

1                               IN THE UNITED STATES DISTRICT COURT  
2                               FOR THE MIDDLE DISTRICT OF GEORGIA  
                                  AMERICUS DIVISION

3       HATTIE BRAZIER, Widow of               )  
4       James Brazier, deceased               )

5                               v.               )

CIVIL ACTION #475

6       W. B. CHERRY, RANDOLPH               )  
7       McDONALD, ZACHARY T.               )  
8       MATTHEWS, SHIRAH CHATMAN,           )  
9       HOWARD LEE and THE FIDELITY       )  
10      CASUALTY COMPANY OF NEW YORK,       )  
11      a corporation                       )

12                               \* \* \*

13      This is the deposition of JOE M. WEBBER, M.D.,  
14      taken by the plaintiff in the above case, pursuant to  
15      agreement, all formalities waived, and all objections  
16      reserved except as to the form of the question, before  
17      Carl F. Potswald, Notary Public, at the United States  
18      Post Office Building, Columbus, Georgia, on Friday,  
19      November 16, 1962, commencing at 4:00 o'clock P.M.

20                               \* \* \*

21      APPEARANCES OF COUNSEL:

22                               For the Plaintiff: Donald L. Hollowell, Esq.

23                               For the Defendant: Charles J. Bloch, Esq.

24                               \* \* \*

25                               Carl F. Potswald  
                                  Court Reporter  
                                  812 Courthouse  
                                  Atlanta 3, Ga.

LAWYER'S NOTES

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JOE M. WEBBER

being first duly sworn, deposed and testified as follows:

DIRECT EXAMINATION

By Mr. Hollowell:

Q Doctor, would you give your name for the record?

A Joe M. Webber.

Q Where do you live, doctor?

A 2830 Linda Lane, Columbus.

Q You are a practicing physician, are you, doctor?

A Yes, sir.

Q You have or had an official function with the city, county or state back in April of '58?

A I still have. I am medical examiner for Muscogee County.

Q You make all the examinations pursuant to coroner's inquests and that sort of thing?

A That is correct.

Q Doctor, would you state briefly your qualifications, where you went to school and so forth, for the record?

A I am a graduate of Albany Medical College in 1948. And pertinent training is my pathological training taken at Valley Hospital, Dayton, Ohio, 1953 to 1957, during which time I observed or participated in approximately three thousand autopsies of which nine hundred to maybe a thousand were coroner's inquests. I was a coroner's deputy there. And since coming to Columbus I have

1 participated in or performed approximately seven hundred  
2 autopsies, of which 250 to 300 of them medical-legal  
3 autopsies.

4 Q Have been what kind?

5 A Medical-legal. I am certified by the American Board of  
6 Pathology to practice the specialty of pathology.

7 Q For me that is adequate, doctor. On or about the 35th  
8 of April, 1958, did you have the occasion to perform an  
9 autopsy on a thirty-one year old Negro deceased by the  
10 name of James Brazier?

11 A As I told you on the phone last night, I, in thinking,  
12 recollect by direct memory the occasion. I think you  
13 can understand that with the number of autopsies that we  
14 do, but after refreshing myself by reading the account, I  
15 remember the case, yes.

16 (Plaintiff's Exhibits 1 through 4 marked for identification.)

17 Q Doctor, I show you Plaintiff's Exhibits 1 through 4 -  
18 that is Plaintiff's Exhibits 1 through 4 for identification -  
19 and they are dated 11-16-62, and ask you as to P-1 if that  
20 is your signature at the bottom thereon?

21 A It is, sir.

22 Q And as to P-2?

23 A Yes, sir.

24 Q Is that your signature?

25 A Yes, sir.

1 Q And as to P-3, whether or not that is a part of your  
2 official report in this case?

3 A Yes, sir.

4 Q And P-4, whether or not it is also a part of your official  
5 report?

6 A Yes, sir.

7 Q Doctor, who would have the original of those reports, would  
8 they be at the medical center or would they be in the  
9 coroner's office or -- ?

