

Monday, July 26, 1954

DR. RICHARD HEXTER, being first duly sworn
was examined and testified as follows:

EXAMINATION OF DR. RICHARD HEXTER

By Coroner Gerber:

Q Will you state your name?

A Dr. Richard Hexter.

Q Where do you live?

A I live in Bay Village.

Q The address?

A 28214 Lincoln Road.

Q How long have you lived in Bay Village?

A For the last 15 years.

Q What is your profession?

A I am a physician and surgeon.

Q When did you graduate?

A The University of Louisville, Kentucky, 1934.

Q After graduation what did you do?

A After graduation I spent three years in residency
in medicine and surgery.

Q At what hospital?

A I will take that back, it is four and a half years.
A year and a half at City Hospital in Cleveland, two
years at Lutheran Hospital and a year in City Hospital
of Louisville, Kentucky.

Q After your internship and residency what did you then do?

A I went into practice of medicine.

Q Where?

A In Lakewood, Ohio.

Q Are you still in practice in Lakewood, Ohio?

A I am in practice in Cleveland, just beyond the border of Lakewood.

Q Are you affiliated with any hospitals in Cleveland?

A Yes, I am.

Q What hospitals?

A On the staff at Lakeside, St. John's, Lutheran and Berea.

Q Have you taken any postgraduate courses?

A No, sir.

Q What do you do at these hospitals?

A I bring my patients in for the practice of medicine, both medicine and surgery.

Q On July 4, 1954, were you called by Chief Eaton of Bay Village?

A Yes, I was.

Q What was the request?

A The request was for me to go down and examine Dr. Sam Sheppard at Bay Village Hospital.

Q What time did you appear at Bay Village Hospital?

A Approximately about 2:30.

Q In the afternoon?

A In the afternoon.

Q Of July 4th?

A Yes, sir.

Q What did you do then?

A I went down the corridor to examine Dr. Sam Sheppard but before I went, was allowed to enter the room, Dr. Steve Sheppard gave me the facts what had happened to his brother Sam.

Q Now when Chief Eaton of the Police Department of Bay Village called you, did he give you any instructions?

A No, sir. Chief Eaton asked me to examine Dr. Sam Sheppard. I had first declined to examine the doctor because I felt that I had no official permission to go and examine the man and I didn't want to go down until I received such permission.

Q Did you get that permission?

A Yes, I did, from you.

Q Who else gave you the permission?

A Chief Eaton called me back in half an hour and told me that they had called the hospital that I was given permission to examine Dr. Sheppard and then you came on the telephone and told me that the official permission had been granted.

Q Did you inform Dr. Sam Sheppard that you were there to examine him?

A Yes, sir.

Q For the Bay Village Police Department and the Coroner's office?

A Yes, sir.

Q Did he make any objections?

A No, sir.

Q Did he tell you to go ahead and make the examination?

A Dr. Sheppard said very little to me.

Q He permitted you to make the examination?

A He permitted me to make the examination.

Q Did Dr. Stephen Sheppard raise any objections to your examination?

A None whatsoever.

Q Did he give you his permission?

A Yes, sir.

Q Was that implied or direct permission?

A There was no direct permission. It was just merely implied, from what I could gather.

Q Did Dr. Sam Sheppard or Dr. Steve Sheppard raise any objections?

A No, sir.

Q At approximately what time did you start to make the examination or complete the examination?

A I didn't look at my watch so I can't tell you the exact time of the start or completion of the examination. However, to the best of my recollection I feel I was in that room about 45 minutes.

Q Now will you recite just what you did in your examination, and I am giving you a report that you gave to me on July 4th, to refresh your memory.

A This is a five-page report of the examination of Dr. Sam Sheppard, most of which I think is a little bit too detailed in technical language to understand. Forgive me for saying that. I will try to give you the general gist of what took place.

Q Is this report in your handwriting?

A Yes, it is.

I did a thorough and complete examination of Dr. Sam Sheppard. And I want to reiterate a thorough examination. The physical findings in my examination were essentially negative, except for the fact that I had found that Dr. Sam Sheppard had an edema or swelling on the right side of the forehead,

his zygoma or the cheekbone on the right side.

He also had a swelling of both the upper and lower eyelids on the right eye with some evidence of bruising. He also had laceration at the inside of his mouth at the level of the gum line.

The left side of his face was essentially negative.

There was a tight felt neck pad around his neck.

