

Name, ALEXANDER BERARDELLI

Age, 44. M.

Residence, Quincy, Massachusetts

Occupation Special Officer,
Braintree Police

Death place South Braintree,
Massachusetts

Date April 15, 1920
Hour 3:00 p. m. (approx.)

Autopsy place Randolph, Massachu-
setts; Premises of
Cartwright & Hurley,
Undertakers

Date April 16, 1920
Hour 11:00 a. m.

Persons Present:

John C. Fraser, M.D., Weymouth, Medical Examiner
for the Fourth Norfolk District
Frederick E. Jones, M.D., Medical Examiner for
the Third Norfolk District
George V. Higgins, M.D., Randolph, Associate Med-
ical Examiner for the Third Norfolk District,
and others including undertakers

Reported by Rebecca M. Sullivan, Stenographer

H I S T O R Y

The decedent, a man 44 years old, married, a resident of Quincy, a Special Officer, who at the time of his death was in the service of Slater & Merrill Incorporated, Shoe Manufacturers, on April 15, 1920, at about 3:00 p. m., while on duty with Frederick Parmenter, Pay Master for the company, and on their premises, is said to have been shot by one or more highwaymen bent on robbery. He died soon after.

From a near by place of shelter his body was transferred to the premises of Cartwright & Hurley, Undertakers, Randolph.

On April 15, at 9:35 p. m. in response to his call at 9:16 p. m., I talked with Frederick G. Katzmann, District Attorney for the Southeastern District, and was requested by him to make a post mortem examination of the body of the decedent, and to arrange with Dr. John C. Fraser, Medical Examiner for the Fourth Norfolk District, as to the time and place of such examination, with the provision that the body should remain dressed. Such arrangements were forthwith made by telephone.

On April 16, beginning at 11:00 a. m. on the premises of Undertakers Cartwright & Hurley, I made such examination.

On August 3, at 4:40 p. m., at his office at the State House, and

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Name, Berardelli, Alexander
at the request of District Attorney Katzmenn, I delivered to
Captain Proctor, of the Massachusetts District Police, four bul-
lets marked for identification, removed by me at autopsy.

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ical Examiner for the Third Norfolk District

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EXTERNAL EXAMINATION: Body that of a man 44 years old; length 5 feet 8 inches (173 cm.); weight, estimated (after removal of clothing) 160 pounds; thick, black hair tinged with gray; smooth face; brown eyes; pupils equal, 0.5 cm. in diameter. The lids and the conjunctivæ natural. The bridge of the nose bears a lengthwise, 0.1 x 0.6 inch (0.25 x 1.5 cm.) dry, red crease, the left side of the forehead at a point 1.8 inches (4.5 cm.) above the inner end of the eyebrow three or four dry, red points. Issuing from the nostrils and from each angle of the mouth are streaks of dry blood. The teeth fairly good; the right upper lateral incisor tooth gold capped. The mouth contains a little bloody fluid. The hands negative.

Clad in waistcoat of black, herring bone weave worsted, unbuttoned; blue serge trousers (first button open) with attached suspenders; cotton shirt, brown with pink stripes, detachable, turn down, white collar (open), the sleeves of the shirt rolled up; necktie, four in hand, of black and purple knit silk, loosened; balbriggan union suit; sleeve elastics; black socks; black vicci kid, laced boots; blue silk garters. Worn over the union suit is a truss for left inguinal hernia.

The waistcoat rolled up behind, is wet with blood; the top of the shirt similarly wet and stained dark brown to red; the top of the collar blood soaked.

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The third finger, left, bears a gold cameo ring. Attached to the waistcoat, left front, is a badge of the Braintree Police.

Contents of Pockets: The left lower waistcoat pocket contains a cheap gilt watch stopped at 7:44, with attached chain and cigar cutter. Other waistcoat pockets hold working man's trip book, South Braintree and Quincy, and other papers. Watch pocket of trousers contains cuff links; right hip pocket a handkerchief, the left hip pocket a pocket book (contents unlisted), and a key ring with numerous assorted keys; the right side pocket empty. The left side pocket contains a pay envelope marked "Berardelli 27 60" sealed (not opened); brown leather purse in which are \$4.30 and a wire tenpenny nail. [Contents of pockets turned over to Dr. Fraser, Medical Examiner, in loco.]

