anatomy books.

Q You don't seem to be very familiar with your library out there.

A I am familiar with parts, but I don't refer to the anatomy book very often.

Q And you are the top pathologist of that department.

This is a standard, isn't it?

A It is.

Q Used by all medical colleges, and you will find it in every doctor's office, practically, won't you?

A I don't know how many doctor's offices you will find it in. I will agree with you that it is a standard medical textbook.

Q All right. Now, you follow me while I read this. Let's see if I read it correctly:

"The two halves of the frontal bone" -- that is the

forehead, correct -- "are separable at birth and are not fused together completely until some period between the 6th and 10th year. The suture, that is, the seam, between the halves" -- the suture, do you follow me, Docstor?

A Yes, I am right with you.

Q "The suture between the halves is called the frontal suture."
Correct?

A' Yes, sir.

Q "Remains of the suture can be seen in the adult skull at and above the glabella".

The glabella is this little point right here in the middle of the eyes?

A That's correct, sir.

Q "And in some skulls, especially in the more civilized races, the whole suture persists until late in life, and it is sometimes called the metopion suture, and the" -- well, I guess that is as far as I want to go.

That is what it reads in this authoritative book, doesn't it?

A It does.

Q But to you the frontal suture and the coronal suture are the same thing?

A I used that synonymously in this case, sir. I was referring to the same structure.

MR. CORRIGAN:

That is all.

Redirect, if you want.

Oh, there is just one other thing that I wanted to ask you. I keep thinking of these things.

Q On Friday I asked you this question, and did you give this answer:

MR. DANACEAU: What page are you reading from?

MR. CORRIGAN: I am reading from 192.

MR. GARMONE: 192 and '3.

"Q Well, did you learn that Mrs. Sheppard had been murdered in her bed and that Dr. Sheppard, her husband, was in the house when the body was discovered?

"A I believe that some time during the morning I learned" -- then the answer is interrupted by a further question:

"Q You learned that during the morning?

"A -- that a doctor's wife, I don't know her name, had been killed in her own bed by her husband, who was a doctor" --

MR. DANACEAU: No, sir, the word is "and her husband," not "by her husband."

MR. PARRINO: Misread, misreading.

MR. DANACEAU: "who was a doctor."

There is no such word as "by." The word is "and."

MR. CORRIGAN: All right, you are correct. I have read it wrong.

THE COURT: Now, let's go back. Will you read it again, Mr. Corrigan?

MR. CORRIGAN: I read it wrong.

Q " -- that a doctor's wife, I don't know her name, had been killed in her own bed and her husband, who was a doctor, had also been there."

MR. DANACEAU: Finish the sentence.

MR. PARRINO: There is some more to the answer, sir.

MR. CORRIGAN: I will read the entire answer.

Q " -- that a doctor's wife, I don't know her name" --

MR. DANACEAU: "I didn't know her name."

Q -- "I didn't know her name" -- I've got to get some new glasses -- "had been killed in her own bed and her husband, who was a doctor, had also been there. That is all I know."

MR. DANACEAU: "I knew."

Q "all I knew."

THE COURT: Well, that is what he said this morning, excepting that he added that he understood that the doctor had been

injured. Beyond that, it is identical with what he said.

MR. CORRIGAN: That isn't what I am coming too, your Honor.

Q "Q --"

MR. DANACEAU: What page, now?

MR. CORRIGAN: The next page.

MR. DANACEAU: Sir?

MR. CORRIGAN: The next page, 193.

Q "Did you hear the theory that was going around that morning, that she was murdered because the doctor discovered that she was pregnant?

"A No, sir, not at all."

Is that the way you answered?

A Yes, sir. That morning there was no mention made of any such thing.

Q No, no. I am just confining myself to this.

A If that is an accurate transcript, I believe that is substantially my answer.

Q I really ought to be up here with you.

A Okay.

Q The question was, that I asked you, "Did you hear the theory that was going around that morning, that she was murdered because the doctor discovered that she was pregnant?

And your answer was, "No, sir, not at all."

A That's correct.

Q "Q Did you hear it at all?"

And then you asked me a question, "During that morning?"

A Yes, because we were specifically talking of the morning of July 4th.

Q Yes. "Q Did you hear it afterwards?"

A I said "No, sir," again. I repeated that there hadn't been anything of that nature on the morning of July 4th.

Q Just confine yourself to the answers here.

MR. DANACEAU: Wait a minute.

MR. PARRINO: Read everything,
please.

MR. DANACEAU: Don't leave out
important material while you are reading it.

MR. CORRIGAN: I won't leave out a
thing.

MR. PARRINO: Yes, we can see that.

MR. CORRIGAN: I won't leave out a
thing.

Q "Q Did you hear it afterwards?"

"A That she was murdered because she was pregnant?"

That was your answer?

A That's right. I wanted to make sure we were talking about
the same thing, so I asked you a question.

Q Yes. "Q Yes, that the doctor went crazy and discovered that she was pregnant and killed her?"

I asked you that question?

A You did.

Q "A Yes, somebody made mention to me," that was your answer?

MR. DANACEAU: Now, wait a minute.
There are some more words there. You were interrupted.

MR. CORRIGAN: What?

MR. DANACEAU: That wasn't his
complete answer.

MR. GARMONE: He hasn't finished.

MR. CORRIGAN: I haven't finished.

MR. DANACEAU: You said, "That was
your answer."

MR. CORRIGAN: Now, listen, Saul,
I can't read anything that is wrong here because
you have the record and I have it.

THE COURT: But, Mr. Corrigan,
let's be quite fair. Don't read part of the
answer and say, "Is that your answer?"

MR. GARMONE: He hasn't given
Mr. Corrigan an opportunity to complete the
answer when he interrupted him.

MR. DANACEAU: When he says, "Is

that answer," I take it he has completed it.

THE COURT: Mr. Corrigan has questioned the witness improperly. Now, it is unfair to this witness and to the jury to have Mr. Corrigan ask half the question, ask the question and then read half the answer and say, "Is that your answer?"

That is not his answer. His answer is the complete answer. That is all we ask.

