

Wednesday Morning Session, 9:15 a.m., November 2, 1966

THE COURT: Good morning, ladies
and gentlemen.

JURY: Good morning.

THE COURT: Ladies and gentlemen,
each of us participating know you didn't have
the comfort and convenience of being at your
homes last night, but we want you to understand
that we all appreciate the fact that you have been
denied this comfort and convenience of home, but
trust that last night was at least bearable under
the circumstances.

Now, Counselor Spellacy or Corrigan,
do you have another witness?

MR. SPELLACY: The State will call
Doctor Lester Adelson.

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THEREUPON, the State of Ohio, further
to maintain the issues on its part to be main-
tained, called as a witness DR. LESTER ADELSON,
who, having been first duly sworn, was examined
and testified as follows:

DIRECT EXAMINATION OF DR. LESTER ADELSON

By Mr. Spellacy:

Q For the record, please state your name?

A Doctor Lester Adelson, A-d-e-l-s-o-n.

Q Where do you live, sir?

A 23005 Beachwood Boulevard, Beachwood, 21.

Q Are you married, sir?

A Yes, sir.

Q Family?

A Yes, sir.

Q What is your business or profession, sir?

A I am a physician.

Q How long have you been a physician?

A I received my Doctor of Medicine degree in 1939. I am in my 27th year.

Q Are you licensed to practice medicine in the State of Ohio?

A Yes, sir.

Q Doctor Adelson, will you give us an outline of your educational background, please?

MR. BAILEY: If it please the Court, and for the record, this witness is known to me and we will stipulate that he is eminently qualified in the field of pathology.

MR. CORRIGAN: May it please the Court,

we would like to have the jury know the educational background without stipulation.

THE COURT: Please proceed, counselor.

Q Doctor Adelson, will you then tell us your educational background?

A Yes. I received a Bachelor of Arts degree in 1935 from Harvard College; and M.D., Doctor of Medicine, degree from Tufts, T-u-f-t-s, University School of Medicine, in Boston, in 1939.

I served two years as a rotating intern at the Hartford Municipal Hospital in Hartford, Connecticut; and one year as resident physician and Director of the Outpatient Department in the same institution.

Then I served 42 months as a medical officer with the Army Air Forces during World War 2, and a couple of years of that was spent over in the South Pacific.

After I was made a civilian I served three and a half years as a resident in pathology, which is my specialty, at the Hartford Hospital in Hartford, Connecticut, and followed that with fourteen months at the Department of Legal Medicine at Harvard Medical School.

That brings me to September of 1950 when I took my present position.

Q Doctor, you mentioned that your specialty was pathology;

what is pathology?

A Pathology is the laboratory side of human disease, human injury. A pathologist is a physician who works in the laboratory rather than at the patient's bedside.

Q What does a pathologist do?

A Well, a pathologist supervises the work in the laboratory. He is familiar with blood chemical analysis, bacteriology, urinalysis. He examines tissues removed in surgery. If an appendix or gall bladder is removed, it is sent to the pathologist for his study.

And he performs autopsies on people who have passed on.

Q What are autopsies?

A An autopsy is an examination of the body carried out after death to establish the cause and occasionally the manner of death.

Q What is the -- strike that. What is your present position now, doctor?

A I am a pathologist at the Cuyahoga County Coroner's Office.

Q How long have you been a pathologist at the Cuyahoga County Coroner's Office?

A Since September, 1950.

Q Since September of 1950?

A Correct.

Q That would be approximately sixteen years, is that correct?

A I am in my 17th year.

Q 17th year?

A In my 17th year, yes.

Q What are your duties at the Cuyahoga County Coroner's Office?

A Well, my major responsibility is supervision and participating in the work that takes place in our autopsy room, and when Doctor Gerber, who is Coroner, is not available, I carry out some administrative functions.

Q Have you had occasion during your course of duties as a Coroner of Cuyahoga County to perform autopsies?

A Certainly.

Q Approximately how many have you performed?

A Oh, thousands. I don't keep any specific record of them. But we do quite a few, and I do my share.

Q Approximately, if you can?

A Well, in the seventeen years I have been there we have done about 21,000 autopsies.

I would say I have done between a quarter and a third myself, beside supervising. It is a fairly rich experience.

Q Doctor Adelson, directing your attention to July 4, 1954, did you have occasion to perform an autopsy on one

Marilyn Sheppard?

