There is clotted blood on the external ears but otherwise the ears, pares, and mouth are cosent only unremarkable. The seeth are to excellent repair and there is some pallor combe oral mucous membrando

ostarior Si "sted on the uppor rig" thorax just above the upper border of the sea; la there is a 7 x 4 m mater ovel wound. This wound is measured to 1 14 cm. for the tip of the right romion process and 14 cm, below the tip of the ric mastoic ocess.

proximately the level of the third and verse wound with widely gaping irregula wounds wil be further described below.)

d in the low ante rocal ring.

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verse sur leaf incisions into the nipple line are bilateral 2 cm. long recent subcutaneous tissue. The one on the left is sed li cophalad to the nipple and the one on the right 3 cm. cephalad to the mipple. There is no hemorrhage or ecchymosis associated with these wounds. A similar clean wound measuring 2 cm. in

length is situated on the entero-lateral aspect of the left mid arm. Situated on the antero-lateral aspect of each ankle is a recent 2 cm, transverse incision into the subcutaneous tissue.

There is an old well healed 8 cm. McBurney abdominal incision. Over the lumbar spine in the midline is an old, well healed 15 cm. scar. Situated on the upper antero-lateral aspect of the right thigh is an old, well healed 8 cm. scar.

MISSILE WOUNDS:

1. There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In this region there is an actual absence of scalp and bone producing a? defect which measures approximately 13 cm. in greatest diameter.

From the irregular margins of the above scalp defect tears extend in stellate fashion into the more or less intact scalp as follows:

- a. From the right inferior temporo-parietal margin anterior to the right car to a point slightly above the tragus.
- b. From the anterior parietal margin enteriorly on the forehead to approximately 4 cm. above the right orbital ridge.
- c. From the left margin of the main defect across the midline entero-laterally for a distance of approximately 8 cm.
 - d. From the same starting point as c. 10 cm. postero-laterally.