

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 JOHN D. DURDEN, 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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1 JOHN D. DURDEN

2 being first duly sworn, deposed and testified as follows:

3 DIRECT EXAMINATION

4 By Mr. Hollowell:

5 Q Give your full name for the record, sir.

6 A John D. Durden.

7 Q And where do you live?

8 A Columbus, Georgia

9 Q What is your office address?

10 A 1344 Second Avenue.

11 Q Doctor, what is your specialty, if any?

12 A General surgery.

13 Q Where did you receive your training?

14 A Emory University, graduated 1943; five years internship
15 at Grady Memorial Hospital, finished in '49.

16 Q Since that time what have you been doing?

17 A General surgery, Columbus, Georgia?

18 Q Have you had occasion to perform and see performed any
19 number of craniectomies?

20 A Yes.

21 Q Do you perform surgery in association with Dr. Hazouri on
22 occasion?

23 A Yes.

24 Q Has that happened on a number of occasions?

25 A Yes.

1 Q You were one of the doctors for a man by the name of
2 James Brazier back in April of 1958, were you not?

3 A Yes.

4 Q Were you the surgeon or the doctor who admitted James
5 Brazier on April the 21st, 1958?

6 A As a technicality, these people are admitted actually
7 through the admitting room or the emergency room. I was
8 the surgeon who attended him and saw him there.

9 Q Do you know what time he was actually admitted?

10 A Referring to the chart, I see that he was admitted around
11 noon time on the day of admission.

12 Q What was the first time that you saw him?

13 A I saw him around, let's see, I saw him at the time he was
14 in the emergency room around two o'clock.

15 Q How was he dressed at that time, do you recollect, doctor?

16 A As I recall, he was in a hospital gown.

17 Q Did you give him a complete physical examination at that
18 time?

19 A Yes.

20 Q Would you indicate for the record what you observed as to
21 his exterior physical condition insofar as his body was
22 concerned below the neck.

23 A Well, there was no evidence of gross injury below the
24 neck. Patient was semi-conscious or irrational and
25 thrashing about from time to time, but there was no

1 evidence of gross injury below the neck.

2 Q In medical terminology, what is the meaning of gross
3 injury, doctor?

4 A Minute detail of trivial, unless consequential, injuries.

5 Q Were there any injuries to the body below the neck of this
6 nature?

7 A There were clinical findings, physical findings, but we
8 felt that they were related to the disease above the neck.
9 He had impairment, he had actual neurological deficits
10 which related to his head injury, but there were no
11 broken bones, no cuts or that type of thing.

12 Q No bruises or contusions or this sort of thing on the body
13 below the neck?

14 A Right.

15 Q Did you see his clothing?

16 A I don't recall that I did.

17 Q Will you indicate what your examination of his head
18 indicated as of that time, as detailed as you can? This
19 is from your visual inspection as well as any use of the
20 hands and feeling and observation and so forth.

21 A Patient had multiple abrasions, superficial contusions --
22 which mean little breaks in the skin -- involving both
23 sides of the scalp; he had a dilated pupil, left pupil as
24 I recall. The ears, also examined the ears for possible
25 internal bleeding, they showed no evidence of internal

1 bleeding. And further examination of the base cranial
2 nerves revealed no particular disease, he had no stiffness
3 of his neck. Examination of the body below the neck, as
4 far as a neurological examination on painful stimulation,
5 since the patient couldn't cooperate, that is the only way
6 you have to evaluate his motor function.

7 Q You said the patient could not?

8 A Could not cooperate.

9 Q Could not cooperate.

10 A There was a weakness of the left side of the body; the
11 reflexes on the left side were hypoactive.

12 Q Hypo -- what?

13 A Hypoactive, less active than normal.

14 Q What did you attribute that to, doctor?

15 A That is evidence of damage to the central nervous system;
16 either actual laceration or contusion of the brain, or
17 some expanding lesion such as a blood clot in the head
18 itself.

19 Q About what height was this man?

20 A You know, I didn't see him stand, that's very deceptive.
21 He was medium sized, I would guess about five feet nine or
22 ten.

23 Q This is just your estimate?

24 A My guess. When you see a patient in the office who you
25 saw for the first time in the hospital,, you expect a tall

1 man and frequently they are very short individuals, so
2 that would certainly be a guess.

