

Name, FREDERICK FARMENTER

Age, 45 M.

Residence, South Braintree

Occupation Pay Master,
Slater & Morrill Incorporated,
Shoe Manufacturers, South
Braintree

Death: place Quincy Hospital

Date April 16, 1920
Hour 5:00 a. m.

Autopsy: place Quincy: premises
of John Hall, Undertaker

Date April 16, 1920
Hour 7:20 p.m.

Persons Present:

Frederick E. Jones, M.D., Quincy, Medical
Examiner for the Third Norfolk District
Nathaniel S. Hunting, M.D., Quincy
George M. Sheahan, M.D., Quincy
Edwin E. Smith, M.D., Wollaston
W. J. McAusland, M.D., Quincy

Reported by Rebecca M. Sullivan, Stenographer

H I S T O R Y

The decedent, a man 45 years old, married, living in South Braintree, Pay Master for the Slater & Morrill Company Incorporated, Shoe Manufacturers, South Braintree, was brought to the Quincy Hospital, April 15, 1920, at about 4:00 p. m., in the hospital ambulance, from the premises of the company, with the report that on this date at about 3:00 p. m. while on these premises, at South Braintree, he was shot by one or more members of a band of highway men bent on robbery.

Clinical History: On admission, conscious; in shock; pallid; pupils small. He was given 1/4 grain of morphine, a previous dose having been administered before admission. Examination showed bullet wound presumably of entrance, in right flank; also wounds of left chest. Operation: laparotomy; Dr. Nathaniel C. Hunting; ether by Dr. Edwin E. Smith; operative procedures begun at about 5:00 p.m., completed at 6:45 p.m. Incision over a subcutaneous mass in left upper quadrant, with removal of bullet, steel jacketed; operation in two parts; exploratory of a presumably through and through wound of front of chest; enucleation of subcutaneous bullet. Laparotomy by deep incision through the locus of the bullet, left side; abrasion of great omentum disclosed; wound closed. Second abdominal incision right side, with further exploration; wound packed.

He died April 16, at about 5:00 a. m., about twelve hours after entrance.

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Quincy, Massachusetts

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EXTERNAL EXAMINATIONS Body that of a man "45" years old; length 5 feet 8 inches (178 cm.); weight, estimated, 160 pounds; heavily built; stocky; muscular; well nourished; brown hair, thin on top and in front; closely trimmed, brown mustache; light brown eyes; pupils equal, 0.3 cm. in diameter. The nostrils contain coarse meshed, white froth. The upper teeth absent; the alveolar process atrophied. The mouth contains cloudy, watery fluid smelling faintly of ether. The under side of the chin shows a linear, 1 inch (2.54 cm.) white scar reaching from the middle line to the right. No oedema.

The palms soft. The hands without marks.

Some warmth of the axillae. Fully rigid.

The lower half of the trunk encircled by a binder removal of which discloses a large, abdominal pad retained in position by adhesive straps; likewise a right lumbar pad. The skin of the front of the chest, lower two-thirds, shaven.

The front of the chest, left, at a point 3 inches (7.62 cm.) below the nipple, and in the mammary line, shows a horizontal, 0.1 x 0.4 inch (0.25 x 1 cm.) wound, its edges fairly sharp, its outer end rounded and beveled from left to right. The surrounding skin in general negative.

[External wound No. 1, of entrance]

The skin of the chest at a point 1 inch (2.54 cm.) to the left of the middle line, at about the level of the tip of the ensiform cartilage, a point which is in about the same horizontal plane with wound No. 1, shows a horizontal area 2.4 inches (6 cm.) long, at its left hand end 0.5 inch (1.25 cm.) wide, at its right hand end 0.3 inch (0.75 cm.) wide, wherein the skin is brownish red to black, parchment-like and dry. Within the left hand end is an oval, punctured wound about 0.2 inch (0.5 cm.) across, to the upper edge of which is attached an everted, small, dry shred.

[External wound No. 2, of exit]

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A probe introduced into wound No. 1 issues through wound No. 2, and when so placed lies at an angle of about 5 degrees above the horizontal plane, and in the coronal plane.

The skin between and about these wounds within a horizontal tract, 2 x 5 inches (5.08 x 12.7 cm.) shows a little ill-defined, bluish discoloration.

The back, right side, at a point 3 inches (7.62 cm.) from the middle line, and 4.5 inches (11.4 cm.) above the crest of the ilium, shows the proximal end of an incised wound 1.8 inches (4.57 cm.) long, directed from above downward and to the right. The proximal end of this wound divides the lower edge of a circular, punctured wound 0.2 inch (0.5 cm.) across, bordered by a .05 inch (0.17 cm.) zone wherein the skin is moist and light red. Within the lower half of this zone the skin is slightly broken.

