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Edward J. Miloslavich

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FORENSIC PATHOLOGIC AND CRIMINALISTIC ANALYSIS OF OBSCURE MURDER CASES

Edward L. Miloslavich

Edward L. Miloslavich, M.D., Director of the Department of Pathology, De Paul Hospital, St. Louis, has devoted most of his medical career to the practice and teaching of pathology both in this country and abroad. Dr. Miloslavich holds honorary degrees from the University of Breslau, Germany, and the University of Vienna in recognition of his scientific work in the field of legal medicine. He is a member of a number of professional societies both in the United States and Europe and has published articles both in this and other scientific journals. His present article is based upon a paper delivered at the Third Annual Meeting of the Academy of Forensic Sciences.—EDITOR.

Examination of the scene of a crime by an experienced investigator is a paramount step in reaching a successful solution. Inherent power of critical observation, instinctive impulses in search for and detection of traces, accompanied by a correct interpretation and correlation of all the findings, is the result of a life long study and experience.

Preconceived hasty conclusions based upon cursory inspection, upon hearsay evidence, or upon misinterpreted facts characterizes the dangerous layman, irrespective of his position or authoritative function, thus often hindering and jeopardizing the work of the crime expert and of the skilled investigative authorities.

With these introductory remarks let us consider two briefly sketched pertinent cases.

I.

In a mountainous forest, not far distant from the seaport Sebenico on the Croatian-Dalmatian coast, the body of a 50 year old hunter was found in a reclining position with a loaded shotgun close to his body. In the earth softened by rain, imprints of the paws of a dog were seen.

Investigating authorities found that the trousers and underwear covering the entire front of the right thigh were ripped and torn, the skin and the muscles of the same thigh extremely lacerated. It was assumed that all these injuries were inflicted by a dog after the death of the hunter. Two doctors, general practitioners, who performed the official autopsy, were of the opinion that acute dilation of the heart caused his death and declared that the injuries of the right thigh occurred after death. The case was closed.

The widow of the deceased was not satisfied with these findings and persistently demanded that further investigations be conducted, claiming that her husband did not die of natural causes, since he was in perfect health. In one of her frequent visits to the prosecuting attorney she brought the torn trousers of her deceased husband, which contained

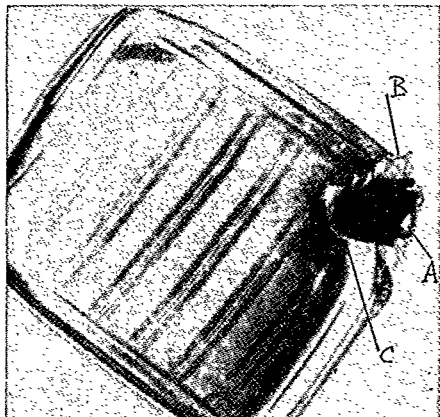


Figure 1



Figure 2

in the right side pocket a cigarette case, and urged again that the legal investigation be continued.

These two bits of physical evidence, together with the entire file, was forwarded to the State Institute of Legal Medicine and Criminology with the request for an expert opinion and advice. Herewith, 13 months afterwards the case was reopened.

The *cigarette case* attracted our fullest attention. The right inner corner showed a round defect, a hole (Fig. 1), and the minutely torn edge exhibited *characteristic findings* indicating that a projectile traversed the corner of the cigarette case in a slanting, tangential direction. One part of the edge was turned inside, inverted (A), the edge of the second or inner segment appeared everted or bent outwardly (B), and the adjoining part or the third segment was sharply broken off (C) and the corresponding fragment of the cigarette case missing.

The examination of the trousers also revealed important findings. The front part of the right leg of the trousers was irregularly torn, mostly lengthwise, from below the groin down to the level of the right knee. The painstaking reconstruction of the shredded fabric disclosed an oval-shaped ragged defect corresponding to the upper third of the right thigh. The examination of the lacerated fabric with infra-red light indicated the presence of powder marks.

The *thigh pocket* showed in the inner corner a hole with a fringed and frayed edge, directed outwardly (Fig. 2). It resembled the round defect of the cigarette case.