If I may digress for a moment. I was told by Dr. Steve that there were bluish marks on the throat, that there was edema or swelling on the back of his neck. I asked that the felt collar be removed so that I could examine that and all that region. I saw no bluish marks on the neck, as had been implied to me. I saw no edema on the back of his neck. I want to state that I thoroughly examined, I not only looked but I also palpated his skull, the occipital region and also the entire cervical vertebrae. I saw no swelling on the back of the neck, and I saw no contusion on the back of the neck.

I will skip over some of the rest of the physical examination which I thought was perfectly normal.

At the chest the doctor complained of pain on palpation at the level of the eighth and ninth ribs, at the sternal junction and I noticed no contusions or abrasions.

In the abdomen the doctor also complained of pain in the right upper quadrant, at the level of the liver. The extremities were completely negative for any fractures, abrasions or contusions.

There were certain reflexes that were absent, I will not mention these names, because as I say they are a

little bit too technical to understand, unless you desire me to name them. Do you want me to name them?

Q No, that is all right.

A Thank you. My impressions at the end of the physical examination were as follows:

If I may go back for just a moment. Dr. Steve told me at the time that there were no fractures present anywhere. He asked me would you like to examine the X-ray records and I said no sir, I don't know enough about that technical area to be able to say yes or no as to whether or not any fractures were present.

Dr. Steve stated to me that I could rest assured there were no fractures, because their X-ray man had examined the X-rays and said that there were no fractures present.

Coming back to the impressions on my final examination, they were as follows: 1. Abrasions of the mouth on the right side. 2. Infra and supra-oribtal ecchymosis on the right. 3. Edema of the face and forehead on the right. 4. Injury to the right rib cage. 5. I ruled out the following: 1. Basilar skull fracture. 2. Fracture of the zygoma on the right side. 3. Fracture of the right parietal region. 4. Fracture of the eighth and ninth ribs.

This report I brought back to you after the examination.

Q What was the appearance of Dr. Sam Sheppard when you first looked at him?

A When I first walked into the room I walked up to Sam and offered my condolences, because I had had some dealings with Sam before and I knew him. My impression of the patient was that he was lying quietly in bed, conscious, coherent, and I thought alert.

Q Did he appear to have any distress?

A None whatsoever.

Q Did you check his pulse?

A Yes, sir.

Q What was his pulse, as you remember?

A Pulse was 78.

Q And his blood pressure?

A Blood pressure 134 over 70.

Q What was the condition of his skin?

A The skin was that of a normal individual who was apparently an outdoor type of man, was completely tanned throughout most of the body.

Q You state in your report that the head is normal in contour and the skull feels normal to palpation?

A Yes, sir.

Q What do you mean by palpation?

A By palpation I mean taking your fingers to a particular part and feeling it.

Q Did you find any evidence on palpation of any defects?

A No, sir.

Q Did you find any evidence of any abnormalities?

A No, sir.

Q Now, the ears. You have on your record here you say that the ears are normal in shape, the external canals are normal and the drums are intact. No blood was noted, was that the result of your examination of the ears?

A Yes, sir. I looked for blood in the ear canals and looked for a possible rupture of the ear drums. They were negative.

Q In your report on the eyes, you say that the pupils are equal and regular and they react to light and accomodation. There is no mystagmus. Conjunctiva and sclera are normal.

A Yes, sir. I amnt a neuro-surgeon or neurologist. Each doctor is trained to give each patient a general neurological examination to try to determine some type of brain injury or brain tumors or whatever may be involving the content of the skull.

From the examination it was my conclusion and impression that there was no gross evidence of any skull fracture or any injury that was at that time apparent to the eye.

Q Would that indicate that there was no damage to the

brain when you say that the pupils are clear and regular?

A As far as I could determine at that time there was no evidence of any injury to the brain.

Q The nose. You say that the nose was normal in size and shape and that there is no evidence of contusion or abrasion?

A That is correct. There was no gross evidence of fracture present. I felt no depressions and didn't feel any grating of bone. Yet on pressure of this area Dr. Sam complained of pain.

Q You say further that the lower and upper eyelid is edematous, what do you mean by that?

A That again shows me that there is digression from the normal of the skin area. Again swelling of the upper and lower eyelids from the normal as shown by fluid being exuded into the skin area.

Q Diagnosis is made by observation and by palpation, is that correct?

A Observation, palpation, and may I say sir complete examination.

Q You say there is ecchymosis of the supra and infra-orbital regions. What do you mean by that?

A Supra and infra-orbital is a term that we use and employ, supra means over and above the eyelid and on the eyelid and infra means below the eyelid. Ecchymosis

means an extravasation of blood into the subcutaneous tissue that is visible to the eye. That is due to some type of injury.

Q Would you call that a black eye?

A Those are rather technical terms. It is a black eye, yes.