MR. CORRIGAN: I except to the statement of the Court that I am not being fair in the questions that I am asking the witness.

THE COURT: If you do that, that is not fair, Mr. Corrigan.

MR. CORRIGAN: And I ask that statement of the Court be withdrawn. The doctor is right here looking at the transcript that I am reading from. The other gentlemen have the transcript that I am reading from. You do not have the transcript I am reading from.

MR. DANACEAU: But that is why I objected. You left out the last two words, "not in," and his answer hadn't been finished.

THE COURT: Let's cross it all out. Ask the question and give the answer again.

MR. CORRIGAN: I ask the Court
to withdraw the statement just made.

THE COURT: I will not withdraw
any statement that if you are repeating part of
the answer and then asking him if that is his
answer, that that is not a fair question.

MR. CORRIGAN: I except to that
statement that the Court makes.

THE COURT: All right. Let's
move along. The Court will not withdraw that
statement because it is going to be the rule in
this trial, as it is in every trial.

MR. CORRIGAN: All right.

Q Here is the question, my question to you, and follow me
closely, Docstor.

A I am with you. Read the whole question.

Q So that you can correct me if I am wrong.

"Yes, that the doctor went crazy and discovered that
she was pregnant and killed her?"

Is that the question I asked you?

A That is the complete question.

Q Yes. Now, the answer:

"Somebody made mention to me, not in --"

That is the answer, isn't it?

A That is where I was interrupted, yes, sir.

Q I don't care whether you were interrupted, but that is the answer?

MR. DANACEAU: Well, the record shows an interruption, if the Court please. Let me show it to the Court. The record shows an interruption after the words "not in."

THE COURT: All right. That is what the Doctor has said, that that is where he was interrupted.

Q That appears in this book, "Somebody made mention to me, not in"?

A That's correct.

Q That's correct, isn't it?

A Yes, and then there are two dashes after that.

Q All right. Then question, "Yes, somebody made mention to you. All right."

Now, that was the question, is that correct?

A Yes, sir, you are perfectly correct.

Q And that was the end of that examination on that particular point, wasn't it?

A Yes, we went to something new.

Q Yes. And because somebody made mention to you of that fact is why you put that baby in the bottle in the Morgue?

A Is that a question or a statement, sir?

Q That is a question. That is why you put the baby in the

Morgue?

No, sir. That is the answer.

Q

Well, you had no right to keep that baby there.

MR. DANACEAU: Object to that.

MR. MAHON: Object to that.

THE COURT: Objection sustained.

MR. CORRIGAN: That is all.

REDIRECT EXAMINATION OF DR. LESTER ADELSON

By Mr. Mahon:

Q Doctor, you have testified that there was preserved various vital tissues of Marilyn Sheppard.

A We have a jar of the pieces from each organ.

Q And is that the common practice, Doctor?

A That is done in a thousand autopsies every year.

Q And what is the purpose of preserving those, Doctor?

A So that they are available for re-examination later, and we can make microscopic sections from it. The material is preserved in formaldehyde, and it is the universal practice in any autopsy procedure.

Q And would those specimens be available to the defense for examination?

A I'd be happy to have the defense examine them.

Q Did they ever request to examine those specimens?

A Not to my knowledge, sir.

Q Doctor, in making a report of your autopsy, do you go into details of telling how many fingers a person has, where there is no injury apparent around the fingers, or how many toes, or how many legs or arms, or things of that nature?

A If there is an abnormality, I would note it. If there was an amputated leg, I would so note. If I saw the

extremities are normal, I mean that there are two arms and two legs -- I only note the positive findings, not all the negative findings, except where they are specifically indicated.

Now, you said that as you made your examination you made notes on a blackboard.

That's correct.

And that after you completed your examination, you dictated from the notes that you had on the blackboard?

To a wire recorder.

And did you dictate in the same sequence that you made the examination?

I did it outside and then the inside, yes, sir, the way we proceeded with the autopsy.

You made them in the same sequence?

Yes, substantially.

Is that right?

Yes, sir. That is the way it would be done.

Now, you note here in your examination, the first six findings that you made, you follow on that with a statement in your report.

I do.

And what does that statement say after the first six findings?

I said, and I quote, "Comminuted fractures of the frontal

bone are visible and palpable in the depths of the lacerations described above."

That refers to --

MR. CORRIGAN: I object to that.

That is repetition of direct examination.

MR. MAHON: Well, certainly we could cross-examine on your direct examination, can't we, or, I mean we can --

MR. CORRIGAN: I just made an objection.

THE COURT: Objection will be overruled. He may say what it shows. There has been some question as to what the report shows.

MR. MAHON: That's right. I just want to clarify it, that's all.

MR. CORRIGAN: My objection goes to the fact that that was testified to by the doctor on direct examination.

THE COURT: Well, it will be overruled. Go ahead.

MR. CORRIGAN: Except.

Did you complete your answer?

Yes. I just wanted to say that preceding that were injuries No. 1 through 6, inclusive, before that statement about the fractures.

That's right. Now, when you made your examination on those first six injuries that you point out, were you able to determine from your external examinations that there were fractures at each of those injuries that you examined?

Yes.

MR. CORRIGAN: I object.

I could see them and feel them.

MR. CORRIGAN: Object. It is not redirect.

THE COURT: He may answer.

You could see them?

Yes, sir.

And how could you see them, Doctor?

This forehead -- the soft tissues were torn and damaged so completely right down to the underlying bone, and the wounds gaped, and as they gaped and were pulled apart, you could see fracture lines right in the bottom of the wounds.

Now, you were questioned concerning injury No. 7, as you have it listed here.

That is correct.

And you do not say anything about a fracture on injury No. 7?

That is correct.

Is that correct?

It is.

I see. Were you able to determine from an external

examination whether or not there was a fracture at injury No. 7?

A External examination of injury No. 7 did not permit me to say that there was a fracture beneath that area.

Q Now, when you finally pulled the skin and flesh down so that the bone was exposed to your view, were you able then to determine whether or not there was a fracture in the locality where injury No. 7 was?

A I was.