(The clothing now removed shows holes registering with wounds of the body as below described.)

BODY: Heavily built; stocky; muscular; stoutish. Slight warmth of the flanks; fully rigid. Very scanty light bluish red lividity of the flanks, shoulders and backs of the thighs.

The front of the left chest shows an oval 2 x 2.5 inches (5.08 x 6.35 cm.) horizontal area, the upper edge on a level with the nipple, the outer edge overlapping the lower border of the nipple, wherein the skin is bluish gray to purplish.

Left Upper Arm: At a point on its rear surface 4 inches (10.16 cm.) below the acromion, and 1.5 inches (3.8 cm.) from the axillary fold, shows a punctured (bullet) wound 0.2 inch (0.5 cm.) long, surrounding which is an oval area, nearly vertical, 0.3 x 0.5 inch (0.75 x 1.25 cm.), wherein the skin is bluish red. The mesial part of the area within a zone girdling the opening slightly broken and brick red.

[External wound No. 1 of entrance]

Back, left side: The left side of the back at a point 6.5 inches (16.5 cm.) from the middle line, and 2 inches (5.08 cm.) below the level of the top of the axilla, shows an oval area 0.7 x 0.5 inch (1.75 x 1.25 cm.), its long axis oblique from above 45 degrees downward and forward, within which near the front end, is a punctured wound about 0.2 inch (0.5 cm.) across. Above and toward the middle line from this the skin and subcutaneous tissues within an oval area about 0.2 inch (0.5 cm.) across, are broken. The near by skin shows a little vague, bluish discoloration.

[External wound No. 2 of entrance]

Back, left side: The left side of the back at a point 6 inches (15.2 cm.) from the middle line, and 1.5 inches (3.8 cm.) below the crest of the ilium, shows a punctured wound 0.2 inch (0.5 cm.) across, the upper and left hand edges of which are bordered by a crescentic zone wherein the cuticle is broken. The near by skin within an area 0.8 inch (2 cm.) across shows a little bluish red discoloration.

[External wound No. 3 of entrance]

Right Shoulder: The back of the right shoulder at a point 6 inches (15.2 cm.) from the middle line, and 2.8 inches (7.11 cm.) below the level of the top of the shoulder, shows a 0.2 inch (0.5 cm.) punctured wound bordered by a symmetrical, light bluish red, 0.1 inch (0.25 cm.) wide zone, the upper edge of the opening

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beveled from above downward and forward. (5) The near by skin negative.

[External wound No. 4, of entrance]

INTERNAL EXAMINATION: Body: On section the subcutaneous fat 3.5 cm. in thickness; muscles beefy red and firm; the viscera warm. The pectoral muscles, left, over the second, third and fourth ribs, show an area 2.5 inches (6.35 cm.) across, its mesial edge 8 inches (20.32 cm.) from the middle line, wherein they are infiltrated with blood. The structures of the second intercostal space, right, at a point 2 inches from the middle line, within a 1 x 1.5 inch (2.54 x 3.8 cm.) area blood stained. The peritoneum, visceral and parietal, lower half, overspread with fluid blood and a little clot. Loops of small intestine lying in the left lower quadrant of the cavity show perforating wounds with everted edges. The cavity contains, chiefly in the pelvis, 60 c.c. of dark red, fluid blood. The cavity of the lesser omentum natural. Retroperitoneal fat plentiful. The spleen united with the diaphragm by old, fibrous adhesions; the hepatic flexure of the colon united with the front edge of the liver by similar adhesions. Vermiform appendix natural. The anterior border of the liver 4 cm. below the tip of the ensiform cartilage. The inguinal canal, left, patulous.