Q You say there is edema and redness over the right parietal and temporal region?

A By that I mean it is the extravasation of tissue in the surrounding skin area due to some type of injury, which we term edema and the lay people know as swelling.

Q This area you said measured six by six centimeters, how much would that be?

A We figure 2.54 centimeters to each inch.

Q You say that is painful on palpation?

A Yes, sir.

Q You say further that the skull table does not feel depressed to palpation and no abrasions are noted.

Now what do you mean by that?

A I can say that I palpated the patient's skull table, by that I mean the outside of the skull, looking for depressions from the normal contour. By that we can

determine a fracture that would depress the skull in towards the brain, telling me that a patient might have suffered a violent external blow, which would cause a skull fracture. I felt none in my examination.

Q In the examination of the neck, who removed the neck pad, did you remove it?

A I asked that it be removed. I asked if it could be removed and Dr. Sam was asked if he wanted it removed and he said yes and Dr. Steve Sheppard removed the neck brace with the assistance of an intern who was present at the examination.

Q You said the patient moved his head from side to side with some difficulty. What do you mean by that?

A I asked Dr. Sam if he could move his head from side to side. I wanted to try to determine grossly how much injury the man had that I could safely examine him more thoroughly. I was afraid of a possible fracture and I did not want to subject him to any severe examination if he had too much pain, for fear if he did have a fracture movement of the neck either by himself or by someone else might cause very severe spinal cord injury.

Dr. Sam was able to move his neck from left to right rather slowly with some difficulty. With alleged pain he did move the neck.

(Discussion had off the record.)

Q Now Doctor, after your observation with regard to the movement of the neck did you note any contusions or abrasions of the throat?

A Mr. Coroner, I did not notice any abrasions of the throat or neck, particularly so after Dr. Steve had told me that there were some bluish marks on the throat and neck.

I very carefully examined the throat to see if there were such evidence present and did not see any.

Q Now you make an observation here that the back of his neck is thick, what do you mean by that observation?

A If I may go back just a moment, the collar was removed. I examined the throat with the patient lying flat in bed, the throat on both sides. I then asked Dr. Sam if he could sit up so that I could examine the back of the neck and he said he thought he could.

Then with the support and help of both Dr. Steve Sheppard and the intern, with Dr. Steve supporting the head so it wouldn't move too much, the patient was raised up in bed in a sitting position. Then I was able to very thoroughly visualize the back of the neck and examine it.

By thickness of the neck I mean it was that of a muscular individual who apparently was very well and

very normally developed.

Q Did you see any swelling or edema of the neck?

A No, sir, I did not.

Q Did Dr. Sheppard, Sam Sheppard complain of any pain in the occipital region on the back of the head?

A Dr. Sam sheppard did not complain of any pain when he was raised from a flat position to a sitting position, but on palpation, and I would like to emphasize that if I may please, sir, he did complain of pain, on deep palpation in the occipital region just at the level of the first cervical vertebra.

Q You state further there are no abrasions or contusions on the back of the neck?

A Yes, sir.

Q What do you mean by back of the neck?

A By back of the neck I mean from the skull that can be seen at just above the parietal and occipital region clear down to the buttocks.

And by theback of the neck I can very definitely pinpoint it from the top of the skull to the level of the first dorsal vertebra.

Q The level of the first dorsal vertebra is where?

A Starting at the chest.

Q Is that the shoulder region?

A Yes.

Q Describe the mouth. You say the teeth are intact. There are several small abrasions on the inside of the mouth, to the right at the level of the teeth, can you give any further description?

A I asked Dr. Sam if he could open his mouth so I could look inside of the mouth for examination. He had a little, I should not say a little, he had a good deal of difficulty in opening his mouth, because he did allege pain on opening of the lower jaw. He could only open the mouth in my estimation to 50 per cent, which is just normal enough room for a physician to be able to use a tongue blade and a flashlight to visualize the content of the mouth.

The teeth appeared to be intact as far as I could see. I could not get a thorough look at the teeth. The tongue appeared to be normal. There was an abrasion on the right side of his mouth and mucuous membrane at the level where both teeth meet in midline on the right side of the cheek.

Q And you examed the chest and you state here it was normal in contour, respiration 14 per minute. There are no rales and he alleges pain on palpation at the level of the eighth and ninth ribs. At the sternal junction no fracture noted by palpation. No contusion or abrasions are noted. Can you elaborate more on that?

A Well sir, I again visually looked at the chest walls. I palpated the chest walls. By walls I mean of course the rib chest wall and I also listened to the lungs and to the heart.

On examination, visual examination and inspection of the chest wall I found no contusion or abrasions or no edemation of the entire chest wall.