A I did.

Q When did your autopsy begin in that matter?

A Approximately 12:30 in the afternoon of that day.

Q Will you tell us what was the first thing that you did with reference to the autopsy?

A Well, I looked at Mrs. Sheppard, I saw evidence of bleeding and injury.

I washed off the blood, and then had some photographs taken to depict the external evidence of injury.

Q Were you present when those photographs were taken?

A Yes; in fact, I helped to take them.

Q What were these photographs of?

A Photographs of her face and head, both hands, and eventually her skull, the bones of the head, when they were exposed.

Q You mentioned an external observation that you made of Marilyn Sheppard; will you tell the Court and jury what that was, please?

A Yes. Mrs. Sheppard was a well developed and well nourished white woman who looked to be her stated age of thirty years.

She was 67 inches tall, and weighed 125 pounds. She was in complete rigor mortis; that means the body was stiff all over, and the blood had settled to the back of her

body.

Aside from the injuries, the sole noteworthy finding was that when I pressed on her breasts a little bit of wattery fluid came out which is called colostrum, which was suggestive of the possibility of pregnancy, which incidentally I confirmed internally.

Otherwise she was a healthy appearing young woman, with evidence of injury.

Q Doctor, you indicated you had taken slides. Would those slides help you to illustrate and describe the injuries that you observed?

A I think they are an excellent visual aid to help comprehend the appearance of Mrs. Sheppard when I saw her.

Q Do you have those slides with you, doctor?

A Yes, I have some pictures.

MR. BAILEY: Your Honor, I would have no objection to entering the box as one exhibit and marking them accordingly.

(State's Exhibits 2, 3, 4, 5, 6, and 7 were marked for identification by the reporter.)

(Thereupon a projection screen and projector were set up in the courtroom.)

A I will get this in proper focus. Give me a moment, please. I think this would be adequate.

I hate to disturb the whole courtroom. Perhaps we

can improvise as we go along. We will try it and if it doesn't work, we can rectify it.

Q Doctor Adelson, for the purpose of the record, showing you what has been marked for identification purposes as States Exhibits 2 through 7, will you identify those for us?

A Yes.

Q What are those that you are holding in your hand?

A These are colored transparent photographs made for projection, taken of Mrs. Sheppard, on the day of the autopsy, five of them before the autopsy was started, and one afterward, which accurately and fairly depict the condition of her injuries at the time they were taken.

Q I believe you indicated before that you assisted in the taking of those pictures?

A Yes, I helped the photographer.

MR. SPELLACY: If it please the Court, at this time we offer in evidence State's Exhibits 2 through 7.

MR. BAILEY: No objection.

THE COURT: They may be received.

MR. SPELLACY: I request permission of the Court to show these photos for the purpose of describing the doctor's observations at the time of the autopsy.

THE COURT: Request granted.

Q Doctor, would you kindly show those photos to the jury, and describe what you observed when you began your autopsy on July 4th, 19--

A Finish your sentence.

Q July 4th, 1954, at 12:30.

A I will be glad to, as soon as I get another part of the machine.

Would it be preferable to darken the room? I will leave it up to the viewers.

THE COURT: Doctor, we will rely on your judgment as to whether or not that fairly and accurately represents, with this present lighting condition.

THE WITNESS: It would be I think sharper in a darkened or semi-darkened room.

THE COURT: Adjust the lights, to accommodate the witness.

Q Now, doctor, would you please describe the injuries that you saw on your external observation?

A Yes. I would like to say that before I actually start, going into the specific details, a couple of statements. (A) I have numbered the injuries solely for the purpose of identification. I have no way of establishing the order in which the individual injuries were

sustained, and so the numbers are merely so we can refer to Injury Number 10, and so forth.

This is not to indicate that it was the tenth injury. I want that to be clear in everyone's mind.

Secondly, some of the injuries are not depicted in the photos, because for one of several different reasons, and I will describe those verbally.

And a few definitions is what I wanted to mention, so I won't repeat it every time. When I use the word laceration, I am referring to an injury which is a tearing type of injury.

When I refer to a contusion, I am referring to a bruising type of injury.

If I use the word abrasion, or abraded, I am referring to an injury which has a scraped characteristic.

If I use the word fracture, I am referring to a bone which had been broken.

With that sort of general background I will depict the various injuries that we have here.