10 A The original of this would be in the autopsy files at the  
11 medical center; a copy would be in the coroner's office.  
12 Actually, the original should be on the chart with the  
13 medical record and a copy in the laboratory files at the  
14 medical center and a copy with the coroner, but the  
15 original should be with the medical record itself.

16 Q I see. Would you indicate, doctor, what your visual  
17 inspection revealed prior to the time of the prosection?

18 A The pertinent findings are limited to the head. And the  
19 head first of all had been shaved of all its hair, which  
20 is normal for any patient being subjected to neurological  
21 surgery. There were two incisions, one above each ear.  
22 The incisions lay in the sagittal plane, that is the only  
23 way I can describe it, sagittal plane, it's a vertical  
24 direction above the ear extending toward the mid line.  
25 Each of these was approximately three to four inches long

1 and had been closed by black stitches. Over the surface  
2 of the head, particularly in the hair-bearing portion,  
3 there were numerous contusions or bruises. These are  
4 not ordinarily associated with surgery but are evidence  
5 of trauma. There were no lacerations; there were no cuts.  
6 So I would have to conclude that this trauma was blunt in  
7 nature rather than sharp.

8 MR. BLOCH: Could I interrupt to ask the  
9 doctor one question and then I will just leave it with  
10 you.

11 MR. HOLLOWELL: All right.

12 Q (By Mr. Bloch) On page 3 that you have marked at the  
13 request of counsel, P-3, 11-16-62, under "Internal  
14 Examination," is the sentence "The skull also displays  
15 two large craniectomy openings each measuring 3.0 cm.  
16 in diameter immediately beneath the surgical incisions  
17 described under incisions." What does that indicate,  
18 prior incisions?

19 A No. I just described two incisions that were located in  
20 this position. Now, immediately beneath those incisions,  
21 which were fresh surgical incisions, were two areas approxi-  
22 mately three centimeters or a little over in diameter  
23 where the neurosurgeon with a little circular saw that he  
24 has had cut out holes into the skull and these were about  
25 so big (indicating), about three centimeters, and the bone

1 had been lifted out and left out. It had not been replaced,  
2 and that is all that means. It means that the surgery had  
3 been performed during the life of the patient and that the  
4 incisions in the skin were a means of access to the skull  
5 for the purpose of cutting this hole. These holes were  
6 cut, as I understand it, and according to the medical  
7 record, to evacuate hemorrhage that had occurred within  
8 the skull. And again, it's hearsay on my part, the  
9 medical record shows that this craniectomy, or these  
10 little buttons of bone were taken out subsequent to the  
11 admission of the patient to the hospital, which occurred--

12 Q And were not replaced?

13 A No, the buttons were not replaced. I think, again, you  
14 would have to ask Dr. Hazouri his reasoning would be in  
15 order to allow room for the swelling brain to expand  
16 rather than put the buttons back in there and close it  
17 up tight.

18 Q I assume that if he had not died there that they would  
19 have been replaced later?

20 A No, sir, they fill in, the bone will fill in later.

21 Q Sort of like scar tissue?

22 A The bone would just bridge across there and fill it up.

23 MR. BLOCH: Thank you. Now, if you don't mind  
24 I will leave because I have got another engagement.

25 MR. HOLLOWELL: All right.

1 (Mr. Bloch was not present for the remainder of the  
2 deposition.)

3 Q (By Mr. Hollowell) Doctor, you said that there were on  
4 the scalp itself where the hair had been removed a number  
5 of contusions and abrasions which you concluded to have  
6 probably come from blows on the head with some type of  
7 blunt instrument; is that right?

8 A Well, all I can say is that it was blunt force. This  
9 could have occurred by someone striking the head this way,  
10 or it could have occurred by a man, or a subject, falling  
11 down hitting his head on something blunt, on a rock or  
12 table or chair, or something like that where the corner  
13 was rounded rather than sharp.

