these two wounds is in the apex (supra-clavicular portion) of the right pleural cavity. In this region there is contusion of the paric' .. pleura and of the extreme apical portion of the right upper lobe of the lung. In both instances the diameter of contusion and ecchymosis at the point of maximal involvement measures 5 cm. Both the visceral and parietal pleura are intact overlying these areas of traums.

INCISIONS:

The scalp wounds are extended in the coronal plane to examine the cranial content and the customary (Y) shaped incision is used to examine the body cavities.

THERACIC CAVITY:

The bony cage is unremarkable. The thoracic organs are in their normal positions and relationships and there is no increase in free pleural fluid. The above described area of contusion in the apical portion of the right pleural cavity is noted.

LUNGS:

The lungs are of essentially similar appearance the right weighing 320 Cm., the left 290 Gm. The lungs are well acrated with smooth glistening pleural surfaces and gray-pink color. A 5 cm. diameter area of purplish red discoloration and increased firmness to palpation is situated in the apical portion of the right upper lobe. This corresponds to the similar area described in the overlying parietal pleura. Incision in this region reveals recent hemorrhage into pulmonary parenchyma.

HEART:

The pericardial cavity is smooth walled and contains approximately 10 cc. of strawcolored fluid. The heart is of essentially normal external contour and weighs 350 Cm. The pulmonary artery is opened in situ and no abnormalities are noted. The cardiac chambers contain moderate amounts of postmortem clotted blood. There are no gross abnormalities of the leaflets of any of the cardiac valves. The following are the circumferences of the cardiac valves; aortic 7.5 cm., pulmonic 7 cm., tricuspid 12 cm., mitral 11 cm. The myocardium is firm and reddish brown. The left ventricular myocardium averages 1.2 cm. in thickness, the right ventricular myocardium 0.4 cm. The coronary arteries are dissected and are of normal distribution and smooth walled and elastic throughout.

ABDOMINAL CAVITY:

The abdominal organs are in their normal positions and relationships and there is no increase in free perironeal fluid. The vermiform appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the above described old abdominal incisional scar.

SKELETAL SYSTEM:

Aside from the above described skull wounds there are no significant gross skeletal

abnormalities.

PHOTOGRAPHY:

Black and white and color photographs depicting significant findings are exposed but not developed. These photographs were placed in the custody of Agent Roy H. Kellerman of the U. S. Sccret Service, who executed a receipt therefore (attached).