Injury Number 1 is a laceration, which is contused or bruised, measuring one by 1/2 inch in the left forehead.

Injury Number 2 was a bruised crescentic laceration, measuring one by a quarter inch in the left forehead here.

Injury Number 3 was a contused gaping laceration, measuring 1-1/2 by 3/8ths inches, here.

Injury Number 4 was a linear laceration, measuring two by 1/2 inch in the mid-forehead.

Injury Number 5 was a ragged crescentic laceration measuring a half inch by a quarter, in the right forehead.

Injury Number 6 measured one by a half inch, and was over here on the left side of the forehead; and I could see from the depths of the injuries fractures of the underlying bone.

Q And what would that underlying bone be?

A That is the frontal bone. It is the forehead, in plain parlance.

Q Now, I am going to jump a few numbers in order to show all the injuries on this particular picture, so we don't have to put it back again.

Injury Number 17 was swelling and purple discoloration of the right upper and lower eyelids; in plain parlance a black eye.

Injury Number 18 was an area of crusted abrasion measuring a half by a quarter, in the right lower lids.

Q What type of wound was that?

A A crusted abrasion, a bruised scrape.

Injury Number 18 -- excuse me, may I correct that? It is a little bit dark for me here.

Number 18 was a contused abrasion of the right upper eyelid, which is here.

And Number 19 was in the mid-right lower lid.

17 is the black eye, 18 and 19. My apologies for that error.

Number 20 was swelling and discoloration, purple discoloration and swelling of the eye on the left.

Number 21, a fracture of the nasal bones, which are the bones that one can feel here, in the bridge of the nose, with crepitation on manipulation.

Crepitation is a grating sensation which is apparent when one moves fractured ends of bones against one another. You can't see the fracture but you can feel it.

Injury Number 22 was an abrasion, bruised abrasion, or scrape, over the bridge of the nose overlying the site of the fracture.

Q Doctor, what is the difference, again, between a laceration and a bruise or abrasion?

A A laceration is a tear, and an abrasion is a scrape.

Q Thank you, doctor. Proceed.

A Injury Number 23 was a contused abrasion or a bruised scrape measuring one by half inch in the left lower orbital margin. The orbit is the eye socket, and so is this particular injury here; and Number 27, with an area of purple brown contusion, here on her shoulder, this was a bruise.

Those are all the injuries that are visible on this

particular picture.

Q Doctor, do you have other photos?

A Yes.

Q Do the other photos depict further injury?

A Yes. This is a different view and we, prior to taking these pictures, partially remove, or, removed the hair partially from the scalp of Mrs. Sheppard here on her left side.

Q That is the left side of the head, doctor?

A This is the left side of the head. And these injuries below the hairline I have already described and will not refer to again.

Injury Number 11 was a ragged laceration in the left parietal region, measuring two inches in length, and it is this curved injury here.

Injury Number 12 was a ragged cruciate, or cross-shaped laceration, measuring one and a half by one inch in the left temporal region here.

Injury Number 13 -- no, 13 I just gave. No. Number 13, a ragged contused laceration measuring two by half inch in the left parietal region, and it is this injury here.

Number 14, a contused crescentic laceration, crescentic because being like a half moon, in the left parietal region, and that measured two and a half by one-quarter inch.

And Number 15, a ragged crescentic laceration, measuring one and a half by one-half inch, and that is this injury.

We have now described all these injuries on the scalp. Now, before we get away from the head I would want to state that there were additional injuries which were not depicted in photographs.

Injury Number 8 was a ragged contused laceration measuring one by half inch, on the right side of the head; and Injury Number 9 was a ragged contused laceration measuring half by a quarter, in the back of the right side of the head.

And Injury Number 10 was a ragged laceration measuring one and a quarter by a quarter, in the mid frontal region which is hidden by the hair here.

Those are the injuries which in sequence were not photographed but I have numbered.

Q Does this then describe the injuries to the head, doctor?

A Not all of them, but the ones that I have pictures of down to this series of numbers.

Q Are there further injuries to the head, doctor?

A Yes. Excuse me. Now, this is a view of the profile, the right profile. These injuries I have already described, and there is no necessity of repeating those.

But there is an additional injury here which I have numbered as Injury Number 16, which is a small injury. It appears to be either a laceration or an incised wound that has somewhat different characteristics of this other injury, or these other injuries, and that measures 5/16ths by 1/8th inch, in front of the right ear.

