

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,)
HOWARD LEE and THE FIDELITY)
CASUALTY COMPANY OF NEW YORK,)
a corporation)

9 * * *

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

17 * * *

18 APPEARANCES OF COUNSEL:

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

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

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

LAWYER'S NOTES

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1 LOUIS D. HAZOURI

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

3 DIRECT EXAMINATION

4 By Mr. Hollowell:

5 Q Will you give your name, sir?

6 A My name is Louis D. Hazouri.

7 Q And you are a medical doctor?

8 A Yes, I am.

9 Q Do you have a specialty?

10 A I specialize in neurosurgery.

11 Q Would you give us a brief rundown of your training and
12 experience, doctor?

13 A I attended the University of Florida, and I am a graduate
14 of Emory University Medical School. My post graduate
15 training was at Union University in Albany, New York;
16 the University of Cincinnati, Cincinnati, Ohio; and the
17 University of Tennessee in Memphis, Tennessee. I have
18 been practicing my profession in this locale for ten
19 years, and I have been in charge of the Neurosurgical
20 Unit for the Third Army during my service in the armed
21 forces.

22 Q For what period was that, doctor?

23 A That was for two years; that was at Camp Gordon.

24 Q Have you had the occasion to perform and to see performed
25 craniectomy types of operations?

1 A Yes, sir, I have.

2 Q Would you be able to indicate any approximate number of
3 such operations in which you have engaged?

4 A No, sir, I wouldn't be able to guess.

5 Q Would you suggest that they would constitute a large
6 number?

7 A Yes, I would.

8 Q Doctor, calling your attention to the month of April in
9 the year 1958, between the date of the 21st and the 25th
10 of April, did you have the occasion to have a patient
11 by the name of James Brazier?

12 A I had a patient by the name of James Brazier, who was a
13 admitted to my service allegedly on the 21st of April of
14 1958, but was not seen by me until the 25th of April of
15 1958.

16 Q Now, do you know where he was as of that time?

17 A I was informed that he had been admitted to the Medical
18 Center here in Columbus, Georgia on my service at the
19 request of Dr. Charles Ward of Dawson, Georgia, and he
20 was seen and taken care of by Dr. John Durden of this
21 city who was taking calls for me.

22 Q Is there anything that has come into your knowledge which
23 would cause you to doubt the fact that he was in fact
24 admitted on the 21st of April 1958, as your information
25 was directed to you?

1 A No, there has not.

2 Q When you first saw him, what was his condition?

3 A When he was seen by me his chart was reviewed and it was
4 noted that he had a blood pressure which was within
5 normal limits, he had an elevated temperature, moderate
6 pulse, he had a dressing on his head.

7 Q What on his head?

8 A Dressing, bandage. We could not test his coordination
9 other than --

10 Q You say you could not test his coordination?

11 A No, since the patient usually has to be instructed to
12 follow commands and this patient could not follow com-
13 mands due to his level of consciousness. He was quite
14 stuporous; as a matter of fact, showing a coma. He
15 couldn't move his arms and legs which we felt it was on
16 a reflex basis. He showed evidence of brain damage by
17 certain neurological findings.

18 Q Do you have a copy of those findings?

19 A Yes, I do.

20 Q Would you relate what those findings are.

21 A His reflexes were hyperactive; sensory examination, that
22 is, stimulation with a pin, showed that there was mild
23 movement in the upper and lower extremities, not the usual
24 and natural quick response. He showed by lateral Babinski
25 signs, which are signs comparable to evidence of damage

1 to the brain. His corneal reflexes were sluggish; that
2 is, testing the eyes to see if there was any motion
3 revealed that he did not respond. No other detailed
4 testing could be carried out since this patient was of
5 course, for practical purposes, not cooperative. And it
6 was my impression that he had sustained an injured brain
7 with bruising to the brain stem, and as well was in a
8 post-operative state having had a blood clot removed by
9 Dr. Durden.

10 Q What would cause a blood clot of the type that you have
11 just referred to in your findings?

12 A Usually three primary causes, the most common of course is
13 injury, the second cause is a bleeding abnormality such as
14 in leukemia, and of course the third cause is on occasion
15 we will see an individual with high blood pressure who
16 has ruptured a blood vessel and give you the same finding.

17 Q You mentioned leukemia and high blood pressure. In all
18 of the reports which you have seen, and as a result of
19 your examination, was there any findings of those diseases,
20 doctor?