Q Did you later in your report mention that fact?

A I did.

Q Now, Doctor, you said that you made an examination of the vagina to determine whether or not there was any sperm there?

A I did.

Q And Mr. Corrigan asked you whether or not -- by the way, that was a microscopic examination you made?

A That's right. The material was smeared on a slide, dried, stained with appropriate chemicals, and then examined under a microscope.

Q Now, Mr. Corrigan asked you whether or not you made a chemical analysis for that same thing.

A He did.

Q You said you had not?

A None was submitted for chemistry.

Q Now, can you tell us why?

MR. GARMONE: Object to the question
as to its form.

THE COURT: Go ahead.

MR. MAHON: He is objecting to
the question, your Honor.

THE COURT: Well, it will be
overruled.

MR. GARMONE: Exception.

A Yes, sir. The chemical examination that was referred to
on Friday -- and I can't answer it categorically. I
would like to explain this.

The chemical examination that is referred to on
Friday, I believe, was a test for a substance called acid
phosphates.

Now, acid phosphate is a substance that is present
in male seminal fluid or male sexual fluid. It is a
certain substance that is normally present.

Now, when acid phosphate is deposited in the vagina,
along with the seminal fluid, its presence can be detected
over a period of several days. A test for the presence
of the acid phosphate in the vagina of Marilyn Sheppard,
were it to have been positive, would only have indicated
that there was sexual intercourse within a matter of 48
hours, and in a married woman living with her husband,

such a test would have had no specific significance in this case.

MR. GARMONE: I ask that the answer go out as not responsive to the question.

THE COURT: Overruled.

Q And the microscopic examination that you made for sperm, what would that test show or indicate?

A The microscopic examination of the stained material on the slide -- we would be looking there for spermatozoa, which are the male seed themselves, and also for little structures called corpora amylacea, which are little microscopic structures.

Now, those two substances are normally present in male ejaculate, but they start to disintegrate very promptly, and after 10 to 12 hours they are no longer visible under the microscope, and, therefore, an examination for those substances would disclose whether or not there had been a completed sexual act within 10 to 12 hours of the time I made my smear.

Q Now, you were asked by Mr. Corrigan as to whether or not there was an analysis made of the stomach to determine whether or not there was poison in the stomach. Do you recall that?

A Yes, sir, I recall being asked that question.

Q And you said that you had not?

A That's correct.

Q Was there any reason why you should make such a test, Doctor?

MR. GARMONE: Object to that question, if the Court please. Was there any reason why --

THE COURT: Well, I think he has already testified that it would have shown in the blood.

THE WITNESS: The question was asked so broadly on Friday that it would require, if I were given the opportunity, a more complete answer to clarify the situation.

THE COURT: All right. The Court will let him answer. Show an exception.

A This may be a little lengthy, because it raises an issue that requires clarification, and I will ask the indulgence of the Court.

We must consider the total picture of the autopsy.

As a result of my examination of the body of Marilyn Sheppard, I had determined that she had sustained a number of violent blows to the head; that these blows had resulted in sufficient injury to be responsible for death.

The autopsy also disclosed that Marilyn Sheppard was

alive when she was struck, because she had extensive evidence of hemorrhage, and this is a vital reaction, so that there was no question in my mind that Marilyn had been alive when she sustained her fatal injuries.

MR. CORRIGAN: Object to this,
Doctor. What has this --

THE WITNESS: I am coming to why
we didn't look for poisons. I have to explain
a reason.

MR. CORRIGAN: Why didn't he submit
the contents of the stomach to a toxicologist?

THE WITNESS: Because it is not as
simple as that. As we went further along, we did
a complete autopsy, and we examined the stomach,
and in the stomach there was -- this was measured
in a small graduate -- a half an ounce of orange-
brown mucoid fluid. The stomach itself showed
no evidence of any damage. There was no burning,
there was no corrosion, there was no inflammation.
There was nothing to indicate that any poisonous
or damaging substance had been swallowed by mouth,
therefore there was no necessity to examine the
stomach contents for poison when there was nothing
to indicate that the stomach had been damaged.

Now, in addition to the fact that we used our eyes and looked, we used our nose, and I routinely sniffed, -- if you will pardon the expression -- the contents of the stomach and the interior of the body, because there are certain substances which have a characteristic odor. You can recognize that things are there, because you smell them, and this would include such substances as cyanide, paraldehyde, ether, and things of that nature. There was no abnormal odor.

Now, knowing the cause of death, and knowing that Mrs. Sheppard was alive when she was hurt, and finding no evidence whatsoever to point to any poison being swallowed, finding no needle marks anywhere in the body that would indicate that there had been any kind of a hypodermic injection of poison, on the basis of my experience, which is considerable in this variety of case, I felt that no poison analysis was necessary. Mrs. Sheppard had died because she was beaten to death.

Q

Now, Doctor, you were questioned here this morning about making a puncture in the spinal column to determine the amount of blood in the brain.

A

That's correct.

Q

You said that no such puncture was made in your examination?

A

That's correct. I made no such examination.

Was there any necessity for making such a puncture when you were going to examine the brain itself?

There was not only no necessity. It would have been a bad thing to do, because it might have produced injuries that weren't there to begin with, because it is a blind procedure.

That is a common practice, to make punctures to determine that factor as to blood in a live patient, is it not?

A That's correct, sir.

Q But where you are going to take the brain out and examine it, there is no necessity for making such a puncture?

I would avoid doing any blind stabbing in the neck.

MR. CORRIGAN: Object to the question.

Q Now, there was some question here this morning about blood that was in the lungs and in the windpipe.

In your examination were you able to determine what caused that blood to be in the lungs and in the windpipe?

A The blood in the lungs could have come about as a result of the brain injury itself. Interference with normal working of the brain, which would reasonably be expected to follow injury such as Marilyn Sheppard had suffered, can produce a congestion which is called technically pulmonary congestion and edema, or a lot of excessive

fluid in the lungs and in the blood vessels of the lungs. That can arise purely as a result of brain injury, and abnormal functioning of the brain which interferes with normal function of the lungs.