3 Q Let me show you this report and ask you whether or not
4 that is your report, or is that the report of the patholo-
5 gist who performed the autopsy?

6 A This is the report of the pathologist.

7 Q I see. Having seen the condition which you have just
8 described as relates to his head, Dr. Durden, what con-
9 clusions did you come to, what prognosis did you make as
10 of that time?

11 A Did you say prognosis or diagnosis?

12 Q Well, diagnosis, at that time.

13 A The diagnosis at that time was the patient had an extending
14 intracranial lesion, possibly subdural, possibly an epi-
15 dural, clot and the probability of a laceration of the
16 brain itself.

17 Q And did you have any occasion while attending this man to
18 determine definitively whether these probabilities were
19 actualities?

20 A Yes. We as a routine of course did X rays of his skull;
21 they showed questionable fracture line.. We did a crani-
22 otomy with a bilateral trephine and found bilateral
23 subdural hematomas, edema of the brain, laceration and
24 contusion of the brain. The hemorrhage was evacuated
25 and brought out through the wound and the wound was closed.

1 Q This fracture that you made reference to, did you have
2 the occasion to measure it?

3 A Actually, the fracture line appeared on the X ray as
4 questionable. And at the time of the craniotomy the
5 fracture line was demonstrated and ran posterior to the
6 area of expiration.

7 Q Would you be able to indicate in layman's language the
8 position of such fractures as you noticed and indicate
9 generally the beginning point and the terminal point.

10 A Now, actually at the time of operation, the classical
11 operation of this type is made at the hair line in the
12 front part of the skull. The fracture line, as picked
13 up and demonstrated by the autopsy, starts at the base of
14 the brain and extended on the left side posteriorly
15 around this direction.

16 Q When you said around in this direction, would you for the
17 record here indicate the direction so that we will under-
18 stand what you mean.

19 A Behind the region of the ear.

20 Q Left ear?

21 A Left ear, yes, toward the top of the head, the vertex of
22 the skull.

23 Q How was his blood pressure at the time that he was
24 admitted?

25 A 110/70.

1 Q Did that go up or down during the course of the time that
2 he was there?

3 A He was admitted of course on 4-21. On 4-23 the blood
4 pressure remained essentially stable at that level.
5 4-24 showed no appreciable change. On 4-25 early in the
6 day showed some slight elevation, and in the evening it
7 dropped and continued to drop until the time of death.

8 Q I notice on one report on the 25th that it showed blood
9 pressure of 160/100, and a pulse of 52. Would you say
10 that that was higher than normal for a man of his age,
11 doctor?

12 A Yes. Actually, a normal blood pressure is a difficult
13 thing to define, but compared with the pattern that his
14 pressure had followed that was a definite elevation.

15 Q What was the man's general physical condition other than
16 his head -- well, strike that. I will ask you, doctor,
17 was the general physical condition of the body of the man
18 good other than his head?

19 A We found no evidence of any significant disease other than
20 the head.

21 Q Did his muscles seem to be in good tone and did he seem
22 to be in generally good condition for being able to
23 perform routine work, except for the condition of his
24 head?

25 A And the resulting weaknesses.

1 Q And the resulting weaknesses, yes. Now, these resulting
2 weaknesses that you mention, you mentioned that on the
3 left side of his body there were certain reactions growing
4 out of his head condition. Can you explain that and
5 indicate what the reasons would be, how this would come
6 about?

7 A Of course, motor function of a voluntary nature has its
8 origin in the central nervous system, and any deficit or
9 any injury or any disease that impairs or destroys a
10 portion of this central nervous system interferes with
11 the related sensory or muscular functions in the body.

12 Q Was his condition such then that because of his cranial
13 injuries that his speech was affected negatively?

14 A His level of consciousness was not such that you could
15 actually effectively evaluate his speech; he was more or
16 less irrational.

17 Q Was this true during the whole period of time that he was
18 there?

19 A Yes.

20 Q He was never able to talk?

21 A True.

22 Q This was during the whole four-day period, including the
23 final day?

24 A Yes.

25 Q Did he ever open his eyes, to your knowledge?

1 A Yes, he opened his eyes but it was not a conscious effort.

2 Q I see. Doctor, you indicated that not only were there
3 these bruises and contusions over the scalp, but also
4 that you were of the impression that there was actual
5 damage to the brain itself; is that correct?