Q Doctor, you say it has different characteristics; will you please describe that?

A There was no bruising of the margin particularly as compared to here. It is much smaller than these other injuries, and it tends to have the characteristics of an injury made by something that had a somewhat sharper cutting surface. It is quite different from the others in general character.

Q Doctor, does that then describe the injuries to the head?

A No. I found that the two front upper teeth of Mrs. Sheppard had been fractured or broken, and the fragments were not in her mouth, but there were two chipped teeth in front. There was also some bruising on the inner side of the lip.

Q What teeth were those, doctor?

A The upper central incisors, or the two large front central teeth.

Q They were chipped, is that correct?

A They had been broken off.

Q They had been broken off?

A Yes. Most of the teeth were still in place, but parts of the teeth had been broken off and were not with the body when I examined.

These I believe were all the injuries above the neck, on the outside.

Q Now, doctor, going back, as far as the left side of the head and the right side of the head are concerned, where were most of the injuries?

A Left.

Q On the left side of the head?

A Correct.

Q Now, doctor, did you have occasion to observe any other external injuries to the body of Marilyn Sheppard?

A Yes, I did. This is a picture of the right hand and wrist of Mrs. Sheppard.

Injury Number 29 was an area of bruised scraping measuring two by a quarter over the back of the right wrist, as depicted here.

Injury Number 30 doesn't appear in the picture, but there was a bruised scrape measuring three-quarters by a quarter on the palm of the hand, the thumb side.

Q Proceed.

A Injury Number 31 was a scrape measuring a half by a

quarter over the right index finger, as you see here, close to the knuckle.

Injury Number 32, an area of crusted abrasion, or crust scraping measuring a quarter by 1/8th over the right forefinger as you see here, the knuckle; and Injury Number 33 was hyper-mobility, meaning excessive motion and crepitation over the right fifth finger, where one sees this scrape, and this was indicative of a fracture with a scrape overlying.

So there were these injuries here, and here. There was also on the right hand, on the right forearm a scrape measuring a quarter of an inch, 7-1/2 inches from the tip of the right thumb. That is not depicted in this picture. The scrapings and the fractured finger.

Q Proceed, doctor. Did you observe other external injuries?

A Yes, this is the left hand, and there was a scrape over -- scrape measuring one and a half by quarter inch over the left forearm, ten inches from the tip of the little finger. That is not depicted.

But there was a superficial scrape here, and the nail of the finger, fourth finger, had been partially torn loose from its attachment, and the base of the nail sticks through the tissue which is called technically the eponychium.

So there was an injury to the fourth finger.

Q What type of injury was that?

A That was a partial avulsion of the nail or partial tearing away of the nail.

Q Can you describe in what direction that was torn, doctor?

A Well, the nail was torn loose from its attachment underneath. I don't know as I can tell you the direction.

Q All right.

A I believe that is the sum total.

Q Now, then, doctor, that depicts the external observations that you made, is that correct?

A Correct. I will just turn this off in a moment. May we have the lights on, please?

Q Now, doctor, in addition to the external observations that you have described for us, did you have occasion to perform an internal observation?

A Yes.

Q Will you tell the Court and jury what that was and what that consisted of?

A Yes; I will sum up the examination of the body below the head by saying that Mrs. Sheppard was a perfectly healthy young woman, without evidence of any acute or chronic disease of any significance.

She had a small goiter. Her appendix had been removed. And she had an intact pregnancy of approximately

four to five months duration, undisturbed within the uterus.

The more significant findings from the point of view of injuries were confined to the head.

There were extensive fractures of the skull, accompanied by hemorrhages into the scalp. The suture or seams in the skull had been separated.

There were hemorrhages on the brain and there was bruising of the brain.

Q Now, doctor, based upon your experience, and your examination of Marilyn Sheppard, do you have an opinion as to her cause of death?

A I do.

Q And what is that opinion?

A Marilyn Sheppard came to her death as a result of multiple impacts to her head, which resulted in fractures of the skull, separation of sutures, contusions or bruising of the brain, and hemorrhages on the brain. The combination of injuries was fatal.

Q Now, doctor, you had described for us the number of wounds. Will you tell us again how many there were?

A I have a total of 35 individual injuries numbered here, and which I described here in one sequence or another.

Q Doctor, based upon your experience and your examination

of Marilyn Sheppard, do you have an opinion as to the number of blows that caused that number of wounds?