21 A There was none.

22 Q Or conditions?

23 A There was no disease as far as leukemia. His blood
24 pressure was elevated to 160/100, which was the time of
25 his being referred into the hospital. That was the chart,

1 not my recording.

2 Q I see. Did that blood pressure diminish or lower?

3 A It became lowered, apparently after the removal of the
4 blood clot.

5 Q From your charts and your findings, were you able to
6 determine whether there was massive contusions of the
7 head and scalp or not?

8 A I can't answer the question with reference to the scalp
9 since I did not change the other doctor's dressing, but
10 there was evidence from the examination that he had
11 sustained some catastrophe intracranially; that is, the
12 brain had been severely damaged.

13 Q From your knowledge of individuals who were suffering the
14 kind of traumatic experience which this man presumably
15 was suffering, are you in a position to indicate the type
16 of instrument which might have been necessary in order
17 to produce the kind of damage to the head that Brazier
18 had?

19 A No, I couldn't. It would have to be on the basis of
20 blunt instrument, or the patient directly striking the
21 floor or raising his head against a beam, or it can be
22 very many different causes. Other than from the history,
23 at least we know that there was no penetrating object
24 such as a knife or an axe or a gun-shot wound.

25 MR. BLOCH: Did you say it was not, doctor?

1 A Was not, that's right, sir.

2 Q From the history, also, would you be able to determine
3 whether there were any sharp objects at all which caused
4 a laceration-type wound on the head?

5 A If there was, I am not aware of it other than from my own
6 record. It states that he had been struck over the head
7 several times. And that history was obtained from the
8 chart.

9 Q From your observation and from the charts which you have
10 studied, would you be able to say approximately the number
11 of times that he had been struck?

12 A No, sir. There is no mention of it in the record, to my
13 knowledge.

14 Q Doctor, would you explain for the record the direction
15 that an injury to the head of the type which I will des-
16 cribe to you would take or would be. Examination of the
17 skull reveals a fracture extending from the left lateral
18 margin of the brain magnum. Would you want to read that
19 for me, doctor, aloud and explain that insofar as you can
20 in layman's language?

21 A Examination of the skull reveals a fracture extending from
22 the left lateral margin of the brain magnum.--if I might
23 interject here, I am certain that is a typographical
24 error, that should be foramen magnum -- laterally through
25 the parietal temporal bones extending to the vertex on the

1 left

2 ma

3 Q

one would make a hypothesis here by that

4 l study that the blow was behind the

5 over the right frontal bone. That

6 head, that would be a sort of

7 njury. But the most logical

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15 which begins at the nape of

16 and extends up behind your ear and

17 region.

18 Q From your report, doctor, are you able to tell whe

19 blow, or major blow or blows were in order to produce a

20 fracture of that proportion?

21 A Studies have shown that by taking dummies and painting the

22 skull with a plastic material and striking the dummy's

23 head with a blunt object, or letting the dummy fall, you

24 get a scatter or a sort of a fracture line that you can

25

1 delineate. And one would make a hypothesis here by that
2 type of experimental study that the blow was behind the
3 left ear, or possibly over the right frontal bone. That
4 is above the right forehead, that would be a sort of
5 across-the-skull type of injury. But the most logical
6 would be that of striking the back of your head.

7 Q Would it be possible to have contusions of the scalp, or
8 of the skull itself rather, without having any indica-
9 tions of lacerations on the exterior of the head, that is,
10 without there being any visible signs of this from the
11 exterior?

12 A Anything would be possible, but it would be unlikely.

13 Q Let me ask you this doctor, what would normally cause
14 extensive epicranial hemorrhage, and what is referred to
15 as an organized hematoma?

16 A That would imply that there was some force that caused
17 the skull to temporarily - it's become fractured - to
18 temporarily contract and extend, since it is a bony
19 structure, and possibly the strength of the force would
20 be enough to separate the covering between the skull and
21 the brain. And by shearing away this covering, blood
22 vessels are torn and then a blood clot forms. Nature
23 either absorbs this blood clot and heals, or else it then
24 becomes organized and forms a large mass or so-called
25 organized blood clot.

1 Q I see. Now, would an operation of the type which was
2 performed on this patient normally cause the kind of
3 damage which you have just explained and cause the kind
4 of hematoma that you have just explained?