THORAX: Height of diaphragm 5th interspace on the right side, convex downward; 5th rib on the left side; tense.

The pectoral muscles, left, within their deep surface, at a point over the upper border of the fifth rib and in about the anterior axillary line, contain, apex downward and forward, a jacketed bullet the base of which is 0.7 cm. across, without deformity.

The structures beneath the upper end of the sternum torn and blood stained. The rear surface of the sternum at the level of the second ribs shows a 0.6 inch (1.5 cm.) area wherein the surface of the bone is broken, attached fragments reflected downward. The third rib, right, fractured without displacement at a point 0.8 inch (2.03 cm.) from the costochondral joint, its inner surface within a 0.5 x 0.7 inch (1.25 x 1.75 cm.) area fragmented. The structures of the anterior mediastinum from the suprasternal notch 2.5 inches (6.35 cm.) downward torn and blood stained.

Pleural Cavities: Left: Largely obliterated by old, fibrous adhesions which in the upper and front part of the chest are somewhat torn and blood stained. The structures of the anterior mediastinum at a point 1.5 inches (3.8 cm.) below the suprasternal notch show a lacerated tract 0.6 inch (1.5 cm.) across, directed upwards and to the left. The adhesions of the upper part of the cavity at a point 0.5 inch (1.25 cm.) below the mesial end of the left clavicle, show a ragged wound 0.6 inch (1.5 cm.) long, admitting the finger, accessible through the wound of the mediastinal tissues above noted. Right: The front and upper part of the right cavity free from adhesions. The cavity contains overlying the front of the lung and between it and

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the pericardium, easily removable dark red clot; its total volume 125 cmc. Removal of the clot discloses on the front edge of the lower lobe of the lung, at a point 4.5 inches (11.4 cm.) above its lower border, a lacerated wound crossing the front of the lung and reappearing on its front surface at a point 1.5 inches (3.8 cm) from its front edge, the tract 1.3 x 0.3 inch (3.3 x 0.75 cm.). The clot above noted on maceration negative.

The right pleural cavity shows lying beneath a fibrous tag, opposite the third rib, at a point 3 inches (7.6 cm.) from the middle line, a jacketed bullet the base of which is 0.7 cm. across; without deformity.

The rear wall of the peritoneal cavity at a point 2.5 inches (6.3 cm.) to the left of the middle line, and 3.5 inches (8.89 cm.) above the level of the promontory of the sacrum, shows a lacerated wound admitting the finger, mesial to the mesosigmoid by 1.5 inches (3.8 cm.). The latter close to its intestinal attachment and opposite this opening, shows a laceration with ragged edges 0.8 inch (2 cm.) across, digital exploration disclosing some separation of the leaves of the mesentery. The great omentum intact.

(The small intestine now removed from below upwards)

The ileum (examined in process of removal) shows at a point 2 meters from the ileocaecal valve, a ragged, perforating wound at its mesenteric attachment, 0.4 inch (1 cm.) long, bounded by a little light red ecchymosis. The near by mesentery at a point 3 inches (5.08 cm.) distant, shows an oblique, perforating, similar wound, and at a point 2 inches (5.08 cm.) from this another similar wound. Each of these wounds is about 0.5 inch (1.25 cm.) from the attachment of the mesentery to the intestine. At a point 2 meters above the wound last described the ileum close to its mesenteric attachment shows a perforating wound 0.3 inch (0.75 cm.) long, with everted edges and a little surrounding ecchymosis. At a point 30 cm. proximal to this is a wound of one side, communicating with a wound of the opposite side, elongated, its long axis lengthwise, 0.4 inch (1 cm.) x 1 inch (2.54 cm.), bridged by a thin strand of mucous membrane. At a point 1 inch (2.54 cm.) proximal to this is a 0.5 inch (1.25 cm.), similar wound on the same side, and at a point 3 inches (7.6 cm.) proximal to the latter a perforating wound of one side, probably the right, close to the mesentery. The mesoileum otherwise than as noted intact. The peritoneum of the rear wall below and to the right of the attachment of the mesoileum, intact. The mesocolon, ascending, transverse, and descending, intact.