[External wound No. 3, of entrance]

The left side of the abdomen shows a sagittal, surgical incision reaching from a point 1 inch (2.54 cm.) to the left of the navel upwards a distance of 5.5 inches (13.9 cm.), the edges fresh, closed by four principal and three subsidiary sutures between the proximal two of which issues a piece of blood stained gauze.

The right side of the abdomen shows a sagittal, surgical incision which beginning at a point 4 inches (10.16 cm.) to the right of the middle line, and close to the costal border, reaches downward a distance of 5.5 inches (13.9 cm.), closed by three principal and four subsidiary sutures. Between the proximal two of these sutures issue two cigarette drains.

The skin of the abdomen, left side, at a point 2 inches (5.08 cm.) from the middle line, and 1.5 inches (3.8 cm.) below the costal border, shows a 1 inch (2.54 cm.) vague, bluish ecchymosis.

Fairly well marked bluish red lividity of the back of the neck, tops of the shoulders and mid lumbar region; scanty similar lividity of the backs of the thighs.

INTERNAL EXAMINATION: BODY: On section the subcutaneous fat, abdominal 4, pectoral 1 cm. in thickness. The surgical incision of the left upper quadrant of the abdomen divides all structures of the front wall. Within the subcutaneous fat is a blood stained tract between external wounds Nos. 1 and 2. The viscera warm. The gauze drain above noted reaches upward and to the right, its inner end lying against the greater curvature of the stomach near the costal border. The surgical incision of the right side of the abdomen divides all structures of the front wall. The cigarette drains above noted reach into the right flank, upward and downward. [A point in the subcutaneous fat of the abdomen mesial to the region of ecchymosis of the left side already noted, identified by Dr. Hunting as the locus of a bullet removed at surgical operation.] The great omentum overlaid with a little fluid blood, and at the splenic flexure of the colon with a small

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amount of free clot which is somewhat rolled.

The mesocolon, transverse, on its rear surface, near the middle, at a point 1 inch (2.54 cm.) from its intestinal insertion, shows a 1 x 1.5 inch (2.54 x 3.8 cm.) area of dark purplish ecchymosis, the surface intact. At a point 1.5 inches (3.8 cm.) to the right of the middle of this area and close to the intestinal insertion of the mesentery, are two oval, sharp-edged holes in the sagittal plane, 0.2 inch (0.5 cm.) and 0.3 inch (0.75 cm.) across, separated by a 0.1 inch (0.25 cm.) strand of peritoneum. The peritoneum of the rear wall at the root of the mesoileum shows a 2 x 3 inch (5.08 x 7.62 cm.) area of purplish ecchymosis continuous with the region just described. The peritoneal cavity contains chiefly in the flanks, 200 c.c. of dark red, fluid blood and a little clot. The peritoneum of the right lower lumbar region, the mesocolon ascending, and the right perinephric area purple and somewhat fluctuant. The wall of the lesser omentum, lower half, shows purplish ecchymosis, with vague laceration of its rear wall opposite the region of ecchymosis of the mesocolon transverse above noted, and within this and opposite the openings of the mesentery already described, at a point about 1 inch (2.54 cm.) to the right of the middle line, and near the lower border of the pancreas, a ragged opening admitting the finger, digital exploration showing continuity between this opening and a tract leading upwards, backwards and to the right, the surfaces of the tract brown and somewhat opaque. The great omentum, anterior fold, at a point 1 inch (2.54 cm.) from the greater curvature of the stomach, at the cardia, shows an ill-defined, 0.8 inch (2 cm.) circular opening. Vermiform appendix normal. Muscles beefy red and firm.

THORAX: Height of diaphragm 4th rib on right side, 4th interspace on left side.

Pleural Cavities: Natural. The anterior borders of the lungs overlap. The parietal pleura and the diaphragm of each side intact.

Pericardial Cavity: Natural. The walls of the pericardium intact. The venae cavae and pulmonary veins on section yield a moderate amount of dark red, fluid blood and shreddy, post mortem clot without distinctive odor.

Heart: Wt. (est) 325 gms.; the epicardium normal; the right auricle well filled with yellow, post mortem clot reaching into the ventricle, and continued into the pulmonary artery. The cavities of the left side hold a little lustrous, shreddy, red post mortem clot. Myocardium light beefy red, warm, limp, relaxed. Wall of left ventricle 1.5, of right 0.4 cm. in thickness. Mitral valve 11, Aortic valve 8.6, Pulmonary valve 7.5, Tricuspid valve 14.2 cm. in girth. Depth of left ventricle 10 cm. The valve curtains normal; the openings of the valves, notably those of the right side, wide; the endocardium of the interventricular septum, left side, near the junction of the front wall, within a 2 cm. area mottled with red to purplish, vague splotches 0.2 to 0.5 cm. across. The cavities capacious; their walls relaxed. Coronary Arteries: Left: at its origin 1.1 cm. in girth; smooth; capacious. Right: at its origin

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0.6 cm. in girth; smooth throughout. The foramen ovale closed.