5 A No, sir, it would not.

6 Q Then it is your testimony, as I understand it, that this
7 had to have been produced by some type of traumatic
8 experience which this patient underwent by virtue of some
9 heavy object of some sort having come in contact with his
10 head?

11 A That is correct, sir.

12 Q Now, as to the brain, doctor, if an examination reveals
13 extensive subdural and epidural hemorrhage with marked
14 encephlomalacia of the right temporal and left parietal
15 lobes, what would be the kind of experience which would
16 produce that? Or let me ask you this: would the condition
17 of the skull and scalp as you have explained it be con-
18 sistent with the condition which I have just referred to
19 relative to the brain, which is that of the extensive
20 subdural and epidural hemorrhage with the marked
21 encephlomalacia of the right temporal and left parietal
22 lobes?

23 A It would be consistent with an injury.

24 Q What does it mean when it says that "on section the con-
25 tused brain has become necrotic?"

1 A The brain where it had been bruised had lost part of its
2 blood supply and then as a result, by losing its blood
3 supply, becomes softened and then deteriorates and becomes
4 mushy consistency.

5 Q When this happens what is the usual result?

6 A Of course, it depends on which part of the brain is
7 affected but it will mean loss of function of that part
8 of the brain. If it's extensive of course death ensues.
9 If it's moderate, Nature will heal it and other parts of
10 the brain will take over for the individual to recover,
11 depending on the extensiveness of the insult.

12 Q I believe it was extensive in this particular case; is
13 that correct?

14 A Yes, it was.

15 Q Doctor, was there any other malady or condition which was
16 in any way abnormal to the extent that it could possibly
17 have given rise to his death?

18 A Well, the primary cause of death of course would be the
19 extensiveness of the injury to his brain. And the autopsy
20 also showed, was reported to have shown lobar pneumonia.

21 Q Was there any evidence that he had lobar pneumonia prior
22 to his entry into the hospital?

23 A None to my knowledge.

24 Q Is it common for patients who have had injuries such as
25 this to develop pneumonia?

1 A Usually after a long period of time, depending on their
2 ability to get rid of the mucus from their throat and from
3 the air passages, it may settle down and become secon-
4 darily infected from the individuals own normal organisms
5 and you might develop pneumonia. We try our best of
6 course to prevent this, but it does happen and it usually
7 does kill the individual.

8 Q When you say it usually does kill the individual, are
9 you suggesting that this is a secondary cause?

10 A It is a secondary cause where it does occur.

11 Q Where it does occur.

12 A And it depends there again on the occurrence.

13 Q Anyway, as I understand your testimony, the traumatic
14 experience as has been explained by you in the answer to
15 the question was the actual and primary cause of his
16 death; is that correct?

17 A That is correct.

18 Q Doctor, on your return from the trip that you made
19 mention of earlier, you did examine the patient yourself,
20 did you not?

21 A Yes, I did.

22 Q Is there anything else pertaining to the condition in
23 which you found this man or relating to his history or
24 his presence in the hospital which you think to be sig-
25 nificant but which I have not asked you about? Maybe

1 something stands out in your mind, I don't know.

2 A No, sir; other than this patient had been operated on.

3 He had been, he was found to be quite critical apparently,
4 as he had been when he arrived, and in spite of everything
5 that was done he still passed on.

6 Q From your reports and from the condition of the man, what
7 would you say was the approximate period of time which
8 passed between the traumatic experience and the patient's
9 arrival at the hospital?

10 A The history as given to me related that this occurred on
11 the 20th of April on or about, that he had regained his
12 consciousness on or about the 21st of April, and that he
13 began having difficulty with speech as well as his coordi-
14 nation and his walking, and then showed rapid deterioration
15 and admitted to the hospital on the 21st of April.

16 Q Was there anything about the general examination of the
17 man which would cause his locomotion and his speech to
18 be in a deteriorated condition or abnormal other than the
19 injury to the head?

20 A None that I could ascertain.

21 Q How would you characterize the blow or blows that would
22 have been necessary to produce the kind of injuries which
23 this man had?