14 Q I see. But all that you can say from these wounds is  
15 that it's blunt force and how it was delivered is probe-  
16 matical?

17 A Yes.

18 Q Were there several of these?

19 A Yes, there were a number of them.

20 Q There were a number of them. Would you be able to indicate  
21 about how many, not more than and not less than?

22 A I would say there were not more than ten and not less  
23 than five.

24 Q Would this indicate to you that each of these would have  
25 had to come about from a separate blow or traumatic



1 experience?

2 A Due to the fact that they were in different lines or  
3 planes of orientation, it would be reasonable to conclude  
4 that they had been caused by multiple blows delivered to  
5 the head rather than from the head falling and hitting  
6 something.

7 Q Would a pistol butt be an instrument of the sort which  
8 might produce contusions of this sort, depending upon  
9 whether it was hit on the end or whether it was hit with  
10 the flatter surface?

11 A If it were hit with the flatter surface, yes. There was

12 Q no tearing or cutting of the skin.

13 Q What about a billyclub?

14 A Yes, definitely.

15 Q A blackjack?

16 A Yes.

17 Q A slap stick? Do you know what we mean by a slap stick  
18 as against --

19 A No.

20 Q This is the more flat-surfaced instrument very often  
21 carried by police which is completely made of leather.  
22 It does not contain any, as I understand it, any metal  
23 but it's hard leather.

24 A This could do it, yes.

25 Q Would you say that an instrument of this type, however,

1 would be likely -- when I say 'this type' I am referring  
2 to the last one, the slap stick -- would be likely to  
3 produce a fracture?

4 A It's hard for me to tell. It depends on the physique of  
5 the person weilding it. It is very possible to produce  
6 serious skull fractures beneath blunt force to the skull.

7 Q Well, now this instrument, the last one of which I make  
8 reference is, is perhaps an inch and a half to two inches  
9 in width and generally flat, and made of hard leather.  
10 Would that kind of instrument, if hit on the flat surface,  
11 be likely to produce a fracture?

12 A I think it's possible. To say whether it would be likely  
13 or not would be just giving a speculative opinion, but it  
14 is possible.

15 Q Now, I believe your examination also revealed not only  
16 the damage to the skull and the scalp but also to the  
17 brain itself; is that correct?

18 A Yes. Beneath the skin I found extensive hemorrhage between  
19 the skin and skull. This is epicranial hemorrhage and,  
20 actually, an organized clot there. This means that it  
21 was more than just bleeding but there had been enough  
22 bleeding to pull the scalp away from the skull and this  
23 blood had clotted. This is called a hematoma.

24 Q This is hemorrhage that is not associated with the  
25 craniectomy?

1 A That is correct.

2 Q But rather associated with the traumatic experience?

3 A Trauma, yes, sir.

4 Q Which he had undergone?

5 A Yes, sir. Ordinarily there is very minimal epicranial  
6 hemorrhage associated with the surgery as described. On  
7 opening the skull there was extensive, there was still  
8 further hematoma formation or clotted hemorrhage outside  
9 the dura mater. The dura mater is a heavy leathery  
10 membrane which lies between the skull and the surface  
11 of the brain and is a protective organ. There was  
12 hematoma outside of the dura, and there was organized  
13 hematoma under the dura.

14 Q Now, in light of the hematoma which you have described  
15 being, as you say, between the surface of the skin and  
16 the scalp and then between the surface or the underside  
17 of the skull and the membrane which covers the brain, in  
18 order to produce this kind of hematoma would it be  
19 required that the blows or the force that was used was  
20 force of a severe and excessive kind?

21 A Oh, yes, without question.

22 Q Dr. Webber, I believe you made reference to a fracture  
23 of a dimension of from twenty-one to twenty-three centi-  
24 meters in length?