The blood in the air passages, on the other hand, came there, in my opinion, as a result of the fractures of the nose and the ~~rough~~ -- the floor of the skull which communicated with the nose, and the blood dripped down. It flowed down into the air passages, which remained open after that.

Q Now, you were questioned this morning, Doctor, about shock.

A I was.

Q Now, I understand that in your examinations you put down actual findings as you observed them?

A That is correct. This is an objective description of what I saw and felt.

Q Could you see or feel shock?

A No. Shock is a clinical condition in a live patient. You cannot observe shock in a dead person.

Q And while there undoubtedly was shock here, you couldn't see it or feel it, could you?

A I can only find the injuries that produced it, but the shock state itself is not demonstrable at autopsy.

Q You have testified about your microscopic examination for sperm?

I did.

Did you examine the private parts of Mrs. Sheppard?

Yes, sir.

Did you find any evidence at all of any injury in the region of the private parts?

None whatsoever.

Did you find any neck injuries, Doctor?

None. Either in the soft tissues or in the bone of the neck, there was nothing to indicate any injuries in the neck itself.

Now, there was something said here about your examination of the spinal column, and you testified that the upper part of that was examined?

That is correct.

Is there any note of that in your report?

Well, the upper part is examined routinely with the brain when it is taken out. By examining the neck structures, the soft tissue in the neck -- that would be the muscles and the tendons and the ligaments and the bones, that would be the cervical vertebrae, the backbones, and finding no evidence of injury there, there was no necessity to look for injury to the spinal cord, because you can't have injury to the spinal cord in that region without damaging the bones, the bones protecting it. If the bones are

Q undamaged, this cord is undamaged.

Q And in the report that you made of your examination, did you make any note of any neck injuries?

A I said here that there was -- excuse me -- "There is no evidence of injury to the soft or bony structures of the neck."

And that includes everything that is in the neck.

Q Doctor, you were questioned Friday concerning your report here in which it says that Marilyn Sheppard was officially pronounced dead at the Coroner's office following arrival at 8 a.m., is that correct?

A That was discussed on Friday, yes, sir.

Q Now, have you the official records here of Marilyn Sheppard?

A I do.

Q And does that record state the time, the place, and by whom the finding of death was made?

A It does.

MR. GARMONE: May we see it, please?

MR. MAHON: Sure.

MR. GARMONE: If he is testifying from it, before he testifies.

MR. MAHON: Sure.

Q And from this official record can you tell us the time that Marilyn Sheppard was pronounced dead?

A I can.

What is the time?

8 o'clock in the morning on the 4th of July of this year.
And does that report indicate where she was when she was
declared officially dead?

MR. GARMONE:: Object, unless he
prepared that report. If it is testimony from
hearsay, why, it has no place in this record.

THE COURT: He may say what --

MR. MAHON: This is the official
record of the Coroner's office.

THE COURT: It is an official
record of the office. He may say what it shows.

MR. GARMONE: Was it prepared by
the Coroner or by some assistant of the Coroner?

THE COURT: He may answer.

A I will read the sentence as it appears here, the phrase:

"This woman found on bed by her husband, Dr. Sheppard,
around 5:30 a.m., 7-4-54; pronounced dead by Dr. S. R.
Gerber at 8 a.m., 7-4-54."

Q And you have a book here. What is this book, Doctor?

A This is the register that includes the record of bodies
received, that come to our institution, and contains all
the usual vital statistical data that we receive as a
preliminary when a death is reported.

Is that a permanent record of the Coroner's office?

It is. It is a permanently-bound book.

And is the record there of Marilyn Sheppard?

It is.

Will you read the entry in that official record?

This is page 466, and written in red letters the case number 76629, date 7-4, 11:15 a.m., '54.

Printed "Body of" -- written, "Marilyn Sheppard, 28924 Lake Road. Found at 28924 Lake Road, Bay Village, Ohio."

Then says "Police Station; Pease Funeral Home."

That merely refers to the people who brought the body in. That would be the private undertaker was the Pease Funeral Home.

"Officer Clare Griggs," I believe is the name of one of the men who brought in the body. Most of our bodies are brought in by the police --

Just read that.

"And received by Johnson." That is Mr. Earl Johnson, the receiving clerk.

"This woman found on bed by her husband, Dr. Sheppard, around 5:30 a.m., 7-4-54. Pronounced dead by Dr. S. R. Gerber at 8 a.m., 7-4-54. Dr. Sheppard called Mayor of Bay Village, who called Bay View police at about 6 a.m.,

7-4-54. Dr. Gerber pronounced her dead on scene. Sheets and bedding and clothing brought in by Dr. Gerber to be turned over to laboratory."

There is some other material on it, weight, height, et cetera.

I see.

MR. CORRIGAN: What was brought in by Dr. Gerber, did it say?

THE WITNESS: Just the sheets, bedding and clothing. It is not itemized there.

MR. CORRIGAN: Sheets, bedding and clothing brought in by Dr. Gerber.

THE WITNESS: That's correct.

Q Does that record indicate, Doctor, when the body was brought into the morgue?

A It does.

Q What time was it?

A 11:15 in the morning.

Q 11:15?

A That's correct.

MR. MAHON: That is all.

RECROSS-EXAMINATION OF DR. LESTER ADELSON

By Mr. Corrigan:

Q Doctor, let me see that official report that you have.

MR. MAHON: This one, Bill?

MR. CORRIGAN: Whatever he is calling his official report.

MR. MAHON: They are both official reports.

Q Now, this you say is the report of the autopsy, and it consists of eight sheets, is that right?

A That's correct, sir.

MR. CORRIGAN: I want to mark this as Defendant's Exhibits C-1 to C-9.

THE WITNESS: It is the original.

MR. CORRIGAN: We can substitute photostatic copies.

THE COURT: You wouldn't object to substituting photostats?

MR. CORRIGAN: Oh, no, but I just want it marked as an exhibit, and I will hand it back to you, so that you can keep it until the end of the trial and use it for any purpose you want.

(Defendant's Exhibit C-1 to C-9, autopsy report, was marked for identification.)