24 A I couldn't answer that, that would be speculation on my
25 part. I don't know.

1 Q That is any more than what you have already indicated, is
2 that what you mean, doctor?

3 A That is correct, sir.

4 Q Doctor, who is Mrs. Hinton?

5 A She is my private secretary.

6 Q Now, do you know where the office of Dr. John Durden is
7 at?

8 A I don't know the address, sir. I believe it's on Fourth
9 Avenue here in Columbus.

10 Q I believe Dr. Webber is no longer in the city, is he?

11 A No, sir. I think he has an office in the Doctors Building
12 here, which is across from the Medical Center.

13 Q I see. - He is also connected with some hospital now in
14 Phoenix City, isn't he?

15 A He is connected with the Cobb Memorial Hospital.

16 Q Doctor, what kind of item would you suggest could produce
17 contusions from one to three centimeters in diameter
18 though there would be no laceration of the scalp visible,
19 what kind of a blow and what kind of an instrument would
20 be required?

21 A Which would reveal no evidence of external violence to the
22 scalp?

23 Q Yes. And I am referring particularly to the same report
24 that we were looking at before but looking under "Scalp"
25 in the section captioned "External Examination".

1 A Well, it would be highly unlikely that you would have any
2 kind of underlying damage to the brain without some
3 obvious evidence of external violence to the scalp, in
4 answer to your question. But you wish this explained
5 here?

6 Q Yes. I believe it says there were contusions and
7 abrasions over the entire surface of the scalp in the
8 hair bearing portions. These contusions range from one
9 to three centimeters in diameter, and there are no
10 lacerations of the scalp visible other than the surgical
11 incisions described above. Now, what I am asking is, in
12 order to get contusions ranging from one to three centi-
13 meters but there not being any lacerations, what kind of
14 instrument would be required in order to produce contusions
15 of this sort?

16 A It would imply a small instrument of some nature.

17 Q Would these have to be quick staccato types of blows, or
18 would they have to be done with some considerable force
19 in order to produce contusions ranging from one to three
20 centimeters in diameter?

21 A Well, the time element could vary. It could be one con-
22 tusion, none, and one contusion later on. There would
23 be no way of telling unless you did studies on the scalp
24 to determine the amount of bleeding that was present at
25 each individual time, and that would be practically an im-

1 impossibility.

2 Q I see. Maybe I didn't make myself clear. What I am
3 getting at, doctor, is that would the type of blow which
4 would be required to make these contusions which are from
5 one to three centimeters in diameter have to be one of
6 rapid, light, staccato type of blows -- I am speaking of
7 staccato from the standpoint of rapid and light as
8 distinguished from time as we think in terms of music --
9 as distinguished also from a heavy blow, if I make myself
10 clear?

11 A Well, you would have to have a reasonable force to give
12 you the underlying damage that he had to his brain, so
13 it would have to be a rather severe force or an increased
14 force to do that.

15 Q Would the latter two adjectives used be more descriptive
16 than the other?

17 A The which?

18 Q I say, would the latter two adjectives which you used be
19 more descriptive than the former. You said merely a
20 reasonable force initially, and then subsequently I believe
21 you said a heavy and increased force.

22 A Well, you'd have to have if you were to grade it - of
23 course if the force is severe enough you'd lacerate the
24 scalp. If your force is there, again I can't give you
25 pound force or distance, but if your force is of reasonably

1 moderate extent you would expect to get an underlying
2 bruising to the scalp. And even there could you grade it
3 on that? A small tap on the scalp of course is not going
4 to alter the scalp structure, but if you have a moderately
5 forceful blow such as suddenly raising your head beneath
6 a crossbeam, you will get a welt, or you might get bleeding
7 beneath the scalp, or if you increase the force you will
8 get further bleeding.

9 Q Suppose you had some comparatively small metal object but
10 which was padded, would you be likely to get this kind of
11 force or kind of damage?

12 A I would imagine if you had a small padded object you could
13 probably fracture the skull with repeated blows, and
14 probably tear the scalp. There again, it depends on the
15 amount of force applied.

16 Q Would it be reasonable to say that in order to produce
17 contusions from one to three centimeters in diameter in
18 the scalp, that it would take considerable force, and that
19 to produce a fracture from twenty-one to twenty-three
20 centimeters in length would require an extraordinarily
21 excessive force?

22 A You'd have to have an unusual force to result in that
23 fracture, unless the fracture itself resulted from a
24 very large-framed individual striking the floor.

25 Q From the condition of this man's body, was there any

1 evidence that he had struck the floor at any time?

2 A No. That would be predicated - I did not examine this
3 man initially and did not alter his dressing, that was
4 just simply from his body.

5 Q From all the records which you have read, the original
6 reports and the reports which you have, are there any
7 indications that there were bruises and contusions of
8 the body, about the body generally, which might come from
9 a fall and which would be likely to come if a man had
10 fallen in such a manner as to produce a fracture of the
11 nature that you have explained here?