A Yes.

Q What is that opinion?

A I would say it was approximately 25 blows, give or take a few either way, because one blow could have produced several separate injuries, as far as the numbers are concerned.

Q Doctor, going back now to your internal observation, did you have occasion to examine the stomach of Marilyn Sheppard?

A Yes, certainly.

Q And what was that?

A In her stomach, there was no evidence, again, of any disease. I found a half an ounce of orange brown mucoid fluid, which is mucus, really.

Q What if anything did this indicate to you, doctor?

A That whatever food she had eaten had passed out of the stomach into the more distal parts of the gastrointestinal tract. In other words, her last meal had passed out of her stomach.

Q Doctor, going back to the injury to the left ring finger, do you have an opinion as to the type of -- strike that -- do you have an opinion as to whether there are characteristics in that wound similar to the wounds in the

head?

A Yes.

Q What is your opinion?

A I believe a blunt impact to the end of the finger could tear the nail loose from its bed.

Q Based upon your experience and your examination, do you have an opinion as to whether or not all these wounds were produced by the same instrument?

A I think most of them were. But I can't exclude the possibility of some of the injuries being produced by something other than a blunt instrument or object, call it what you will.

Q What do you mean by that, doctor?

A Well, certainly the lacerations and tears I believe were all caused by the same instrument.

But the fracture of the nasal bones, and the bruising around the eyes, strike me as probably having been caused by some other type of instrument or mechanism.

Q What do you mean by some other type of mechanism?

A Well, it could be from a fist or just a flat blunt impact. You don't see the type of laceration around the eyes and eyelids that one sees in the forehead and scalp.

Q Nothing further. Well, just one other question, doctor. You indicated that you had another slide here,

Is that correct?

A Yes.

Q And what is that a slide of?

A That is a slide showing the injuries to the skull, visible after the scalp has been reflected or peeled away to show the fractures.

Q Will you kindly show that slide, please?

A Certainly. I don't know if you have to darken the room.

Q I don't believe so.

A This is Mrs. Sheppard's skull. She is lying face up on the autopsy table. This is the back of the head. This is one of the sutures or seams which was loosened by the blows to the head, and these are fractures or breaks of the frontal bone, the forehead bone.

Are we through with the projector?

Q Yes, unless Mr. Bailey has some need.

MR. SPELLACY: Will you mark these, please.

(State's Exhibits 8, 9, 10, 11, 12, and 13 were marked for identification by the reporter.)

Q Doctor, showing you what has been marked for identification purposes as State's Exhibit 8 through State's Exhibit 13, can you identify those for us, please?

A Yes, I can.

Q And what are those that you are holding in your hand?

A These are black and white photos made from the color transparencies which I projected. They are identical, except different size, but the details are exact.

MR. SPELLACY: if it please the Court,
at this time I will offer into evidence State's
Exhibits 8 through 13.

MR. BAILEY: No objection.

THE COURT: They may be received.

Q Now, doctor, after performing the autopsy, did you have occasion to perform any other laboratory tests?

A I did some microscopic studies and I submitted some material to other members of our staff for further study.

Q And what was that?

A What was what?

Q What other materials did you submit?

A I sent some blood up to our chemical laboratory to be examined for the presence of alcohol, which is done routinely in this type of case.

Q And do you know what those findings were?

A Yes.

Q What was that?

A The blood alcohol of Marilyn Sheppard at the time she died was zero. She was absolutely sober.

Q Did you have occasion to do anything else in so far as blood was concerned?

A I sent some of her blood up to be blood grouped or blood typed.

Q Who did you send that to?

A Miss Mary E. Cowan, our senior medical technologist.

Q Did you perform any other tests?

A I examined some of the contents of Mrs. Sheppard's vagina or front passage to see if there was evidence of recent sexual activity. I found none.

Q Pardon me?

A I found none.

Q Doctor, when you examined the lacerations to the head, as you have described them, can you tell us what if anything you found there?

A Blood. Nothing special.

Q Did you find anything else?

A I found no other foreign objects or foreign material other than dried blood which I washed off prior to taking the pictures.

MR. SPELLACY: I have no further questions. You may inquire.

THE COURT: Counselor Bailey or Sherman?

CROSS EXAMINATION OF DR. LESTER ADELSON

By Mr. Bailey:

Q Doctor, you described one of the kinds of injuries that you were going to talk about in your testimony as a laceration.