MR. CORRIGAN: Now I introduce that in evidence as part of the defendant's case.

Q Mr. Mahon asked you if you preserved certain vital tissues

of Mrs. Marilyn Sheppard at the morgue, and you said you did. What vital tissues did you retain in the morgue?

A In formaldehyde we have tissues from every major organ in the body.

Q Well, that doesn't tell me. My question was: What tissues did you preserve?

A Sections of the heart.

Q How much of the heart?

A Well, they are small blocks of tissue measuring approximately three-quarters of an inch by a quarter of an inch, things of that size.

Those tissues that you have preserved, outside of the baby, consist of a thin slicing of, say, some tissue from the heart?

A That's right.

Q And that is mounted in glass?

A I have some in glass and some are still in the jar, formaldehyde.

Q And they are tissues that are kept there so that they can be examined under a microscope?

A That's correct.

Q And they are very small, thin. What would you say the largest is of all the tissue that you have preserved?

A Are we talking about what is in the jar or what is on the slide?

Q Well, let's take the jar first. What is the largest specimen of Mrs. Marilyn Sheppard that is preserved in formaldehyde in the jar?

A I'd say something that might be as much as three-quarters of an inch or an inch by a quarter-inch. That would be the usual size.

Q That would be the largest?

A I'd say that would be a fair estimate. I haven't looked at it recently. That is the usual practice.

Q How big?

A Up to a quarter-inch, three-sixteenths.

Q Now, then, you said that while you did not mention any fracture under item No. 7, which is "There is a contused elliptical laceration in the right frontal region," you said nothing about fractures there, but you say you do say something about that later in your report?

A That's correct.

Q Now, I have missed that. Will you point it out?

A Yes, sir, I will be happy to. If you go to page 5, bottom paragraph.

Q Yes.

A We start in with the last word in the third line of that paragraph "The."

Q "The."

"The calvarium reveals severe comminution and splintering of the entire frontal bone with complete separation of the coronal suture."

Now, injury No. 7 was over the frontal bone.

Now, that is the explanation you give?

That's correct.

But on the first page you say the fractures are under 1 and 6, there is no fracture mentioned under 1 and 7.

Now, as an explanation, then, you give this statement that appears, "There is a fracture over the entire frontal bone." That is your explanation?

Yes, sir. There was no fracture line visible in the depths of No. 7.

But you don't mention 1 to 6 or 1 to 7 in that paragraph, do you?

When we have reflected the scalp, the wounds are no longer in their normal location. They are down over her face.

I think we all understand your answer, Doctor.

Now, your reason for not having a chemical examination -- one of the reasons that you didn't have a chemical examination of the vaginal smears was that you took it for granted that there might have been sexual intercourse between the husband and the wife within the last 24 to

48 hours. That is the way you answered it, isn't it?

That's correct.

Now, you didn't examine the contents of the stomach. You looked at it?

That's correct.

And you didn't examine it for contents?

Now, do you know anything about poisons? Are you an expert on poisons?

I am not an expert -- well, you can't use the word poisons loosely. You mean the changes in the body that go with --

My question is plain. Are you an expert on poison?

Pharmacologically, toxicologically, pathologically?

I don't care how you put it.

There is a difference, sir. Your question is so broad I can't answer it.

State what your field is in relation to poisons.

I am familiar with the changes that take place in the body as a result of swallowing or inhaling certain damaging substances. Those are the pathologic changes that go with poison.

Q Well, now, you know what a poison expert is, don't you?
Now, there is no such thing as a poison expert as such,
unless you are referring to a toxicologist as such, a
man that is versed in all --

Q You are a member of the National Coroners Association, and
you go around from time to time and attend conventions,
and poison experts appear there, don't you?

A You can't use the term poison expert --

Q Oh, you don't answer my question.

A I can't answer a question that I don't understand.

Q Do poison experts appear there?

A If you will tell me what a poison expert is, I will be glad
to tell you.

Q You ought to know, you are out here, the pathologist of
this Morgue.

A May I explain it?

Q I am just asking a question. If you can't answer it, why,
tell us.

A I can't answer the question in the form you have asked it,
sir.

Q Well, I will tell you what a poison expert is.

MR. DANACEAU: We object to this.

MR. MAHON: We object to his
testifying.

MR. DANACEAU: If he wants to take

the stand, let him take the stand.

THE COURT: Objection sustained.
You can ask the Doctor what he knows in his field.

MR. CORRIGAN: All right. I didn't
get an answer to it, so I will have to put it this
way: --

THE COURT: He says he is a
pathologist, and I take it that he has already
stated, also, that he knows the effects from a
pathological standpoint. Is that right?

THE WITNESS: That's correct, sir.

MR. CORRIGAN: I think, your Honor,
we all know that.

THE COURT: I don't know them.
He says he does.

MR. CORRIGAN: If you sit in an
automobile and breathe carbon monoxide, you die.

MR. MAHON: Object to that. We
don't care about that.

THE COURT: Dr. Adelson is a
pathologist, he poses as such, and claims nothing
beyond that point excepting his general medical
education.

MR. CORRIGAN: I see.

THE COURT: Now, that is the

field he covers, as I understand his statement.

THE WITNESS:

Thank you.

Q Do you know what a toxicologist is?

A I do.

Q What is a toxicologist?

A A toxicologist, as I understand the term, is an individual who is familiar with the nature of poisons, with their effects in the body, with the methods of isolation and quantitation. An individual who can do all those things, in my opinion, would be a well-rounded toxicologist.

Q He is a poison expert?

A As I have defined it, yes.

Q He is a poison expert, isn't he?

MR. DANACEAU:

We object to that.

A He is a man that is familiar with poisons.

MR. DANACEAU:

He is trying to

put a phrase in the witness' mouth which --

MR. CORRIGAN:

I am trying to get

him to be plain.

MR. DANACEAU:

He is as plain as

can be. You are trying to confuse the issue entirely by using two words which may mean something to you but doesn't mean anything to the Doctor.

THE COURT:

Of course, an expert

is anything that anyone would want to apply to it.

Is there a toxicologist connected with your organization?