12 A It would be speculation, I couldn't answer that. I mean,
13 it would be reasonable to assume that he had blows to his
14 head, and it would also be reasonable to assume that he
15 had fallen and fractured his skull, or that he had
16 received a blow that was strong enough to fracture his
17 skull.

18 Q Perhaps my question was a little too long for you to
19 answer it properly. Would you read the question again,
20 Mr. Reporter?

21 (Question read back to the witness.)

22 A There was no evidence to the body that I examined that
23 there was any external violence.

24 Q Of the body?

25 A Yes.

1 Q Other than of the head?

2 A That's correct, sir.

3 Q All right. I believe that got to the question. Maybe
4 if I rephrase it you can get me a definitive answer.
5 Then do I understand it is your testimony that you could
6 not observe, nor have you seen any reports which indicate,
7 that this man suffered any lacerations or bruises and
8 contusions of the body?

9 A That is correct.

10 Q Other than those that related to the head?

11 A That is correct.

12 Q All right. Have you had occasion to communicate or be
13 communicated with by Mr. Bloch in connection with this
14 case?

15 A If I did I am not aware of it. There may have been some
16 communication previously in the mail, but I don't think
17 so.

18 Q Have you had any with Mr. Z. T. Matthews or W. B. Cherry
19 of Dawson, Georgia pertaining to this matter?

20 A No, sir, I have not.

21 MR. HOLLOWELL: I believe that is all for the
22 doctor at this time.

23 CROSS-EXAMINATION

24 By Mr. Bloch:

25 Q Doctor, may I see the document which you have before you,

1 the ones that you were reading from when you were testi-
2 fying. It's signed by Joe Webber, M.D. Is that right?

3 A Yes, sir.

4 Q Associate pathologist at the Medical Center?

5 A Yes.

6 Q Is he the doctor whom you said was still in Columbus?

7 A He has an office in Columbus, and is the pathologist for
8 the Cobb Hospital in Phoenix City, Alabama.

9 Q You said there was a typographical error somewhere in
10 there?

11 A That should be foramen, which means opening.

12 Q Foramen magnum. Now, what you have been testifying from
13 is this memorandum or report made out by Dr. Webber; is
14 that right?

15 A As to the findings, yes, sir.

16 Q As to the findings. You spoke of lobar pneumonia. What
17 is the difference between lobar pneumonia and bronchial
18 pneumonia?

19 A Well, the lung is made up into lobes, and bronchial
20 pneumonia usually implies the openings that lead into the
21 lobes; and lobar means that one lung, well, that one lobe
22 was involved.

23 Q Now, there in this same report, the final thing in it is
24 cause of death: Cerebral necrosis and hemorrhage secondary
25 to severe contra-coup trauma?

1 A That is correct.

2 Q Trauma is a blow?

3 A That is correct, sir.

4 Q What does contra coup mean?

5 A Opposite side to the blow. I presume, I don't know how
6 the diagnosis was arrived at in this particular instance,
7 but knowing where the fracture was located, which was the
8 left side, and one would assume that he struck on the
9 left side and the blood clot was on the right side and
10 that is what causes the death. But contra coup implies
11 the force or whatever causes the injury is on the one side
12 and the blood clot is opposite to that side.

13 Q Well, if a blow, or any trauma sufficient to cause a blood
14 clot on the right side were inflicted on the left -- or
15 where was it, where was the clot?

16 A The fracture was on the left side.

17 Q Well, then the blow would have to be on the right?

18 A I am not certain as to which side the hemorrhage was. My
19 only report is that he had a blood clot there, don't know
20 which side it was on. The autopsy report reveals the
21 hemorrhage on the right. So one would assume that the
22 fracture, that the blow was sustained on the left side
23 and that the hemorrhage was on the right side from the
24 blow.

25 Q Well, would it - what would be the immediate effect of a

1 blow on this man's left side of his head which was suf-
2 ficient to cause what happened on the right side, what
3 would be the immediate effect of it?

4 A From the description of the autopsy report one would assume
5 that this man had sustained quite a violent injury and
6 should have immediately become unconscious.

7 Q After having sustained an injury of the type which is
8 indicated by the reports and from your own examination of
9 him, could the man have eaten on the day after he sustained
10 an injury of that sort?