The percussion note was normal. The heart, no rales indicated that there was not anything out of the way as far as the contents of the chest were concerned. By that I mean the lungs. The heart sounds were normal. There were no murmurs. The rhythm was regular. Palpation, and then again I mean by finger touch, revealed -- I should not say revealed, let me state that the patient alleged pain on pressure at the level of the eighth and the ninth ribs and by the sternal junction I mean the breastbone.

Q The abdomen. You say the abdomen was normal in appearance. The liver and the kidneys and spleen and bladder not palpable. He alleges pain on palpation in the right upper quadrant. Will you explain that?

A Visual examination of the abdomen revealed that to be normal. Again I did not note any abrasions or contusions or edema. Palpation at the abdominal content revealed that the kidney, rather the spleen, the bladder

and the liver were not palpable. Those are one of the examinations we make to try to determine any enlargement of those particular organs or any other tumor masses that we can feel in the abdomen.

By pain, when I stated that the patient alleged pain, he complained of pain on deep pressure in the upper right quadrant, and that of course to me means that the region of the liver and gall bladder area.

Q The extremities. You say that there is no abnormality. The function is normal and equal. What do you mean by that?

A I examined both the upper and lower extremities and noted no abrasions or contusions of either the upper arm or the forearm and the fingers anteriorly and posteriorly. The fingers flexed and extended normally. The elbows flexed and extended normally. I again was looking for fractures or any other abnormality that might be visible to the naked eye. I also examined the lower extremities from the hips clear down to the toes, again looking for abnormalities. I did not note any.

Q What do you mean by reflex?

A Well, a reflex is a superficial function that we look for in the abdomen, the chest, the extremities to see if there is any injury involving any of the centers which throw those reflexes out of their normal function.

Q Where are the centers located?

A Well, they are located in the brain.

Q Anyplace else?

A Well, of course there are some in the abdomen, there are some -- they are in the extremities -- they are in the scrotal region. We get them in the knees, the ankle and we get what are known the Babinsky.

Q What is Babinsky?

A Babinsky is the reflex that we elicit on stroking the sole of the foot and a certain action of that of the large toe will tell us as to whether or not there is any abnormality present.

Q Where would this abnormality be located that was present?

A It would be located in the brain.

Q In this instance was the Babinsky negative?

A Yes.

Q What is the Cremasteric?

A The Cremasteric reflex is elicited by stroking the inner thigh of the patient close to the lower scrotum.

A normal reflex of the Cremasteric on stroking of the thigh will move the testicle up and down.

Q In this instance --

A In this instance they were both absent.

Q Is it possible or probable on occasion to have

Q Cremasteric absent?

A Yes, it is probable and can be possible. I have not seen any. I just cannot answer that question because I have not seen any that way but the question as your propound it, it can be possible and probable.

Q Now the reflex of the left abdomen, what do you mean by the reflex of the left abdomen?

A We can very lightly stroke the abdomen up or down or sideways, stroking the abdomen either with your fingers or light touch with some instrument. The opposite side of the skin will suddenly contract or move up and down.

Q In this instance was the reflex absence or present?

A In this instance the right abdominal reflex was present and the left abdominal reflex was absent.

Q Again can that occur and not be abnormal?

A Well, sir, that can occur, it can be probable. Of course, I am not an authority on it, I suppose we can have a patient with absent normal reflexes. On the other hand, an abnormal reflex or absence of abnormal reflex may indicate some trouble.

Q Could a reflex be absent as a result of sedation?

A No, sir, I don't think so, Doctor. You can simulate simple pain or allege various things but I think the absence of a reflex in an individual who has other reflexes present cannot be simulated. Those are actual

physical findings and we must give the patient the benefit of the doubt when there are no normal reflexes and we find certain reflexes absent.

Q On the reflex of the biceps, you say that is present and active?

A Yes.

Q What do you mean by reflex of the biceps?

A It is the reflex that we elicit by pressure of the elbow and the doctor hits the thumb with the reflex hammer and the forearm moves back and forth.

Q You say the triceps is present and active?

A That is in back of the elbow, eliciting again in the upper arm posteriorally.

Q Ankle clonus you say is negative. What do you mean by that?

A Ankle clonus is elicited with a patient lying flat in bed. The lower extremities extended and you put forcible pressure against the sole of the foot and under normal circumstances the foot will stay pressed towards the head of the patient. If there is any other condition present there will be a sudden quivering back and forth rather markedly in your hand of the foot in this particular or any instance where the ankle clonus is abnormal.

Q What do you mean by impressions?