Dr. Sunshine is a chemist basically, he is not a toxicologist.

Do you have a toxicologist?

On our staff?

Yes.

Not as such, no, sir.

Do you have a toxicologist or is there a toxicologist at Western Reserve University?

I know of no toxicologist as such, no, sir. There are pharmacologists.

Is there any toxicologist around the City of Cleveland?

I don't know of any.

What?

I haven't met any.

You haven't met any?

No, sir.

So here we have the head pathologist of that Morgue, and he doesn't know of the existence of a toxicologist in Cleveland?

A toxicologist as I have defined the term, sir, now.

I am talking about a toxicologist as a poison expert.

MR. DANACEAU:

We object to this.

We've got to make sure we are talking about the same thing.

Well, we will see if we can talk about the same thing.

MR. DANACEAU: We object to this.
This has been thoroughly exhausted.

THE COURT: He doesn't seem to
understand quite the field that you are covering,
Mr. Corrigan.

MR. CORRIGAN: I am using ordinary
simple language. The jury understands it, I am
sure.

There are men in the work who are experts on poison, aren't
there?

Covering the field as I defined it previously?

Covering the field of the taking into the human body as
such things as arsenic, cyanide --

THE COURT: Strychnine?
-- strychnine --

MR. CORRIGAN: You said strychnine
and I said strychnine and we get a laugh out of
these people back here.

THE COURT: Let's have quiet,
please, gentlemen.

A There are people who are familiar with the effects of
those in the human body, certainly.

Q Yes. And those are toxicologists?

If you talk merely from one phase of it, please?

Q Well, I will talk merely from one phase.

All right, fine.

You say that there are none in the City of Cleveland?

I don't know any individual who is completely familiar with the entire field as such. There are men who are well versed in particular phases of the field.

Well, do you have poison cases at the Morgue?

We do.

And when you have a poison case at the Morgue, who do you call on?

Well, the autopsy would be done by myself or one of my colleagues, that is, the pathologic anatomy. The chemical analysis would be done by Dr. Sunshine, who would look for certain substances. If he found them, he would determine how much is present, and then putting together what we learned from our chemistry with what we have learned from our anatomy, we come up with a cause of death.

And who determines, for instance, that a person has taken strychnine?

Dr. Sunshine would be the one who would isolate it from the tissues, if it were there.

And who would determine, for instance, if a person has taken arsenic?

Dr. Sunshine would be given the material from the autopsy that was procured by somebody like me, either I or one of my colleagues.

Q All right. Now, when a poison case comes into the Morgue, Dr. Sunshine is brought into action, isn't he?

A The material is submitted for his examination.

Q I say, when a poison case is brought into the Morgue or they suspect poison, Dr. Sunshine has a job to do, hasn't he?

A That's correct.

Q And were the contents of this stomach submitted to Dr. Sunshine?

A They were not, sir.

Q All right. Now, that answers my question.

Now, you say that there was nothing to indicate any injury to the neck. Of course, we had developed before that you say nothing about the spinal column in this autopsy?

A I have said it, but not in as many words.

Q Well, you haven't said it, we have developed it. I am not going over that again.

MR. DANACEAU: Then why mention it again, if you are not going over it again?

MR. CORRIGAN: Just so that the Doctor and I will understand one another.

MR. DANACEAU: I don't think you want to understand him at all.

THE COURT: I think, Mr. Corrigan,

you should not say that he hasn't mentioned it, because he says that when he mentioned that there was no injury to that neck part, that included the entire structure, as I understood his answer.

THE WITNESS: That's correct.

MR. CORRIGAN: Well, I disagree with the Court.

THE COURT: Well, that is what he said. I am taking his testimony.

MR. CORRIGAN: I think that we have been over that.

MR. DANACEAU: Let's have the testimony in the record, please.

THE WITNESS: Sorry. Are you looking for Page 5, sir?

MR. CORRIGAN: I've got Page 5.

Q There is no mention anywhere in the autopsy of the spinal cord, is there?

A There is.

Q Where?

A Page 5.

Q Well, let's see it.

A (Witness indicates.)

Q All right, where is it?

A Second paragraph, neck organs, from the top.

Q Neck organs. "There is no evident injury to the soft or bony structures of the neck."

Now, the bony structures of the neck, when the spinal cord passes down from the brain, it is encased with a bony structure, isn't it?

A It is encased by a bony structure.

Q It is encased by a bony structure?

A That's correct.

Q That is what we can commonly feel back here and call it the backbone?

A That's right.

Q All right. So that you say, as far as the neck is concerned, "There is no injury to the soft or bony structures of the neck."

That means the tissue around the neck and the backbone?

A That's correct.

Q "The thyroid has uniform reddish brown color throughout with an adenomatous nodule measuring two centimeters in diameter in the lower pole of the left thyroid lobe."

Now, in that paragraph you are talking here about the front of the neck, aren't you?

A Yes, we are talking about the thyroid gland that sits right in front of the windpipe.

Q "The larynx and the trachea are lined by an intact mucuous membrane."

The larynx is the voice box?

A That's correct.

Q And the trachea is the gullet?

A Windpipe.

Q The windpipe. So they are lined by an intact mucuous membrane. That means that the skin on them, covering of the skin, is intact?

A That's right, the surface lining.

Q "The thymus is atrophie."

The thymus is a gland in the front of the neck that gradually disappears as a person grows older?

A That's correct.

Q And then you say it is atrophie. You mean that it is disappearing?

A Shrinking.

Q Shrinking. Now, that is the anatomy of the neck as you have in your autopsy.

Now, when you removed ; the brain out of this partial hole that you cut in Mrs. Marilyn Sheppard's skull, you, of course, had to get down at the base of the brain, the cords, the spinal column --

A I beg your pardon, sir.

Q The spinal column?

We don't cut the spinal column.

Q When you remove the brain?

A No, we don't cut the spinal column.

Q Well, you cut the brain stem?

A We cut below the brain stem.

Q You cut below the brain stem?

A That's correct.

Q All the sections of the brain, the back brain and the front brain, are connected together in a brain stem, aren't they?