11 A It would be very unlikely.

12 Q Could he have talked after having sustained that injury,
13 doctor?

14 A There is a possibility, but there again with this -- if
15 we are speaking specifically of this incident here as
16 reported, it would be unlikely.

17 Q Could he have walked alone?

18 A It would be unlikely.

19 Q Right at the beginning of your testimony, doctor, when you
20 were examined by counsel you gave three causes. I had
21 listed the second as leukemia, the third as high blood
22 pressure. Where is that in that report, and what is the
23 first?

24 A It's not in that report.

25 Q It isn't?

1 A That was in response to a question that was posed.

2 Q I see. What was the first?

3 A I stated that high blood pressure, or a blood abnormality
4 like leukemia, or injury of some nature.

5 Q All right. Alcoholism, acute or chronic, have anything
6 to do with it?

7 A No, sir; unless the individual staggers and falls and
8 strikes his head. And usually with an alcoholic they
9 have a shrunken brain and it gives them more space on the
10 inside of the skull, which results in bleeding, which can
11 then become a blood clot. We see a higher incidence of
12 alcoholics who have blood clots.

13 Q - Suppose this man sustained a blow on the afternoon of
14 April 20 while in a drunken condition, would the blow be
15 inclined to be affected -- I mean, to cause a more dire
16 effect, more serious effect on account of his condition
17 being drunken than it would if he were sober?

18 A There would be probably a number of factors, I imagine,
19 that an individual who is intoxicated or partially
20 inebriated would probably be more prone to resist or to
21 fight back or, if struck, would tend to fall quicker than
22 an individual who is able to try to dodge a glancing blow
23 that is coming at him.

24 Q You said on direct examination, sir, that Brazier was not
25 seen by you until April 25th?

1 A That is correct.

2 Q What time?

3 A I haven't the slightest idea. That would have to be in
4 the nurse's notes.

5 Q And I believe you said that there was a dressing on his
6 head at that time?

7 A That is correct, sir.

8 Q Do you know who put that dressing there?

9 A I would assume that Dr. Durden had dressed the scalp.

10 Q The patient was referred to you, or rather you were
11 called in by Dr. Durden?

12 A No, sir; he was referred to me by Dr. Ward.

13 Q Dr. Ward in Dawson?

14 A That is correct, sir.

15 Q Was the reference by telephone, or did Dr. Ward come with
16 him, or what?

17 A I don't know, sir. I presume that he contacted my
18 secretary, according to my chart. And since I was out
19 of town she took the call. Dr. Durden was taking my calls
20 for me at that time, prior to my having another neuro-
21 surgeon here in town who now covers for me while I am out
22 of town.

23 Q Would a small abrasion or laceration on the frontal region
24 of the scalp and another of similar size in the occipital
25 region, which were not large enough to warrant closure

1 with sutures, be sufficient to cause the fracture of the
2 skull that you saw?

3 A Not a direct blow. It would be unlikely, unless the skull
4 struck something else.

5 Q Something else like what?

6 A Like the pavement or ground.

7 Q Or concrete floor?

8 A Anything that is so hard as to resist a fall.

9 Q Anything harder than the skull is sufficiently hard to
10 resist the fall?

11 A For the average, yes, sir.

12 MR. BLOCH: I think that is all.

13 REDIRECT EXAMINATION

14 By Mr. Hollowell:

15 Q Doctor, is it possible that this twenty-one to twenty-
16 three inch fracture might have been smaller initially and
17 by either repeated blows or movement could have continued
18 to increase in length?

19 A It would be unlikely. You would assume that once the blow --
20 I mean, once the fracture occurred in this particular
21 instance that you had the initial insult and shattering,
22 splinting effect, in this instance to the skull, that
23 repeated blows to the hind part of the brain would become
24 certainly obvious. You would have to really do quite a
25 bit of to-and-fro motion or movement to aggravate that

1 blow. That is a pretty hard place to crack.

2 Q Once it has been cracked, would increased blows possibly
3 cause it to crack more, that is what I am trying to get
4 at?

5 A Conceivable, but unlikely. You would certainly see evi-
6 dence of further external violence to the scalp.

7 Q Well, if a man's skull or scalp showed that the total
8 surface of the hair bearing part was bruised and contused,
9 giving indication then of multiple blows, is it possible
10 that under those types of circumstances, or that type of
11 circumstance, that the multiple blows could have caused
12 a fracture which had been made to increase in length??