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A Impression is the term that we put down when we first see the patient, either in the hospital or the office when they first come in to us. They give you their history and we do a physical examination and you put your impression down to give you some working diagnosis as to what to eliminate and what to look for and your impressions are those particular things that you work upon to try to take care of this patient.

Q Your impressions are: Abrasions of mouth on the right side. Infra and supra-orbital ecchymosis on the right side. Edema of face and forehead on the right and injury to right rib cage. Was that your diagnosis?

A Yes, sir. These are my impressions, Doctor, and if I would have had charge of that patient in the final diagnosis when I sign a chart in the record room I would have rather continued with ~~that~~ particular impressions as my final diagnosis or as things would be developed, I would have changed them to whatever final diagnosis I would have finally arrived at.

Q In your examination you say that it is necessary to rule out basilar skull fracture, fracture of the zygoma on the right side, fracture of the right parietal region, and a fracture of the eighth and ninth ribs. These are the impressions that you had that you thought should be ruled out?

A Yes, sir. The reason I put down, if I am allowed to add, sir.

Q Go right ahead.

A The reason that I put down that certain things should be ruled out. For example, the basilar fracture and the fracture of the zygoma and the fracture of the parietal region and the fracture of the eighth and ninth ribs we feel it a fair hospital practice that if a patient who is injured has pain either on saying so or else on examination by inspection and palpation and they have been severely injured, that a patient should receive the benefit of the doubt and those areas of fracture should be ruled out, or confirmed by X-ray diagnosis and I put those down for a patient and I would either send for X-rays or for confirmation or otherwise.

Q Doctor, was the examination of Dr. Sam Sheppard made with the same care and caution that you would make any other examination?

A I realize the seriousness of the situation. I did not know at the time when I was called what had transpired. I was asked to go down and examine Dr. Sam Sheppard for you, Mr. Coroner, and also for Chief Eaton. I can very honestly state that I gave Dr. Sheppard a fair and thorough and a just examination. I felt that I might be called upon later to verify my findings.

As a result I did a thorough examination and again may I say, sir, an honest and a fair examination.

Q Who was present when you made this examination there in and about or throughout the entire examination?

A Throughout the entire examination Dr. Steve Sheppard was present and also an interne or resident. I don't want to insult him if he is not a resident. We call him an interne, whose name at the present time I do not recall. This interne left the room a couple of times to get some implements that I asked for that were not present at the start of the examination.

Q Now, did you take the pulse yourself?

A Yes.

Q Did you take the blood pressure yourself?

A Yes.

Q Did you ^{make} all these other examinations yourself?

A Yes.

Q Would you recognize the name of the other doctor, whether he be a resident or an intern or would you recognize his face if you saw him?

A I would rather recognize his face, sir, instead of his name.

Q Have you seen Dr. Sheppard since?

A Dr. Sam Sheppard?

Q Yes.

A No, sir, I have not.

Q Has anyone talked to you about this examination?

A By that will you please --

Q Outside of myself has any other person talked to you about this examination?

A By that do you mean officially or unofficially, sir?

Q Either officially or unofficially?

A Officially I have not been contacted by anyone either from Bay View Hospital or Police Department or the Coroner's office.

I will take that back. Saturday afternoon or Saturday noon two of the Cleveland detectives caught up with me at Lutheran Hospital and asked me some questions pertinent to Mrs. Marilyn Sheppard.

Unofficially of course this has been a topic of discussion by everyone, including myself. I think two detectives from the Cleveland Police Department stopped me and asked me some official questions.

Q Has a member of the Sheppard family or representative of the Sheppard family ask you about it?

A These policemen asked me about it --

Q No. Any member of the Sheppard family or representative of the Sheppard family ask you any questions about this examination?

A No, sir.

Q Did you discuss the examination with Dr. Charles Elkins?

A Yes, sir. Only very casually, very little. I didn't know that Dr. Elkins had examined Dr. Sam Sheppard until I believe it was Tuesday morning or Wednesday. I don't know when the date was.

I happened to be in the laboratory at Luthern Hospital discussing another case with Dr. William Sindclair and Dr. Charles Elkins walked in with some spinal fluid that he said was that of Dr. Sheppard's. He gave it to Dr. Sindclair.

I said to him, "Oh, did you see Dr. Sheppard also?" And he said yes. I asked him what he found and he told me that he had found exactly what I did. Confirmed my findings as far as the neck and the face and the reflexes were concerned. Outside of that we discussed it for just a very few moments. We did not discuss it in detail.

CORONER GERBER: That is about all. I direct you not to discuss this with anyone other than the people who are investigating this, privately. Only discuss it officially.

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