25 A Yes.

1 Q Could you in more or less laymen's language describe  
2 where this was?

3 A The base of the skull has a circular opening which  
4 attaches to the spinal column. This is called the foramen  
5 magnum, and is the opening through which the base of the  
6 brain extends and continues on down as the spinal cord.  
7 The fracture began at this line, at the margin, left  
8 margin of the foramen magnum and extended laterally out  
9 across the base of the skull and up along the left side  
10 of the skull passing behind the ear and up into the  
11 parietal region, which is adjacent to the area of the  
12 craniectomy, on the left. This twenty-one to twenty-  
13 three centimeters is equivalent to approximately a total  
14 of eight inches. Eight or nine inches.

15 Q Yes. Were the contusions and abrasions all above the  
16 fracture line?

17 A There was no particular pattern to the abrasions and  
18 contusions in relationship to the fracture. And of course  
19 since the skull is a closed case-like cavity, it is not  
20 necessary to relate external marks of trauma to a fracture  
21 of the skull any more than it is to cracking a nut, for  
22 example. You will apply pressure along one margin and  
23 the crack will occur along the other side where you don't  
24 even have the instrument attached. So the point of  
25 application of force is not important when one is dealing

1 with a closed cavity such as the skull.

2 Q Are you saying that you cannot tell by the location of  
3 the abrasions and contusions on the scalp where the blow  
4 or blows were which caused the fracture; is this what  
5 you are saying, or not?

6 A I am saying that in essence, yes. It is more likely that  
7 the blows which were struck over the line of fracture  
8 were the cause of the fracture, but this is not an  
9 absolute incontrovertable fact.

10 Q Would it be a fair statement to say that you cannot say  
11 that any one blow caused this particular fracture?

12 A That is correct. The fracture may have been started by  
13 a blow and may have been continued on by other blows  
14 delivered at different loci, or areas on the skull,  
15 because all of them were delivering force to this closed  
16 cavity and repeated blows would tend to, by vibration  
17 and so on, extend the fracture line farther and farther.

18 Q Doctor, when a man receives a fracture of this dimension,  
19 is it possible that that person might continue to move  
20 and to speak and possibly to eat and maybe to talk for  
21 some period of time, maybe as much as twenty-four hours,  
22 if he is not particularly active?

23 A I would like to, in answering this question I would like  
24 to describe the condition of the brain which I have not  
25 yet done.

1 Q I see.

2 A The brain itself, which I examined approximately four  
3 days after admission, the brain showed extensive softening  
4 or encephlomalacia and necrosis, which encephlomalacia  
5 and necrosis together are the death and softening of  
6 brain tissue. They are particular terms that apply to  
7 these changes in the brain. These changes are the result  
8 of the terrific and excessive trauma which the brain  
9 sustained. There was also considerable hemorrhage within  
10 the brain substance itself, which further substantiates  
11 the intensity of the trauma delivered to the brain. In  
12 view of these brain changes, and in view of the massive  
13 amount of hemorrhage, both epicranially, epidural and  
14 subdural, it would seem to me most likely that an  
15 individual suffering this kind of force to the skull  
16 would be rendered unconscious almost immediately. And  
17 it would be difficult for me to imagine that this person  
18 maintaining any degree of consciousness following the  
19 sustaining of such an injury. But anything is possible  
20 in medicine, but it would be my opinion that following  
21 an episode during which this kind of trauma was admin-  
22 istered that the person would be unconscious.

23 Q Would a man's general physical condition have something  
24 to do with this; that is, how long he might remain  
25 conscious and this sort of thing?

1 A Yes. If he were a younger man and vigorous and in very  
2 good physical condition, it might be possible that he  
3 could be in a sort of stuporous or semiconscious for a  
4 period of several hours. And then as the hemorrhage  
5 increased and continued from both within and without the  
6 skull, increasing pressure could induce unconsciousness.  
7 This is possible, but the brain that I saw, the skull  
8 that I examined had really been subjected to a tremendous  
9 insult.