6 A Yes.

7 Q And this is the reason for the effect upon the motor
8 system as related to his movements and his speech, etc.;
9 is that correct?

10 A Yes.

11 Q From observing the fracture and the bruises and contusions
12 of the head, and referring also to the operation which you
13 performed, were you in a position to determine the nature
14 of the instrument that might have been required in order
15 to make an injury or injuries of this sort?

16 A No; you would have to depend entirely there for the history.

17 Q Could injuries such as the bruises and contusions of the
18 scalp come from something in the nature of a stick or
19 club?

20 A Possibly.

21 Q How about a nightstick or something in the nature of a
22 billyclub?

23 A Possibly.

24 Q What about a blackjack?

25 A Possibly.

1 Q What about a slap stick. Do you know what a slap stick
2 is, generally?

3 A Yes.

4 Q What about a slap stick?

5 A Possible.

6 Q Would it be likely to get a fracture of the proportion
7 that this fracture was; that is, between twenty-one and
8 twenty-three centimeters in length from a slap stick
9 itself, there being no metal in a slap stick?

10 A It's possible.

11 Q It's still possible?

12 A Yes.

13 Q Would you say that if it did occur it would require a
14 tremendous force behind it in order to make a fracture
15 like this with a slap stick?

16 A A fracture of the skull in any case would require
17 considerable force.

18 Q Would this be true as to the fracture alone, or would this
19 be true of the man's contusions that are referred to in
20 your report and about which you have testified?

21 A Actually, it's awfully hard to correlate a fracture and
22 its accompanying brain damage in any case. Sometimes you
23 see a fracture that completely encircles the skull, the
24 patient won't lose consciousness; another time there will
25 be no fracture and these people die within twenty-four

1 hours, as with injured boxers. So it's hard really to
2 correlate the area of bone damage with the amount of soft
3 tissue damage.

4 Q Let me see if I can recapitulate here, see if I can under-
5 stand your testimony. Your testimony at this point is
6 that a fracture of the type that has been described by
7 you could be caused by a nightstick, or billyclub as it is
8 commonly referred to, or by a blackjack and could possibly
9 with great and severe force be caused by a slap stick?

10 A Yes.

11 Q In any event, it is your opinion that whatever was used
12 in order to create this damage had to have been wielded
13 with an excessive and severe amount of force?

14 A No, I wouldn't say that. For two reasons: I don't know
15 what was used; and I'd say that the patient had received
16 a blow, or had received injury to his soft tissues of the
17 scalp with an accompanying fracture. That is about as
18 far as you can go, actually. And it does take, the skull
19 is a bony structure and it doesn't fracture with ease.

20 Q So that the normal conclusion to be drawn is that it would
21 take more than ordinary force?

22 A True.

23 Q In order to create a fracture?

24 A Yes.

25 Q From the location of this long fracture that we keep on

1 referring to, this one between twenty-one and twenty-
2 three centimeters, were you able to determine where the
3 point of impact was?

4 A No. Now, the picture is divided into two portions. This
5 fracture, actually the location and position, that was
6 demonstrated in the post mortem examination by the path-
7 ologist. The X rays we took and seen by the roentgen-
8 ologist prior to the operation showed a questionable line
9 there. This line was located from the base of the brain
10 which is the part that joins with the neck, and the area
11 that we were interested in. The classical operation for
12 this type operation is made in the frontal area and you
13 carry out explorations in the brain cavity itself, but
14 actually our incisions were not made with any interest
15 whatever in the position of this fracture.

16 Q Had the operation not been performed, what would have been
17 the possibility of this man dying?

18 A I think it would have been exactly the same: probable.

19 Q In other words, without the operation was the possibility
20 that he might have died even earlier?

21 A That would be a guess.

22 Q Primarily speaking then, would you say that the cause of
23 his death were the injuries sustained about the head and
24 the complications growing therefrom; is this correct?

25 A Yes.

1 Q Would the fact that he also developed pneumonia while he
2 was here be secondary --?

3 A It would be secondary or incidental. People in that
4 position, not active, usually develop some degree of
5 pneumonia.

6 Q Were you able by the use of your hands and by visual
7 inspection to determine just how many blows had been
8 received on the head?

9 A No, not exactly. I would say three to four, something of
10 that sort.

11 Q As a minimum?

12 A Yes.

13 Q Suppose that there had been immediate attention given to
14 the man, that is, Brazier, after having received these
15 blows, what if any difference in result would it have
16 made, doctor?