We informed the investigating magistrate about our findings, urging that the body be exhumed and thoroughly examined. We placed the emphasis on an accurate dissection of the right thigh, but particularly



Figure 3



Figure 4

of the region of the right knee, and to carefully search for a bullet and for the missing fragment of the cigarette case. Since the first post mortem examination did not detect exit of a missile or bullet, we suggested that roentgen pictures be taken before the anatomical dissection of the body, which, sorry to say, was not done.

Following our instructions and directives the same doctors re-examined the body and found embedded in the tissues around the median side of the right knee, six small pieces of lead and a metallic fragment (Fig. 3), which in its size and design corresponded exactly to the missing part of the cigarette case. (Fig. 4 shows the fragment replaced into cigarette lighter.)

The gun of the assailant, loaded with a lead cartridge, had been discharged at close range from the right side and back, while the victim was resting in a reclining position. Death was caused by a gunshot wound with extensive laceration of the large femoral blood vessels and rapid hemorrhage.

The subsequent criminal investigation brought the murderer to justice.

This case, as many similar instances, proves that a *medico-legal autopsy should be conducted only and exclusively by an expertly trained and experienced forensic pathologist.*

II.

A young attractive saleswoman, 43 years of age, unmarried, had a love affair with a young married man. One day early in the afternoon

as he visited her, they had a violent quarrel. This woman fired at him using an old fashioned 9 mm revolver. The bullet struck the right side of his head and blood squirted over his face. At that instant she directed the weapon toward herself, and the young man, seeing this, leaped over towards her to prevent further shooting.

She ran with the gun into her bedroom and locked the door. Shortly afterwards he heard the revolver being fired and in his uncontrollable excitement threw himself through the window and was found about one and a half hours later, unconscious on the sidewalk. Taken to the hospital he gradually regained his senses and told to the investigating police what happened.

The police found her in a state of deep unconsciousness on the floor of her bedroom with a gun shot wound in the region of the right ear, surrounded by powder marks. The revolver was close to her body. No further inspection of the premises was deemed necessary, and she was taken to the hospital where she died next day without regaining consciousness.

The hospital doctors, reporting this incident, gave as cause of death "gun shot wound of the brain." Exit of the bullet was not mentioned in their report.

The autopsy, which was *not* officially requested, disclosed surprising and embarrassing facts to all concerned.

The entrance wound was near the external opening of the right ear canal and exhibited the characteristics of a shot fired at very close range (Fig. 5). Upon opening of the cranial cavity it was found that the *bullet did not penetrate the skull bone* and did not enter the skull cavity. The somewhat deformed lead projectile, discharged from an old fashioned revolver, of low velocity and weak penetrating power, was found within the external canal of the right ear. It had glanced from the skull bone and was deflected, and lodged close to the ear drum.

The examination of the internal organs led us to suspect that some kind of a hypnotic drug had been taken. We expressed the opinion that acute barbiturate poisoning might have caused her death, as was later proven by chemical analysis of the organs.

Upon subsequent investigation of the bedroom, the police found on the night stand an empty drinking glass with whitish sediment at the bottom of the glass, and in the drawer of the night stand three empty luminal (pheno-barbital) vials (each contained 20 tablets of 0.1 grams).

The reconstruction of the case offered the following solution.

After shooting her lover, she ran in the bedroom and in suicidal intent fired the gun toward her head, but without expected effect, be-



Figure 5

cause of low penetrating power of the bullet discharged from a gun of old construction. Thereupon she swallowed a large amount of pheno-barbital, and when the police forced entrance to her bedroom, her *unconsciousness was not the result of a bullet she fired into her head, but was due to the pheno-barbital.*

This case is of particular significance.

First: It proves the momentous importance of *exact and critical investigation of the scene of crime* which, if conscientiously undertaken, would have proven poisoning while she was still alive and could have been treated.

Secondly: We must emphatically impress upon the doctors the *absolute necessity of taking X-ray pictures in instances of gun shot wounds, but especially if exit wound is not found.* If the X-ray examination of the head had been made in this case, the doctors would have disclosed that the bullet did not penetrate the brain, and that her comatose condition was not due to a brain injury.

Thirdly: *This case conclusively proves the categorical importance of a medico-legal autopsy in all cases of unnatural or violent death, conducted by real experts in this highly specialized field of Forensic Medicine.*