Now, a laceration would include not only an incised injury by a sharp instrument, but also a splitting caused by a blunt instrument, would it not?

A Yes. A laceration does not include an incised wound. A laceration is a tear or split is a good way to put it.

Q So that the injuries that you observed to this woman were inflicted by some instrument without a cutting edge, in all probability?

A Correct.

Q You said that you made an examination for evidence of sexual activity?

A Correct.

Q The fact is that you found no sperm in the vagina, is that right?

A Exactly.

Q Now, assuming an act of interrupted coitus, there would be no evidence for you to find?

A If the male had not deposited a sperm, then there could have been that activity without completion of the act internally, certainly.

Q The two teeth of Marilyn Sheppard were broken off, were they not, from some force exerted from inside the mouth pulling out, from the way it was broken?

A I believe they were probably broken from something on the outside striking in.

Q Striking in?

A Yes. An impact to the teeth.

Q What bruising did you find around the lip?

A I found a little bit of bruising around the lower lip.

Q Now, what was the angle of the break, if there was one, of these medial incisors that broke off?

A I don't think I remember any angles. We have the chips, we can look at them.

Q Do you have some notes on that?

A No, except I don't have the specific angle. I have measurements as to their size.

Q Would you attempt to recall whether or not the angle of the broken surface was significant in determining how these teeth were broken?

A I don't think I can answer that question, Mr. Bailey.

Q You don't have any --

A I have nothing to indicate -- I know, I saw the chips the next day, but I don't remember which way they broke exactly.

Q Where are the chips now?

A I don't have them.

Q You don't have them. What did you find about the fractures to the teeth that was inconsistent with them having been broken off by something yanking them out?

A I don't think there is anything inconsistent with that.

Q Well, do you want to leave it then there is no way for you to tell whether the breaking force came from within or without?

A I would say either one is a probability.

Q Of course, the tooth chips were not found in the mouth?

A Exactly, they were not.

Q And as far as you know, they were never in the mouth at any time?

A No, I have no way of knowing that.

Q Once they were broken?

A Once they were broken. They were found outside the body.

Q So this was consistent with Marilyn Sheppard having clamped down on something, which was then yanked away from her?

A I suppose that is one way it might have happened.

Q You said there might be as few as 25 blows to have

caused the 35 injuries that you observed and described?

A Yes, I said 25, give or take a few. I don't think I can be specific.

Q Well, in giving that opinion, I assume that you have in mind the possibility or even likelihood that some of the blows to the hands were inflicted in the course of a blow which wound up striking the head and therefore two bruises were caused with one blow, is that it?

A That is one possibility. The others I described; for instance, three different injuries on the hand, which could have come from one blow.

Q The finger nail, for instance, could have been torn away by an instrument hitting it at the top and pushing it out and away, and down in?

A Yes, certainly. That is one mechanism.

Q I assume you have made some effort to determine what kind of instrument could have caused these blows?

A I have done nothing specific, except to do my day to day work, and see the kinds of injuries that people come to me with, and to mentally catalog them.

Q Well, from the injuries that you observed, do you have any opinion as to what the striking surface necessarily consisted of?

A An edge that was blunt, with a variety of striking surfaces to produce the variety of injuries that I observed

and that the pictures show.

Q You say a variety of striking surfaces; why is that?

A Because the injuries vary so much in their dimensions and they vary in their characteristics.

Q And, of course, they are inflicted on different parts of the skull, each of which has its own individual contour?

A Correct.

Q And the longest laceration is on those portions of the skull where the contour is the most gentle, in other words, the skull is most flat?

A The skull is most flat, of course, in the forehead region.

Q Are these blows consistent with some striking instrument which has a curved edge?

A It could be a curved edge, a variety of curves.

Q Did you find anything in the wounds themselves, any remnants or any microscopic materials that would help us as to whether the instrument was metal or plastic?

A I don't think -- I am not aware of any plastic, other than something like Bake-lite that is rocky hard, that is going to produce this degree of trauma.

This has got to be an extremely firm and in my opinion probably metallic, or something as hard as metal, to produce this degree of injury.

Q Now, you found one injury at least which appears to be in size almost a hole, forward of the right ear?

A Yes, sort of a sharpening, margined.

Q It does not have the appearance of the other bruises to the extent that it does not appear to have been caused by the same striking surface, is that true?