17 A I think it would not have made any difference.

18 Q Considering the condition that he was in when you first
19 saw him, how will a person be apprised of the fact that
20 this man had been seriously injured, that is, insofar as
21 his actions were concerned?

22 A His level of consciousness, dilation of his pupil, the
23 loss of motor function on one side of his body, and
24 difference in response on withdrawal of the painful
25 stimulation gave you an indication that he has some you

1 pathology that needs attention.

2 Q Is it possible that a man having received injuries of
3 this sort, that is, the sort that you have described,
4 could maintain consciousness and have locomotion for as
5 long as twenty-four hours thereafter?

6 A It's possible.

7 Q Have you known it to happen?

8 A Yes. Here again you don't have any one individual all
9 with the same injuries, exactly, but with injuries of
10 similar magnitude it can happen.

11 Q Would a man's general physical condition and the amount of
12 interior bleeding have something to do with the period of
13 time that he remained conscious and remained able to have
14 control over his sensory and motor system?

15 A Yes.

16 Q Doctor, referring again to the large fracture, what are
17 the possibilities of a fracture which is initially small
18 being made larger by repeated traumatic experiences in
19 the general vicinity of the initial impact?

20 A Well, there is no question that any bone hit with suf-
21 ficient force will break once, and if hit hard enough
22 will break again.

23 Q I understand. Suppose you take this particular fracture
24 and suppose hypothetically that the blow was in the
25 subdural portion here, but maybe initially it was only a

1 couple of inches long.

2 A Yes.

3 Q But suppose there were several other blows in the same
4 vicinity of the head on the same side, though three or
5 four or five inches removed, is it possible that the
6 fracture can be increased in size?

7 A I think it's unlikely. If you had a depressed fracture,
8 that's an area of the skull that was caved in, received
9 blows around that, I think you would aggravate it. But in
10 a lineal fracture such as this it is not probable that,
11 unless the blow were very skillfully and very carefully
12 placed, it would aggravate it. They don't tend to run
13 and extend in the same line. And this is a guess: I
14 guess if you've got another blow the line may be entirely
15 different. If you had a depressed skull fracture like
16 you did of a cracked nature, of course you can chip around
17 the edge there; but a fracture line existing, I think it
18 would be unlikely that subsequent blows would necessarily
19 make that line extend.

20 Q Who has the X rays which were made?

21 A They are at the medical center, Columbus Medical Center.

22 Q Were there any complications which developed from the
23 operation itself?

24 A No.

25 Q Was the condition of the man's head such that there was

1 evidence of some considerable bleeding prior to the time
2 of being admitted in the hospital?

3 A From his superficial lacerations?

4 Q Yes.

5 A No. There was no quantity of blood matted in the scalp.
6 These lacerations actually were superficial. By that we
7 mean they did not penetrate to the depth of the skull.
8 They broke the skin but they did not penetrate deeply.

9 Q I see. And can one develop severe nasal hemorrhage as
10 a result of this kind of traumatic experience to the
11 head?

12 A Let me answer that this way: you can get severe nasal
13 hemorrhage with a basal fracture of the skull. His
14 fracture line went behind, but you don't necessarily get
15 nasal bleeding; or, on the other hand, you can get very
16 free nasal bleeding the way the fracture line extends.

17 Q Did you notice whether or not there had been any nasal
18 bleeding on the part of this patient?

19 A There was no evidence of that.

20 Q No evidence at that time?

21 A No.

22 Q Would the patient normally have been somewhat cleaned up
23 by the time that he came to you, or not?

24 A Now, I saw the patient at the time while he was being
25 admitted through the emergency room and he was not cleaned

1 up there prior to the time I saw him. He was not cleaned
2 up there.

3 Q I believe you indicated that he had on a surgical gown?

4 A Yes.

5 Q Was this the only thing he had on?

6 A At the time I saw him, yes.

7 Q Which means then, of course, that his clothing, such
8 clothing as he did have on had been removed and you
9 wouldn't know who removed them?

10 A No, I wouldn't.

11 Q Was there any evidence that this man had been in any
12 automobile accident or had experience any other traumatic
13 experiences other than those surrounding the top of his
14 head?