A I don't think I can follow your anatomy.

Q Well, all right. You are not an anatomist, and neither am I, so we will have to go a little slow.

The functions of the brain in the front, the memory, the center, the motor, and in the rear, the sensory, are all connected together, they all become connected together in a brain stem, don't they?

A They --

Q The nerves lead down?

A The lowest part of the central nervous system is hooked up with the upper part through the structures that go through the brain stem.

Q Yes, but all these functions of the brain -- I am talking about the frontal brain -- finally are brought together in what you call the medulla oblongata, are they not?

No, sir.

Q Well, where are they brought together?

A I think you are over-simplifying it.

Q Well, I have to simplify it.

A Would you like to have me explain, sir?

Q Well, now, you are not an anatomist.

MR. MAHON: Well, then, what
are you asking him for?

MR. DANACEAU: What are you asking
him for?

A I am not an expert, but --

THE COURT: Let the Doctor
explain.

Q What I am trying to develop, Doctor, is that all the
functions of the brain are brought together somewhere in
the brain, aren't they?

A I don't know that there is any one site that you can say
all the functions of the brain are centered in this one
place. I don't think that holds true, sir.

Q Well, do not the functions of the brain pass down through
the spinal column and through the spinal cord?

A Certain ones do and certain ones don't.

Q Well, we will just take this young man here writing on
this machine, this stenotype operator, he has a number
of movements. He is looking at us, he is using his eyes,

he is using his fingers, his muscles, he is using his ears, and he is using his skill there, and all those things are passing with great rapidity. The results that he gets comes as a result of the passing of rapidly moving operations in the brain, don't they?

A Yes, sir. There is a very rapid exchange of impulses and an integration where they get unified together and a smoothly flowing skillful action results.

Q And every action that he is doing and everything that he is doing is regulated by a different section of the brain; his vision is regulated by one place in the brain, correct, Doctor?

A That is true.

Q His hearing is in another place?

A Correct.

Q His muscular action in another place?

A Right.

Q And his skill, the fact that he can do that -- you and I can't do it, but he can do it, his skill is regulated by another place in the brain, isn't it?

A There is a certain rough localization of these different functions.

Q And I go through that to have you -- to illustrate that there is someplace in the brain where those things are brought together, that's correct, isn't it?

A I don't think that there is any one place in the brain that you could say, "This is the place that would be responsible for a man doing a careful stenotype job while he is in court." I think there are several different areas in the brain which function together as a unit to result in this skillful act.

Q Well, let me simplify it a little further. Is it necessary for him to hear?

A Correct.

Q And that is regulated by a part of the brain up here over the ear, I think?

A That's right. It goes through his auditory nerve.

Q Now, that goes somewhere, doesn't it?

A It does.

Q That impulse?

A Yes.

Q It is necessary for him to write, to use his muscles?

A Correct.

Q That is regulated up here in the top of the brain?

A It is located in the pre-frontal gyrus.

Q And that impulse goes somewhere?

A It does.

Q So we now have two impulses that are joined together, the hearing and the muscular action?

A There is an integration or a coordination, if you will.

Q Coordination?

A Correct.

Q It is necessary for him to see?

A Right.

Q And that is regulated by a part of the brain?

A That's correct.

Q So we have three coordinations?

A Correct.

Q That exist now leading down somewhere, and then we have the skill and the muscular action, and that is regulated by certain parts of the brain?

A That's right.

Q So we have at least five different operations that are brought together so that he can write what we are saying?

A That's correct.

Q Now, they are brought together someplace, aren't they?

A I agree with your theory, that there is a coordination of all these different impulses, but I don't know of any single site or spot in the brain where all these impulses flow into one place and result in any particular thing.

There is an integration by many neural pathways.

Q Well, maybe there will be some, but a great many of them are brought together in one place, aren't they?

A When a man sees, he --

Q I just asked a question, a great many of them are brought

Q together in one place?

A I can't answer that question the way you put it. I am sorry.

Q You can't? You have a frontal brain?

A Frontal lobe.

Q Frontal lobe. And then you have -- that is called the

A cerebellum, isn't it?

A I beg your pardon, sir? I didn't hear you. A truck went by. What did you call it, sir?

Q What do you call it?

A The frontal lobe of the brain is the frontal part of the cerebral hemisphere.

Q Cerebral?

A That's correct.

Q The cerebrum?

A The cerebrum includes the two cerebral hemispheres.

Q Well, we will call it the cerebrum. And that regulates memory, understanding of language, sight, hearing --

A No, no, I think you are going a little afield.

Q All right. Well, it regulates a great many actions of our body?

A It regulates a number of them, certainly.

Q All right. Now, then, we have another lobe at the back of the brain, and that is called the cerebellum?

A Cerebellum of the brain. There are two cerebellar lobes.

Q and the activities or the things that are regulated in the human body by the cerebellum are different than the activities that are regulated by the cerebrum?

A That's correct.

Q In the cerebellum, for instance, you have the regulation of skill?

A Finely skilled or coordinated movements.

Q Liberace playing the piano, he brings into existence the activities of the cerebellum?

A I think so.

Q Al Rosen playing third base, his speed and so forth and his accuracy is regulated, to some extent, by the cerebellum?

A Even walking down the street is regulated by the cerebellum.

Q Now, then, the activities of all these -- of these two parts of the brain are brought together, are they not, in what is known as a brain stem, which is called the medulla oblongata, and there^{are} bends of various kinds that connect the activity of the cerebellum and the activity of the cerebral in that particular part of the brain, is that right?

A Yes, sir, there are interconnections between the various parts of the brain, certainly.

Q All right. And that is a kind of a large organ in the brain?

A Large compared to what, sir?

Q Large compared to the spinal cord?

A It is a little bit wider in diameter than the spinal cord.

Q And that is an extension into the brain of the spinal cord?

A That's right. The spinal cord joins the brain at the medulla oblongata.

Q And then the spinal cord goes down through this boxed-in bony structure we call the backbone, and from the spinal cord goes out the nerves that control all the activities of the human body?