A Yes, that is one of the varieties that I mentioned.

Q That injury, however, is consistent with a sharply pointed striking surface?

A Yes.

Q As against the linear striking surface that caused the others?

A I agree.

Q You found no pieces of metal in any of the wounds?

A None.

Q Glass?

A None.

Q Plastic?

A None.

Q How about lacquer?

A I didn't see anything other than blood.

Q I take it that you washed these wounds up before you took these pictures?

A Obviously, yes.

Q Quite extensively. Now, prior to the washing were

they examined?

A Oh, yes, I looked at these to see what I could see, but they were a sea of blood.

Q I understand; when the blood was removed was it kept in any way for examination?

A No, the blood was washed off.

Q So there may have been microscopic particles in the blood which were washed away?

A That is a possibility I cannot exclude.

Q How was this washing accomplished?

A Gently, with a sponge, dripping down, and gently patting away, to add no artifacts or new changes. This is something we do routinely and with care.

Q Did your examination of the stomach contents help you, or let me say your examination generally, help you as to the limits of possible time of death?

A Only insofar as we know when she ate her last meal. I found an empty stomach. The question is when did she last eat.

Q Assuming that there would be some evidence that she ate late in the evening, can you tell us from your experience how long it takes to fully digest and pass through the stomach a meal of say ham and berry pie?

A Would you classify it as a light or medium meal? Not a heavy meal?

Q A medium meal.

A A medium meal, under ordinary conditions, and there are exceptions, would leave the stomach within two to four hours.

So I would say that death occurred somewhere in the region of four hours with a little bit of lee-way on either side, after she had eaten her last meal.

Q You mean at least?

A Yes, for

Q Four hours?

A Yes.

Q Once the food has left the stomach, of course, that examination doesn't help you as to how much longer it might have been?

A That's right, that is as far as we can go.

Q You say that she was in rigor when you made your examination at about 12:30 p.m.?

A Complete rigor mortis, yes.

Q Will you tell the jury when the onset of rigor mortis comes in the usual case, and how long it lasts?

A Rigor mortis sets in very very rapidly in people who die in the midst of severe physical exertion.

It sets in slowly in people who die when they are relaxed like somebody who dies in their sleep.

And it begins within a few hours of the time of death

under ordinary circumstances, and again under ordinary circumstances within six hours it is complete, meaning that the jaw, the arms, the elbows, the hands, the legs, and so forth, are completely rigid.

And at ordinary temperature, room temperature, it will start to pass off within 24 hours.

When the environment is warmer, hot day, rigor mortis starts in more rapidly and passes off more rapidly, because it is a chemical reaction that is responsible for it, and chemical reactions are ordinarily sped up by heat.

Under conditions of chilling, rigor sets in more slowly and passes off more slowly.

Q Do you recall at what time the rigor state dissipated in Marilyn Sheppard?

A After the autopsy she was kept in one of our crypts which is at ice box temperature. I looked at her again, but I didn't feel her, on the next morning.

So I don't know when the rigor disappeared. But once you get into an ice box, things change completely. It is an artificial environment for a human being, alive or dead.

Q Was there any clothing on her body when you received it at the mortuary?

A There was some clothing on which I looked at, but it was removed by our mortuary attendant. I didn't touch it.

Q Do you recall the position of the clothing when you saw it?

A No, I don't. I just looked at it and went to prepare to get ready, because this was his responsibility.

Q I take it you made no notes or observations on the blood spatter that was on the clothing, if any, indeed?

A I did not examine the clothing at any time.

Q From the examination which you made, would you have an opinion as to whether Marilyn Sheppard resisted her attacker before she was finally subdued?

A This is a conjecture or guesswork. I don't --

Q You have no opinion?

A I have no opinion that I can speak with validity.

Q About how thick is the forehead bone, as you call it?

A The frontal bone, ordinarily I think it would run between $3/8$ ths and a quarter or $5/8$ ths of an inch.

Q Is it a hard bone?

A Certainly.

Q And brittle?

A It is breakable but it is not brittle. It is good protection for the brain. Nature has given us that much protection in that area.

Q In other words, it is a fairly strong bone even though it is only a quarter or $3/8$ ths inch thick?

A It is a very efficient piece of defensive front.

Q Now, your slide of the skull after the scalp was peeled back, shows that in one area there was a fracture of the skull, and the pieces are sitting apparently undisturbed, broken apart from one another?