15 A He had no injuries other than those associated on and
16 about the skull.

17 Q Were these injuries of a nature that would give rise to
18 having occurred in an automobile accident?

19 A It's possible.

20 Q Was there any information which you received which gave
21 any evidence of them having occurred this way?

22 A No.

23 Q If they had been received in an automobile accident, where
24 and how would a man have to come in contact with some
25 object, presuming he was still within the automobile,

1 could damage to the head of this kind occur?

2 A A man falling from an automobile after the impact when
3 the door opens, something of that sort.

4 Q Do you mean falling out of the automobile?

5 A In other words, his head striking the ground.

6 Q But not being in the automobile?

7 A I guess conceivably, the car stopping, a person could be
8 thrown forward, head strike the front seat or something
9 of that sort, or strike a window post.

10 Q But under those circumstances there would not be the
11 several and spaced contusions of the brain, of the head
12 and brain in the manner that were on this patient, would
13 there, doctor?

14 A Well, you know we are guessing now because we see people
15 that walk away from automobiles that are completely
16 demolished and you wonder how anybody survived, so I
17 wouldn't actually attempt to construct this particular
18 mechanism, but it possibly could occur.

19 Q Would you say it was most unlikely? I mean, considering
20 the condition of the body as a whole, including the head,
21 that it would be most unlikely that injuries of this sort--

22 A I think the best you can say is that it's possible.

23 Q It's possible?

24 A As a guess.

25 Q Would you say it's highly improbable?

1 A No, I would just say it's possible.

2 Q What would you base the possibility on, doctor?

3 A Because of the strange and unusual accidents and types
4 of injuries and lack of serious injuries that you see
5 occurring in automobile accidents, or accidents associated
6 with vehicles.

7 Q Have you received any information whatsoever from any
8 source which would lead you to believe that these injuries
9 did in fact occur by any manner other than by his having
10 been hit upon the head?

11 A No.

12 Q If a person merely fell to the ground from a standing
13 position, I mean on the dirt ground, would a person be
14 able to receive contusions and abrasions and a fracture
15 like those which this patient had and as have been
16 described by you?

17 A It's possible.

18 Q How would that occur, doctor?

19 A I have seen a woman who fell forward tying her shoe, broke
20 her neck. With the head striking the ground with sufficient
21 force it's possible for this to occur.

22 Q This dealt with the cervical region; right?

23 A Yes.

24 Q I am speaking of the skull itself. With a person falling,
25 hitting his head against the dirt, just falling normally,

1 for instance if he stoop up and he just fell over on the
2 ground, is it likely that that would produce a fracture?

3 A I couldn't say it's likely, I would say it's possible.

4 Q How would one have to fall on the ground in order to
5 receive a fracture of the kind that was noted here, how
6 would he have to fall upon the ground in order to receive
7 a fracture of this sort?

8 A There are two factors that come into play, of course,
9 with any skull fracture; you have the skull fixed and
10 attached at the junction with the neck, and then you have
11 the exposed portion. If a person fell to the ground the
12 weight of the body, if he fell forward, the weight of the
13 body driving into the base of the skull could certainly;
14 or if he struck a hard object or a sharp object, the point
15 of impact of the skull to the ground could produce a
16 fracture. When the skull strikes a fixed object the
17 impact of the body behind it exerts a force so you can
18 get a fracture extending from the cervical or base region.

19 Q Is there any way for you to tell from which end this
20 fracture began?

21 A No, absolutely not.

22 Q All right. But it would not likely begin in the middle,
23 would it, it would begin on one end or another, or would
24 it all come at the same time, or what?

25 A The direction and the extent of force I think would

1 determine the point of origin. It could begin in the
2 middle and extend in either direction, or it could begin
3 at one point and extend from this point.

4 Q All right. Now, considering that this was slightly behind
5 the ear, running from the base of the skull and up toward
6 the top on the left side, what part of one's head would
7 have to strike the ground in order to produce a fracture
8 of this sort?

9 A I don't - I couldn't say. I think you can get a variety
10 of forces and blows that could produce --

11 Q Just the dirt now, I am not speaking about hitting a rock
12 or I am not speaking about falling on the pavement, I am
13 speaking about hitting on the ground.

