

Medical Investigation in Cases of Sudden Death by D. A. L. Bowen

Excerpts

Firearm Wounds

These will be rarely encountered, but a doctor should be able to recognize them.

A weapon fired in contact with the body will cause scorching and soiling of the skin by the products of explosion. This will be less the farther away the firearm is from the skin, and when the distance reaches an arm's length only a little marking by unburnt powder is possible. The exit wound will be a mere split or hole, generally smaller than the entry wound when the weapon is fired at close range, and apt to be larger when the range is more distant. Shotgun discharges naturally produce a much larger entrance and exit wound.

Any weapon, cartridge case, or ammunition must be carefully preserved for the Ballistics expert. The doctor should not try to reconstruct the incident, nor should he palpate the wound edges. (Page 35 column 1)

Medical Report

The doctor should give much thought to his report. The value of correct observation and interpretation of wounds at the scene of death may be greatly diminished by slipshod notetaking or the use of medical jargon. The knowledge gained at the scene must be recorded as soon as possible. Every wound, however superficial, must be mentioned as well as significant negative findings. The doctor must rely on his notes made at the time of examination or a subsequent typescript if he wishes to refresh his memory in the witness-box. Any subsequent record may be challenged, and rightly so. (pages 35 and 36)