A Correct.

Q In some other areas where there were severe lacerations there was no fracture of the skull as such?

A No fracture in back or on the left side, toward the side and back of the head.

Q Most of the fractures were right up in here?

A All of the fractures were in front.

Q Was there any evidence that you could see from the bone itself, and I take it some of these injuries went right down to the bone?

A The bone -- well, the bone was broken and I am sure the instrument tore the skin and struck the bone.

Q Yes, the instrument itself struck the bone?

A Correct.

Q Having split the overlying skin?

A Yes, the soft tissue was split and the instrument --

Q Did you find anything about the bone, any fractures or scrapes or indentations that can help us with the determination of the kind of instrument that inflicted these injuries?

A No, except that the instrument had to be a sufficiently

strong one to splinter a bone. But I can't tell you specifically the nature of the instrument.

Q But there were no marks on the bone itself?

A None, except the fracture lines.

Q Was the skull examined, the bone, microscopically, to determine whether or not remnants of any substance might be imbedded in it?

A No, I saw no foreign material whatsoever. There was no microscopic examination in response or answer to your question.

MR. BAILEY: I think that is all,
doctor. Thank you.

THE COURT: Counselor Corrigan
or Spellacy?

REDIRECT EXAMINATION OF DR. LESTER ADELSON

By Mr. Spellacy:

Q Doctor, when you performed your autopsy was rigor mortis complete at that time?

A At 12:30, yes.

Q And it takes how long for rigor mortis to set in?

A Under ordinary circumstances, approximately six hours.

Q Now, doctor, you indicated -- excuse me, doctor, you don't know how long before 12:30 rigor mortis was completed, do you?

A No. That is when I first palpated her, because that

you don't see, you feel it or palpate it.

Q Now, other than the lacerations, and the fractured skull, was there injury to the brain?

A Yes, certainly.

Q And what was that injury?

A The brain itself was bruised, and there were hemorrhages on the surface of the brain, technically called a sub-arachnoid, and a subdural hemorrhage.

Q Doctor, would you describe for the Court and jury what surrounds the brain?

A Yes. Starting, of course, at the scalp, the soft tissue, then the skull, the bony tissues. Beneath the skull there is a membrane or a tissue which is firm and leathery called the dura mater. This covers the inside of the skull.

Immediately on the surface of the brain there is a very delicate filmy structure called the arachnoid which means spider like, because there are little tissues that look like spiders. This is a very thin film which fits over the brain and underneath which is located the cerebral spinal fluid.

Then there is a third membrane located directly on the surface of the brain and it fits the spine like a glove fits your hand and that is called the pia mater. Those are the three membranes which cover the brain itself.

Q And below all these are the brain?

A Below that is the cortex --

Q And you found bruises on the brain, correct?

A The brain was bruised.

Q Now, doctor, before when Mr. Bailey was questioning you, you indicated you had an opinion as to the type of instrument that was used?

A Yes.

Q And what is that opinion?

A A metallic object, instrument, call it what you will, with a variety of striking faces and sufficiently strong to result in splintering the bone of a woman with a healthy skull.

Q Why do you say metallic?

A Because I cannot think of anything that is as hard as metal that would ordinarily produce this degree of skull splintering.

MR. SPELLACY: No further questions.

THE COURT: Counselor Bailey?

MR. BAILEY: Nothing further.

THE WITNESS: May I have a moment to take my gear? Will this be necessary to anybody else?

MR. SPELLACY: I don't believe so, doctor. We have no further need for it.

THE WITNESS: With your permission.
May I take the colored photos?

THE COURT: Work that out with
the counselors.

MR. SPELLACY: Do you mind if he
takes the photos?

THE WITNESS: I will take the
slides back. They are available if you want
them; you can call me.

Thank you, your Honor.

THE COURT: Good-bye, doctor.
Ladies and gentlemen of the jury, now is perhaps
the best time for us to take our morning recess,
even though we have only had one witness this
morning, thus far.

While you are away on your morning
recess you will bear in mind the instructions
given you on each occasion, and that is that
you shall not discuss this case even amongst
yourselves.

You shall not permit anyone else to
discuss it with you. Nor shall you permit
yourselves to overhear anything that relates
to this case by any means of communication.

We will have our morning recess.

(Thereupon a recess was had.)