

Investigation and  
Preparation of  
Criminal Cases  
*FEDERAL and STATE*

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Most often the pathologist employed by the State has not the proper credentials necessary for a medico-legal or forensic pathologist. His experience generally has been in hospital pathology where the cause of death is "presumed" from the medical records and treatment and the autopsy is performed to confirm the diagnosis. This differs radically from the forensic pathologist's experience. As a forensic pathologist the examining doctor has not been informed about the death. It is his job to determine a crucial legal factor, the cause of death, and to find all the clues that the corpse can provide for the police.

Unfortunately, the only time that an important distinction like this is publicly noticed is when a mistake has been made. The United States Government made a mistake in ordering certain Navy and Army physicians to perform the autopsy on the body of President John F. Kennedy. Obviously, these men were well respected and learned doctors, yet their specialties were not in forensic pathology. That was the mistake that caused a great deal of unnecessary and damaging rumors to remain unanswered. This problem with the Kennedy autopsy was pointed out early by such skilled pathologists as Cyril H. Wecht of Pittsburgh, Pennsylvania.

Determining the President's wounds of entry and of exit was important, Dr. Wecht has stated, and the surgical alterations made in efforts to save his life should have been taken into account.

At one point, the surgeons were confused as to the wound in the back of the neck area and considered it both a wound of entry and a wound of exit. The opening in the front of the neck was considered as only a surgical wound since a tracheotomy had been performed. This type of error is one frequently made by the inexperienced "forensic" pathologist and as an attorney you should be aware of the problems.

Photographs and X-rays of the President's body should have been made available at least to the pathologists and also to the government artist who prepared the schematic drawings for the Warren Commission Report. Instead, the artist had from a third-hand information relayed to him verbally, and from that verbal description drew his synthetic rendition. The pathologists had the undeveloped X-rays turned over to the F.B.I. or Secret Service agents, and they were probably not studied until after the autopsy was completed.

In any gunshot case, actual photographs should always be taken of the body, the wound areas, and also the wound areas after the ballistics expert has properly positioned a stainless steel pin through the wound tract.

When a bullet travels through the human body, it loses some of its initial weight. It actually leaves slight traces throughout the entire tract. This can easily be shown in an X-ray. Tiny, dust-like particle fragments of radiopaque metal will be found. If the bullet hits a bone, naturally more of its weight will be lost. This material will be deposited at the point of impact and adjacent to it. Autopsy protocol would dictate that an X-ray be taken to determine if any bullet or fragment of a bullet were still in the body.

The original weight of a bullet when compared to the final weight after it has been recovered from the body is an indication of what could have occurred in the wound tract. This comparison method will also help to establish which bullet might have caused which injuries where several bullets struck the deceased.

#### § 446. — Missile wound checklist.

- Circumstances:* Accient, homicide, suicide, natural death or undetermined. Wounded in action (WIA), died of wound (DOW), or killed in action (KIA). Distance between weapon and victim. Time interval between injury and death.
  - Weapon:* Type, caliber, model, brand name, and country of manufacture.
  - Ammunition:* Type, caliber, brand name, and country of manufacture.
  - Missile:* Description, weight in grams or grains, dimensions in millimeters, impact velocity in meters per second or feet per second, and impact kinetic energy in kilogram-meters or foot-pounds. Disposition of missile by surgeon or pathologist.
  - Clothing of Victim:* Missile holes, powder burns, blood.
  - External Wounds:* Type, location, and dimensions in millimeters.
- Supporting information and material collected:*
- X-rays of body or tissue specimens.
  - Color and black-and-white photographs of external wounds before and after washing or shaving, missile path shown by probe, if possible, and missiles recovered in the body. (A metric-system ruler should appear in the photograph.)
  - Photographs of weapon and missiles found at the scene (metric-system ruler).
  - Forensic evidence, distance and exit wounds for speculative graphic and microscopic studies.