14 A Yes.

15 Q Would you say it would be most unlikely that one falling
16 in that manner would have a fracture?

17 A You have to say it's possible.

18 Q Well, I submit that it is possible, but would you say it
19 is also unlikely?

20 A I couldn't go that far.

21 Q You couldn't say that it was unlikely? Out of all your
22 experience and as an intelligent man and as a trained man,
23 as a doctor, you would not be in a position to say that
24 it would be unlikely that a person merely falling on the
25 dirt ground with nothing to break the fall would not likely

1 obtain a fractured skull?

2 A You would have to have qualifying and limiting force
3 factors, and unless those are submitted it would be the
4 direction of the force and the magnitude of the force.
5 If he fell without sufficient force and without proper
6 pressure being applied, it wouldn't fracture it. If he
7 fell with this force it would fracture it.

8 Q If he fell with this sufficient force?

9 A Yes.

10 Q All right. If he fell without sufficient force it would
11 not; if he fell with sufficient force it would. Could you
12 give me an illustration of the type of force that might
13 be required in order to have one to sustain a fracture
14 upon merely falling to the dirt ground from a standing
15 position?

16 A The force of the body with the skull fixed driving
17 against it can produce a fracture.

18 Q I don't think you are answering my question, doctor,
19 unless I don't understand what you mean by the force of
20 the body.

21 A For instance, if a body falls forward, you not only have
22 the force of the skull at the impact but with the body
23 falling forward you have the force of the body driving
24 behind.

25 Q Yes. But now getting back to the original question.

1 Supposing a person standing out on the dirt ground - packed
2 dirt, I am not speaking of soft dirt - should stub his toe,
3 which means that you are getting an inertia when he starts
4 to fall because he is, say he was walking in that direction
5 and he stubs his toe, so I mean you have a force greater
6 than if, say, he just happened to faint and fall, taking
7 the first situation, and this is a full-grown adult, the
8 front of his head or some other portion of his head hit
9 the ground, would it be likely?

10 A I don't know whether it would be likely or not, I can't
11 answer that. It's possible,, but whether it's likely or
12 not, I don't know.

13 Q You don't know? — —

14 A No.

15 Q Doctor, did you have the occasion to make any examination
16 or determination as to whether there was any alcoholic
17 content in the man's blood as of the time that he came
18 there?

19 A We had no occasion to make it.

20 Q Was there any evidence from any examination which you made
21 in which you employed your senses or otherwise which
22 indicated any presence of any ethyl or any other type of
23 alcoholic content in the blood?

24 A We made no test that would determine the presence.

25 Q Would it be fair to say then that there was nothing that

1 you observed which gave you any idea or any thought of
2 the fact that he did in fact have or contain in his blood
3 any alcoholic content?

4 A Would you state that again, please?

5 (Pending question read back to the witness.)

6 Q Or let me rephrase it. Nothing came to your attention
7 which gave rise to any knowledge on your part of any
8 alcoholic content in his blood?

9 A True.

10 MR. HOLLOWELL: Doctor, I believe that is all
11 I have.

12 CROSS-EXAMINATION

13 By Mr. Bloch:

14 Q Doctor, what day of the week was April 21st?

15 A I have no idea.

16 Q On this sheet here, I didn't ask you that to test your
17 memory, doctor, there just seemed to be some confusion
18 here as to dates. On this sheet here under letterhead of
19 Dr. Hazouri: "James is thirty-one years of age, colored
20 male and was kindly admitted to the hospital on the 21st
21 of April, 1958." What does that "kindly" mean?

22 A That means it's just a matter of courtesy. He was out of
23 town and I was taking his calls.

24 Q And further: "During my absence, James was seen by Dr.
25 John Durden, at the request of Mrs. Hinton."

1 A Yes.

2 Q Who is Mrs. Hinton?

3 A That is Dr. Hazouri's office receptionist.

4 Q And that same sheet says that: "The patient was subse-
5 quently operated upon on the same day by Dr. John Durden,
6 and a massive subdural hematoma was removed bilaterally."
7 Tell me what that means.