10 Q Was the condition of the skull, of the head such as to  
11 make any determination as to whether or not there had  
12 ever been any prior operations or prior severe blows  
13 thereto?

14 A There was no such indication. Let me say, I heard him  
15 ask that question, and of course any time a radiologist  
16 sees a skull formed with defects like that he has to say  
17 it happened before, and it could have happened the day  
18 before and he would call it prior. So that is probably  
19 what happened. They took films the next day after the  
20 craniectomy, and of course the radiologist has to say  
21 it's evidence of the prior craniectomy. But these are  
22 the same skull defects that I found on autopsy and they  
23 are the same wounds described by Dr. Hazouri's operative  
24 report.

25 Q So that as a matter of fact your examination was the

1           only actual examination of the skull and brain?

2   A       That is correct.

3   Q       And as a matter of fact it revealed no evidences of any  
4           prior operations or prior traumatic experiences such as  
5           would leave scar tissue or defects in the brain other  
6           than those which would have been congenital; is that  
7           correct?

8   A       Yes. I found no evidence of any surgical or medical  
9           trauma to the brain prior to this admission. And of  
10          course legally the term 'prior', I guess, means forever  
11          before.

12   Q       Yes.

13   A       But I would say prior to this admission there was no  
14          indication that there had been any cranial surgery at all.

15   Q       I note that at the bottom of your report it shows that  
16          a specimen of blood was sent to the crime laboratory to  
17          have tests for alcoholic content. Did you ever see the  
18          report which came back?

19   A       I don't remember.

20   Q       Come to think about it, I don't know whether it's on  
21          here.

22   A       I looked for it on there and it's not there.

23   Q       It was attached to Dr. Hazouri's.

24   A       Yes.

25   Q       I remember and I don't seem to have it here, but it said



1       that it was negative. But this makes me ask you this:  
2       what would be the maximum period of time at which alcho-  
3       holic content might remain in the blood of a person whose  
4       head condition and whose tissues were such as this?

5   A   Well, this depends principally on the level of alchohol  
6       from which you start counting time.

7   Q   Yes.

8   A   The alchohol is eliminated from the system at a linear  
9       rate rather than an exponential rate, which is the usual  
10      way in which most things are eliminated. So that it's  
11      a fairly predictable rate, but I would have been surprised  
12      if we had found any alchohol after thirty-six hours had  
13      the patient been severely intoxicated. In other words,  
14      up around .30 to .350 in volumes percent by weight. And  
15      it was not surprising at all that there was a negative  
16      finding after four days.

17   Q   Normally just from your experience, doctor, where one  
18       is a doctor and is about to perform an operation and he  
19       sends out for a blood test, would that blood test condition,  
20       do the various sheets showing the white blood, the white  
21       corpuscles and the red corpuscle count and type and so  
22       forth, would they also show the alchoholic content?

23   A   No.

24   Q   It would not?

25   A   No, sir.

1 Q Would it matter insofar as the operation is concerned if  
2 you were going to make a transfusion?

3 A No, it would not. The blood alcohol examination is a  
4 routine coroner's autopsy so far as I am concerned. It  
5 does not reflect any suspicion on my part that there was  
6 alcoholic content or alcoholism involved. It's just a  
7 routine part of a medical-legal autopsy.

8 Q I notice that there was the early stage of lobar pneumonia  
9 in the right lower lobe. Is this a condition which  
10 becomes rather common with persons who have had the kind  
11 of treatment both in the hospital and prior thereto inso-  
12 far as the damage is concerned?

13 A Yes, sir.

14 Q What I am getting at, there was no evidence of any lobar  
15 pneumonia symptoms prior to the traumatic experience, as  
16 far as you could determine?

17 A There was only a small amount of lobar pneumonia evident,  
18 and it would be my assumption that this was a pneumonia  
19 which developed as a result of respiratory difficulty  
20 in his comatose state in the hospital. I would not  
21 interpret this amount of pneumonia as being pre-existent  
22 to his injury.