Lungs: Left: Wt. (est.) 350 gms.; bulky; light; apex slightly creased. The front edge pink to light grayish red; the interlobar surfaces of like color. The back of the upper lobe and the greater part of the lower lobe, rear surface, mottled with large, intercommunicating purple areas slightly below the general level; elsewhere brick red. The pleura lustrous; without petechiae. Coarsely crepitant. On section lustrous; in general light purple, somewhat mottled with areas a little lighter in color, such areas yielding abundant fine meshed froth. The general cut surface yields fairly copious similar froth. The larger bronchi contain a little viscid, yellowish fluid. The organ without distinctive odor. Right: Wt. (est.) 350 gms.; apex slightly scarred; the front edge gray and downy. The upper and middle lobes incompletely divided. The back of the upper lobe and the greater part of the lower lobe light bluish red; near the base is a large, pink area about 3 x 5 cm. The pleura lustrous, intact; slight anthracosis; no petechiae. The back coarsely crepitant. On section the upper lobe garnet red, lustrous, spongy, yielding fairly copious fine meshed froth. The lower lobe in general bluish red, lustrous, within the pink area above described pink; the cut surface under pressure yields very copious straw colored froth. The middle lobe like the upper. The larger bronchi including divisions directed to the pallid region hold a little mucus. The bronchial mucosa of both lungs lustrous and light pink. The blood vessels at the root natural.

ABDOMEN: The peritoneal cavity shows the conditions described. The great omentum united with the gall bladder by old adhesions which are infiltrated with blood and dark red clot. All of the structures of the gastrohepatic ligament are similarly infiltrated. (Ileum and jejunum removed. Spleen removed.) The mesoileum reflected discloses extensive infiltration of the retroperitoneal tissues with blood and clot, the infiltration extending from the brim of the pelvis to the diaphragm, and in places 1 to 2 cm. deep.

The duodenum opened in situ intact; empty. The common bile duct opened in situ empty; intact. The portal vein examined in situ intact; well filled with dark red, fluid blood. (Duodenum removed. Stomach and pancreas removed.)

Spleen: Wt. (est.) 150 gms.; intact. On section dark brick red mottled with small, purplish splotches. Limp; warm; markings vague (Large intestine removed)

Stomach: Contains about 10 c.c. of grayish mucus. No distinctive odor. The mucosa for the most part light pinkish gray; without markings save for a little perivascular ecchymosis at the cardia, a region showing slight post mortem change. Intact throughout.

The splenic and superior mesenteric veins intact

Pancreas: In general light yellowish pink; lustrous; firm. Its rear surface, head end, near the region of blood staining above noted on the rear wall of the lesser peritoneal cavity, infiltrated with blood and a little clot.

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Intestines: Small: the duodenum intact and empty as noted above. The jejunum pink, contracted, its veins obscure; warm; empty; the mucosa light yellowish gray, lustrous, intact. The ileum pink, contracted, its veins obscure, within its upper third near the mesenteric attachment showing a 0.3 inch (0.75 cm.) purplish ecchymosis. In its upper half the ileum holds sparse small, greenish brown flakes, in its lower part a small amount of light greenish brown fluid and semi-fecal paste; outwardly gray; intact throughout; the mucosa gray and lustrous. Large: The caecum and ascending portion of the colon contain numerous light brown scybala, the descending portion of the colon and the sigmoid flexure light brown, soft feces mixed with which are scybala. Intact throughout; the mucosa lustrous, for the most part gray. The rectum normal.

Vena Cava Inferior: Opened in situ; the abdominal portion at a point 3.5 inches (8.89 cm.) above the junction of the common iliac veins, on its rear and left lateral walls, shows an oval wound, lengthwise, 0.5 x 0.4 inch (1.25 x 1 cm.), its edges clean cut. Attached to the front and right lateral walls at this level is a mass of mixed clot, oval, lengthwise, 2 x 0.8 x 0.3 inch (5.08 x 1.5 x 0.75 cm.), the proximal end light red, pointed, the distal end soft and dark red. Removal of the clot discloses on the right lateral and front walls, a ragged opening lengthwise, 0.8 x 0.4 inch (2 x 1 cm.), the mesial edge of which is 0.5 inch (1.25 cm.) from the right hand edge of the wound just described. The near by structures infiltrated with blood.