13 A It would be reasonable to assume that, if you accept the
14 fact that there were a number of blows to the skull or
15 scalp, and that you had a fracture initially and then by
16 repetitive type of insult to the scalp you would con-
17 ceivably assume that it was aggravated or the fracture
18 extended.

19 Q Could this kind of a fracture be made by the butt of a
20 gun?

21 A No reason why not. I mean, it's a blunt instrument.

22 Q In all of your reports that you have and that you have
23 seen, doctor, was there any evidence of any alcoholic
24 content?

25 A None to my knowledge.

1 Q All right.

2 A There is attached to the autopsy report here, which is
3 quoted; Results from Crime Laboratory, State of Georgia,
4 dated May 21, 1958, results negative for ethyl alcohol,
5 methyl alcohol and formaldehyde.

6 Q May 21, 1958 is the date of their report?

7 A That is what I have attached to the pathology report by
8 Dr. Webber, which is part of my chart.

9 Q Let me ask you this: what is the longest length of time
10 that alcoholic contents, let's say anywhere from four
11 ounces to eight ounces, would normally remain in the
12 body?

13 A If I can spare you that question, I don't know. I'm not
14 an expert on alcohol. I think Dr. Webber could answer
15 that better than I.

16 Q Well, just from your general knowledge and experience,
17 one who practices neurological surgery, would you be able
18 to say whether or not if there were alcoholic content in
19 his bloodstream and the patient was in the condition that
20 the reports indicate that this patient was, would it be
21 quite likely that evidences of it would be completely
22 apparent?

23 A I have never taken an alcohol test on any unconscious
24 patient.

25 MR. HOLLOWELL: I believe that is all, doctor.

1 RE-CROSS-EXAMINATION

2 By Mr. Bloch:

3 Q I notice here that it shows the time of his death to be
4 at 10:22 P.M., April 25, 1958.

5 A Yes. That is what is recorded here on my chart.

6 Q See what your progress notes show.

7 A I would say that is a typographical error on our part.
8 We thought that he had died on the 26th, and according
9 to Dr. Webber's report it was the 25th. Who is correct,
10 I would rather abide by the pathologist's report. But
11 that is easily corrected by checking the nurses' notes.
12 Date of expiration is 10:22, April 25, 1958.13 Q One more question, doctor. I just noticed that and wanted
14 to clear that up.

15 A Thank you, sir.

16 Q If he was able to walk upright without assistance on
17 April 21, 9:00 A.M., would a trauma preceding that time
18 be likely to have been the cause of the fracture you
19 found?

20 A It's possible, but unlikely.

21 REDIRECT EXAMINATION

22 By Mr. Hollowell:

23 Q Doctor, do any of your records give any indication of
24 any accident in which the patient was involved between
25 nine o'clock on the 21st of April '58, and three o'clock

1 that day?

2 A Not in my records. Unless they are recorded in the
3 hospital records by Dr. Durden, which I have here in front
4 of me. It states here, according to the chart, that he
5 was unconscious when he was admitted and that he had a
6 history of having received blows on or about the head
7 twenty-four hours before admission. And that he was
8 struck on April 20th of 19 -- well, there is no other
9 date. That is all the history that I have got.

10 (Deposition concluded.)

11 * * *

12 I hereby certify that the within and foregoing
13 deposition was taken down as stated in the caption, and
14 the foregoing 29 pages represent a true and correct trans-
15 cript of the testimony given by said witness; and I further
16 certify that I am not of kin or counsel to the parties to
17 the cause, nor am I in any wise interested in the outcome
18 of said case.

19 This, the 17th day of December, 1962.

20 *Carl F. Potswald*
21 _____
22 Carl F. Potswald, Notary Public

23
24
25

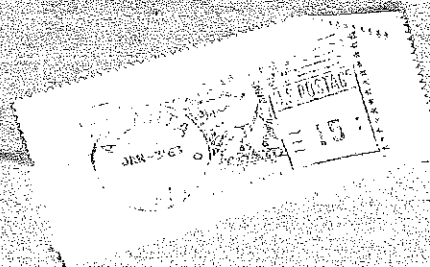
Carl F. Potswald

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 U.S. Marshal at
St. Louis, Mo., dated 1/2/53.

Walter Brown

U. S. Sheriff, one

Case No. 475

John D. Brown, one
known to be present

John D. Brown, one
known to be present

FILED at St. Louis MO
JAN 4 - 1953

Clifford Paulsen
U.S. District Court