23 Q I believe this man was only five feet three inches and  
24 about 135 or 140 pounds .

25 A Those are estimations that I make and they may be off

1 by as much as two inches in height and fifteen to twenty  
2 pounds in weight, because I am not very good in guessing  
3 weight.

4 Q I see. Did this man appear to be in good health otherwise?  
5 I notice you have made a complete external and internal  
6 examination in your autopsy. Did you find him to be in  
7 good physical condition for a man thirty-one years of  
8 age?

9 A As I recall, he impressed me as being thin but quite  
10 muscular and well developed, good general state of health.

11 Q Would you say as a result of that that you have concluded  
12 that there was nothing about his physical condition  
13 prior to the traumatic experience, which is the subject  
14 matter of this, which was subject matter of your autopsy  
15 which brought about his death?

16 A That is correct. His death is related completely and  
17 exclusively to the trauma to his head.

18 Q Doctor, unless there is something which came to your  
19 attention or which by association with the questions and  
20 answers has come to your attention that you want to relate,  
21 I believe that would be about it.

22 A No. I think it's of interest perhaps, to point out the  
23 extent of the trauma. You will notice the cause of death  
24 that we have is cerebral necrosis and hemorrhage secondary  
25 to severe contra-coup trauma. And the extent of damage

1 in the brain was not only beneath the area of fracture  
2 but was also a sizeable area immediately opposite across  
3 the skull so to speak from this large area, and this  
4 contra-coup or opposite area being involved is further  
5 evidence, if any is needed, of the severe degree of injury  
6 or severe degree of trauma sustained by the skull and  
7 brain.

8 Q Doctor, could a person by merely falling to the ground,  
9 I mean the dirt ground, not hitting say a piece of steel  
10 or iron or the corner of some hard object, develop a  
11 fracture of the type that Brazier had as of the time of  
12 your autopsy?

13 A No, sir.

14 Q What would be required from the standpoint of force for  
15 a man to come about a fracture such as the one described,  
16 this twenty-one to twenty-three centimeters by merely  
17 falling on the dirt ground?

18 A He would have to have fallen from a very high position  
19 of probably in excess of fifty to a hundred feet, or  
20 fallen down a series of concrete or steel stairs. But  
21 just falling merely to the ground from a standing position  
22 if it were just dirt, this type of fracture would be  
23 most unlikely.

24 Q And is this statement which you make based upon all of  
25 your medical experience plus the thousands of autopsies

1       which you have performed over a period of a number of  
2       years?

3       A     Yes, sir.

4       Q     And I believe they do run into the thousands?

5       A     Yes, sir.

6                       (Deposition concluded.)

7                       \* \* \*

8               I hereby certify that the within and foregoing  
9       deposition was taken down as stated in the caption, and  
10      the foregoing 20 pages represent a true and correct trans-  
11      cript of the testimony given by said witness; and I further  
12      certify that I am not of kin or counsel to the parties to  
13      the cause, nor am I in any wise interested in the outcome  
14      of said case.

15               This, the 26th day of December, 1962.

16                               *Carl F. Potswald*  
17                               \_\_\_\_\_  
18                               Carl F. Potswald, Notary Public  
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Carl F. Potswald

IF NOT DELIVERED IN FIVE DAYS RETURN TO

812

FULTON SUPERIOR COURT  
ATLANTA 3, GEORGIA

15



FILED at 8:30 AM

JAN 15 1983  
Carl F. Potswald  
Deputy Clerk, U.S. District Court

To:

John P. Courant, Clerk of the United  
States District Court  
U.S. District Court Bldg.  
Americus, Georgia



The attached is a copy of the  
report of the [illegible] [illegible]

Walter Brown

W. B. Brown, one

Case No. 475

John D. Brown, one  
known to be false

John D. Brown,  
witness are contained  
one case.

FILED at 8:30 AM

JAN 4 - 1963  
Clifford Paulsen  
District Clerk, U.S. District Court