Liver: Wt. (est.) 1500 gms.; intact. The right lobe, upper surface, slightly wrinkled. Light brown. On section light greenish to grayish brown; the veins nearly empty; the centres of the lobules visible as small, red points; warm; limp; lustrous.

Gall Bladder: Holds a little olive green, thin fluid

Kidneys: Wt. of both (est) 290 gms.; in general respects alike. Left: Capsule free; light terra cotta red. On section the cortex light grayish pink, 0.7 cm. in thickness; the medulla pink; the pelvic mucosa natural. Limp; bloodless; intact. Right: The renal vein, right, intact. The right kidney and the perinephric structures, right, dissected from behind show extensive infiltration with dark purplish red, jelly-like clot, and expose a lacerated, blood stained tract reaching from a point near the hilum of the kidney through the upper end of the psoas muscle, backward, outward, and slightly upward. A probe passed into the wound of the right side of the back, enters this tract, and led through this into the wound of the rear and left lateral walls of the vena cava inferior, when so placed lies at an angle of about 40 degrees from the sagittal plane, measured from the middle line to the left, and in about the horizontal plane. The right kidney in general similar to the left; intact; the mucosa of the pelvis intact. The structures at the hilum deeply blood stained. The renal vein and artery, first branchings, intact. [Notes: The tract behind and mesial to the kidney, between the external wound of the right side of the back, and the wounds of the vena cava inferior, traverses the perinephric fat a little below the level of the hilum, without damage to the kidney.] The perinephric structures infiltrated and

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interspersed with soft, dark red to black, slightly opaque clot.

The tract in the right lumbar region issues through the deep muscles of the back at a point about 1 inch (2.54 cm.) below the lower border of the twelfth rib, and at a point about 2 inches (5.08 cm.) from the right hand surface of the lumbar segment of the spine.

Bladder: Holds a small amount of clear, amber colored fluid; odor natural. The mucosa white; lustrous. Intact.

Prostate: transverse diameter 4.2 cm. Normal.

Aorta: Throughout intact; smooth and elastic. (Opened in situ) The abdominal segment at the bifurcation contains a very little fluid blood.

The ribs, vertebral column and pelvis intact.

CRANIUM: The scalp on section 0.3 cm. in thickness; natural. Calvarium: thickness, frontal, 0.5 cm.; resonant; the dura adherent and removed therewith.

On removal of the brain the cerebellar fossae contain a little clear, watery fluid. The lateral sinuses contain fluid blood. The cavernous sinuses and the hypophysis natural. The dura of the base and the base of the skull natural; the latter resonant.

The tympanic cavities and mastoid cells natural.

Brain: Wt. (est) 1400 gms.; the pia lustrous, closely applied. The arteries of the base empty; natural. On section the lateral, third and fourth ventricles natural; ependyma smooth. The cerebellum, basal ganglia, pons and oblongata natural. The pia free, its meshes moist with reddish, watery fluid. The hemispheres on serial section not remarkable; the puncta cruenta of the occipital lobes distinct. Dissection yields a moderate amount of reddish, watery fluid without significant odor.

ORGANS OF THE NECK: Not removed.

Exhibited by Dr. Nathaniel S. Hunting, in loco, is a jacketed bullet, its base 0.7 cm. in diameter, without deformity, removed at operation from a point beneath the skin of the left chest.]

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ANATOMICAL DIAGNOSIS:

Bullet wound of the Chest, left front, with penetration of the Skin, Subcutaneous Tissues, Skin,

[External wound No. 1, of entrance]
and exit of the bullet through

Bullet wound of the Chest, left front,

[External wound No. 2, of exit]

Bullet wound of the Back, right side, with penetration

of the Skin, Subcutaneous Tissues, Muscles of the back,

Psoas Muscle, right, Perinephric Fat,

Vena Cava Inferior

Peritoneum of the Lumbar Region

Mesocolon Transverse and Great Omentum,

and with lodgment and subsequent surgical removal

of the bullet from the Subcutaneous Fat of the left front wall of the Abdomen

[External wound No. 3 of Entrance]

Associated:-

Haematoma of the Perinephric and Retro-peritoneal Structures (lumbar), right

Ecchymosis of the Mesocolon transverse,

Gastrohepatic Ligament

Haemoperitoneum (200 c.c.)

Incised, surgical wound of the Back, right side

Incised, surgical wound of the Abdomen, left side-wall

Incised, surgical wound of the Abdomen, right side-wall

Ecchymosis of the Skin of the Abdomen, right side

Ecchymosis of the Endocardium

Atelectasis, focal, and oedema, terminal, of the Lungs

Chronic pericholecystitis

Surgeon General Magrath, M.D.