A Not all the activities. They control the motions and the sensations at the different levels. Those nerves don't control vision, for instance.

Q Well, they control the action of the bowels?

A These particular nerves, not directly in and of themselves. That goes through a different part of the nervous system called the sympathetic or the autonomic system.

Q Let's take something else. I don't want to get into the sympathetic system. I know what it is.

Walking, me taking a step, that puts in action certain nerves of the central nervous system, I think, I want to walk?

A That's correct.

Q So I put into action a step, and the thought puts into action certain nerves that lead out of the spinal column?

A That is perfectly correct.

All right. Now, when you opened the head of Mrs. Sheppard, you had to separate, in order to get the brain out, you had to separate this brain stem from the spinal column, didn't you?

A There was an incision made below the medulla in the spinal cord in order to remove the brain from the cranial cavity, certainly.

Q So you separated the spinal cord and the medulla oblongata by a cut, didn't you?

A I separated the brain, including the medulla oblongata and the upper part of the spinal cord, from the lower part of the spinal cord.

How much of the upper part of the spinal cord did you separate?

A Approximately an inch or two.

Q You haven't got it in here?

A That's right. That is our usual procedure.

Q I see. Then, of course, when you cut that you damaged the spinal cord, didn't you?

A I cut the spinal cord, sir.

Q Now, you talk about the official record of the Coroner's office. We went to the Coroner's office, as we had a right to do, and we asked for the official record, and this is what we received.

A That's right, sir.

Q Now, then, Mr. Mahon has come in today with some other official records, and he has handed me this which I haven't had an opportunity to examine.

MR. CORRIGAN: Can I take a moment, your Honor, to look at it so that I can ask intelligent questions about it?

THE COURT: Yes.

Q Well, this, Doctor, wasn't made out by you?

A It certainly was not. That is not my responsibility. It was made out by a clerk.

Q This was made out by a clerk?

A That's correct.

Q And the name is Johnson, isn't it?

A That's right.

Q It wasn't made out by the Coroner?

A Dr. Gerber was at Bay Village when this was made out.

Q In order to bury a person, the undertaker must have a death certificate, musn't he?

A He has to get a death certificate to get a burial permit, certainly.

Q And this is the death certificate issued by the Morgue to the undertaker, or a copy goes to the undertaker?

This is a death certificate?

A It is not.

Q Well, what is it?

A

A At our office this is referred to as a view slip.

Q As a view slip?

A That is our name for it. It is a slip that has information which is eventually incorporated in the death certificate, but this is not a death certificate.

Q Well, this is a vital statistic report made up by a clerk in the Coroner's office for the purpose of securing a burial certificate for the Saxton Funeral Home, the burial place Knollwood Mausoleum; is that right?

A Would you like to have me explain what this is, sir?

Q I just asked you a question. Isn't that something that every undertaker has to get?

A Every undertaker gets a death certificate. This is not a death certificate.

Q No. You take this to the City Hall?

A You don't take this to the City Hall. This stays in the Coroner's office.

Q Well, you take a copy of it to the City Hall?

A No. You take a different form on which some of the information which is here is incorporated. This is not a death certificate.

Q Well, this doesn't help us a bit, does it, Doctor ---

MR. DANACEAU: We object to this.

A I don't know how you want it to help us any.

Q I don't know. John Mahon brought that in. But this

wouldn't help us a bit --

THE COURT:

It speaks for itself.

Q -- in determining the accuracy or the inaccuracy of your autopsy?

A May I answer that question?

Q Yes.

A On Friday you discussed with me, interrogated me about some time intervals on the actual autopsy report. At that time I stated that the autopsy report as typed was incorrect as the result of a clerical error transmitting the information which is recorded here and recorded here to here (indicating). And this was brought in so that the original accurate date would be available for investigation and inspection.

Q How could it be the result of a clerical error when you dictated it?

A I didn't dictate it, sir. The girl copies that part from this, and she made a mistake.

Q You mean this is made out first?

A That is the first thing that is made out, that and the book.

Q What?

A This and the information in the book is what is made out first. That is routine on any of the 2,500 to 3,000 bodies that we receive every year, sir.

Q Well, I may have some further questions to ask you about

it. I haven't had a chance to analyze it. I would like you to leave that book here.

MR. CORRIGAN: That is all, Doctor.
If there is anything that I think that I could ask you about, I will recall you.

THE WITNESS: Thank you. May I have that?

MR. CORRIGAN: This is in evidence.

THE WITNESS: It will be available, and you have the photostat.

MR. CORRIGAN: How about the book?

THE WITNESS: This is a permanent record, and I want to make sure that it doesn't go astray, because we must have this at our office. This is the only such copy that we have.

MR. CORRIGAN: The permanent records wouldn't go astray. Here is the Court.

THE WITNESS: This information is only in this form.

MR. MAHON: If your Honor please, can't a photostat be submitted?

MR. CORRIGAN: Sure. If you will send a photostat down, that will answer it just as well as even the book here.

THE WITNESS: Do you want a photo-

stat of the page -- of the whole book?

MR. CORRIGAN: No, just the page.

MR. GARMONE: Just the page.

THE WITNESS: I will be happy to have that photostated as soon as I get back to our institution. You will have it tomorrow.

MR. CORRIGAN: That will be sufficient. Thank you.

THE COURT: Can we have the original here for a few minutes so that Mr. Corrigan can check the photostatic copy with the original?

THE WITNESS: Yes.

MR. MAHON: And this, too, photostat this.

MR. CORRIGAN: Well, if you will photostat all these things, Doctor, so that we will have them in Court, then you can have the originals.

THE WITNESS: I will photostat these three items. I will be glad to do it as soon as possible.

THE COURT: If we need you further, Doctor, we will call you.

THE WITNESS: I will be available.

THE COURT: Ladies and gentlemen

of the jury, we will now adjourn for the noon hour, and return as near as possible at 1:30 this afternoon. In the meantime, please do not discuss this case.

Without any formality at all, we will adjourn until 1:30.

(Thereupon, an adjournment was taken until 1:30 p.m., Monday, November 8, 1954, at which time the following proceedings were had:)

- - -