8 A It's a clot between the brain and one of the membranes
9 covering the brain.

10 Q Bilaterally?

11 A Right and left, yes.

12 Q How many operations of that sort had you performed up to
13 that time?

14 A Oh, twenty or thirty, I guess.

15 Q Twenty or thirty?

16 A Yes.

17 Q Now, down further in there it says: "Bilateral Babinski
18 signs were noted." What does that mean?

19 A That is a peripheral examination to determine the evi-
20 dence of central nervous system damage.

21 Q Does that mean that there was evidence of deterioration
22 of the central nervous system?

23 A Yes, sir; with that test being positive it is indicative
24 of damage.

25 Q Do you know how this man was brought to Columbus from

1 Dawson?

2 A No, I don't.

3 Q Was his wife with him when you saw him?

4 A I saw his wife during his stay at the hospital. Now,
5 whether she came with him, I don't remember.

6 Q Was Dr. Ward there when you examined him?

7 A No, I have not met Dr. Ward.

8 Q Was the operation, the surgery that you performed, the
9 only surgery that was done on this man between the time
10 of his admission and the time that he expired, or was
11 there another operation performed by Dr. Hazouri?

12 A No further operation was done.

13 Q What does prosected mean, doctor? I saw it in one of
14 these sheets. Cut up or --

15 A I guess so.

16 Q I'll find that in a minute. Now, let me show you a sheet
17 here marked "History Record."

18 A Yes, sir.

19 Q And whose handwriting is that?

20 A That is mine.

21 Q I notice the phrase there "Pt."

22 A Patient.

23 Q "Was struck about noon on 4-20"?

24 A Yes.

25 Q That means patient was struck about noon on April 20th?

1 A Yes.

2 Q And you operated on the night of --

3 A On the day he was admitted.

4 Q April 21st?

5 A Yes.

6 Q Now, here is a progress note on a yellow sheet, over in
7 the left-hand column, 4-20-58; what does that indicate,
8 doctor?

9 A That probably indicates the date that this note was
10 written.

11 Q Whose handwriting is that?

12 A I can tell only from the signature "Dave Herby." My
13 guess is that he was one of the house men, house officers
14 at that time.

15 Q Is that two initials there; "D.V.E."?

16 A I thought it was Dave. It may be "D.W."

17 Q That's what it is, Dave Herby.

18 A Yes.

19 Q And that indicates that on April 20, 1958, Brazier was in
20 Room 159?

21 A No. This chart is made up and then the man writes a note
22 here. That just means that was the room that he was to
23 occupy, to which he was assigned.

24 Q But this 4-20-58 means that the examination was made on
25 4-20?

1 A No, sir; that is the date he wrote it down.

2 Q I am not talking about when he came in the hospital, I am
3 talking about what this sheet shows, 4-20-58.

4 A Without question that shows 4-20-58.

5 Q "Pt. examined this p.m."?

6 A That's right.

7 Q That would indicate to you that he was examined by Dave
8 Herby?

9 A That's right.

10 Q On the evening or afternoon of April 20, 1958?

11 A On 4-20 -- I don't know whether or not.

12 Q On 4-20-58?

13 A Yes.

14 Q Now, going to the chart, whose handwriting is on the chart,
15 do you know?

16 A The chart is written up by the nurse who initials it at
17 the end of the notation she makes.

18 Q Well, the chart indicates that on 4-21-58 -- what's that
19 1:20 p.m. there indicate?

20 A P.M.

21 Q What does that indicate?

22 A Twenty minutes after one.

23 Q I mean, what is the significance, what was done at 1:20
24 p.m.?

25 A Patient admitted Room 159.

1 Q I can't read that, read all of that right-hand column.

2 A Male patient admitted Room 159 by stretcher, unconscious,
3 blood pressure 110/70. Dr. Durden visited, office notified,
4 and then visitors at bedside, condition remains poor.

5 Q What is the nurse's name?

6 A This nurse's name was Erlynne Oglen. And then a Foley
7 catheter at that time inserted by Dr. Wether. Then a
8 thousand cc's of 5% Glucose and distilled water started
9 I.V. at 2:30. And request was sent to the laboratory
10 for blood work. Dicrysticin, two cc's, was given at
11 2:30 in muscle of left buttock. And at 3:30 pulse was
12 sixty, respiration twenty-four, blood pressure 130/90.
13 At 4:10 his head was shaved for surgery. Skin test, 1/10
14 of a cc was done subcutaneously at 4:15. At 4:30, blood
15 pressure 120/60, pulse was fifty-eight, respiration twenty-
16 two. Atropaine, grains 1/150 was given by hypodermic
17 injection at 5:05. The I.V. infiltrated and restarted
18 about that same time. The pulse was sixty-four, respir-
19 ation eighteen, blood pressure 120/60 at 5:05. At 5:30
20 Dr. Durden visited him again.

21 Q And at 6:05 shown on the next sheet.

22 A At 6:05 went to surgery.

23 MR. BLOCH: I think that is all, doctor.
24
25

REDIRECT EXAMINATION

By Mr. Hollowell:

Q Doctor, these two clots that you removed, was there any way to tell the direction from which the clots had formed?

A No.

Q In the examination by Mr. Bloch, there was an indication that there was some blood tests taken as of the time that he came in there prior to the operation. Is there anything in the report that shows what the result of the test was?

A Yes. Now, of course we say a blood test. I would believe, without reference to the chart, that he had hemoglobin and white count in mind. We'll check the chart and see. Let's see, yes. Blood test done. The V.D.R.L., which is negative. The White blood count, the R.B.C. Shows hemoglobin of 90%; 14 grams; 18,000 white blood cells with an essentially normal differential.

Q Normally on that type of report if there had been the presence of any alcoholic content in the blood, would they normally so indicate, or not?

A Those determinations are not done unless directly requested

MR. HOLLOWELL: I see. I believe that is all, doctor, unless he has another question.

RECROSS-EXAMINATION

By Mr. Bloch:

Q This white sheet marked history record: Head injury. Thirty-one year old colored male, unconscious, history of having received blows on or about the head twenty-four hours before admission. Patient was struck about noon on 4-20. Whose handwriting is that?

A That is mine.

Q I think I asked you that before but I wanted to be sure. Doctor, there was one other question I wanted to ask you. Somewhere in this, without taking time to try and find it, again I noticed that a statement made by somebody, note or entry, efforts will be definitely made to obtain a post mortem.

A That was probably Dr. Hazouri.

Q Now, do you know the reason for that?

A We always like to get a post mortem. The hospital requirements for accreditation is that you get twenty percent; and you also find that you learn a lot from these examinations. We always try to get a post mortem.

REDIRECT EXAMINATION

By Mr. Hollowell:

Q Doctor, look at this page which has at the top 83718-A and indicate whether that is a report you made, or not.

A That is Dr. Hazouri's report.

1 Q The report which has a line in ink on the bottom, whose
2 report is that?

3 A That is my report, Dr. Durden.

4 Q This is the report written in handwriting which has the
5 caption at the top saying: "Head injury," beginning with
6 the words "thirty-one year old," and ending with "time to
7 time," there being a "J" at the bottom.

8 A Yes.

9 Q On page 13 of the hospital report, whose report is that,
10 doctor?

11 A Mine also.

12 Q And page 14 is yours?

13 A Yes.

14 Q The report marked page 23, is that your report?

15 A Yes.

16 Q How would these orders normally be taken down?

17 A They could be written; sometimes they are dictated and
18 written by the nurse.

19 Q On this report here that begins, shows 4-20-58, is this
20 your writing?

21 A No, that is Dr. Hazouri's.

22 Q Is it your thinking that that 4-20 is just an accidental
23 wrong date given there?

24 A That's right.

25 MR. HOLLOWELL: Thank you, doctor, that is all.

RECROSS-EXAMINATION

By Mr. Bloch:

Q I found something else, doctor.

A Good.

Q X-ray report on James Brazier, who is this (indicating)?

A That is Dr. George Epps.

Q "Portable survey type studies of the skull are unsatisfactory for detail and must be considered indeterminate. There are two oval bone defects at or near coronal suture which are apparently due to previous operative procedure." What is meant by the phrase "previous operative procedure", doctor?

A — The configuration of the bone suggests that the patient possibly had previous operations there.

Q Prior to the operation you performed?

A Yes.

Q Was there any history given to you of a prior operation?

A I obtained none.

(Deposition concluded.)

* * *

I hereby certify that the within and foregoing deposition was taken down as stated in the caption, and the foregoing 34 pages represent a true and correct transcript of the testimony given by said witness; and I further certify that I am not of kin or counsel to the

1 parties to the cause, nor am I in anywise interested in the
2 outcome of said case.

3 This, the 24th day of December, 1962.

4 Carl F. Potswald
5 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 FBI on the
subject of the above captioned case.

Walter Brown

U. S. Sheriff, Inc.

Case No. 475

The above
John D. Brown was
known to be present

on J. D. Brown's
letter are contained
in the case.

FILED at 8:30 AM

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