(Spleen removed)

The structures of the gastrohepatic ligament intact.

(Stomach, pancreas and duodenum removed.)

The retroperitoneal structures of the left side overlying the kidney somewhat infiltrated with blood. The left lobe of the liver united by fibrous adhesions with the diaphragm. The vena cava inferior on section at the liver natural, empty.

(Liver removed)

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The mesosigmoid, mesial surface, at a point 2 inches (5.08 cm.) distal to the wound already described, shows a ragged, 0.8 inch (2 cm.) wound, with blood stained edges, admitting the finger, its direction downward, exploration disclosing a few spicules of bone. The peritoneum of the right hand and front walls of the pelvis and of the mesial side of the mesorectum, intact.

(Large intestine, including the sigmoid flexure and the rectum, removed.)

(Bladder removed)

The vena cava inferior on further dissection holds a little dark red, fluid blood. The common iliac veins likewise.

Pericardial Cavity: Holds about 5 c.c. of clear, amber colored fluid; its walls intact. The right auricle collapsed. On section in situ the right auricle empty; the right ventricle holds a very little fluid blood, and soft, post mortem clot. The pulmonary artery and its primary branches examined in situ, empty; intact.

The innominate and internal jugular veins, left and right, intact. The wound of the anterior mediastinal structures lies anterior to these vessels.

Aorta: The abdominal portion near the diaphragm surrounded by clot. Its left hand wall shows a lengthwise, ragged wound with serrated edges, 1 x 0.5 inch (2.54 x 1.25 cm.) approximately, its lower end 0.3 inch (0.75 cm.) proximal to the superior mesenteric artery. The right lateral wall at the same level shows a ragged tear, somewhat smaller. The ascending arch of the aorta (also examined in situ) empty; its walls intact.

The innominate artery, the common carotid and subclavian arteries, left and right, intact. The pulmonary veins, left and right, intact, hold a little fluid blood.

The diaphragm of each side intact

Heart: Wt. (est.) 350 gms.; the epicardium normal. The left auricle on section empty; the left ventricle holds a small shred of lustrous, dark red, post mortem clot. Myocardium dark brick red, limp, and warm. Wall of left ventricle 1.6, of right 0.4 cm. in thickness. Mitral valve 11.2, Aortic valve 7.6, Pulmonary valve 7, Tricuspid valve 13 cm. in girth. Depth of left ventricle 9 cm. The valve curtains, valve openings save that of the aortic valve which is wide, and the endocardium natural. The cavities of the ventricles capacious. Coronary Arteries: natural. The foramen ovale closed.

Pleural Cavity, left (continued) The lower lobe of the left lung united with the chest wall by old adhesions. The lower and front part of the cavity free from such, hold a very little red clot. The lower lobe of the lung also united with the diaphragm, by its rear half, by old adhesions. On removal of the lung, the mesial, rear and front walls, upper half, of the chest intact save near the costochondral joint of the second intercostal space where the structures are blood stained and torn. (The parietal pleura removed with the lung.) The subpleural structures of the rear wall, lower half, somewhat blood stained, and near the diaphragm slightly torn.

The pleura of the mesial wall of the left pleural cavity and

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the diaphragm for a distance of 3.5 inches (8.89 cm.)⁽⁸⁾ upwards, within an area 2.5 inches (6.35 cm.) wide, bounded above by the structures of the root of the lung, infiltrated with dark red clot. Near the middle of the area, and at a point 2 inches (5.08 cm.) above the diaphragm, is a ragged, ill-defined opening a probe introduced into which passes downward, appearing in the wound of the right lateral wall of the aorta above noted.

Lung, left: Wt. (est.) 500 gms.; the upper lobe, front surface at a point 0.5 inch (1.25 cm.) from its front edge, and 2.5 inches (6.35 cm.) below the level of the apex, shows a circular, lacerated wound about 0.3 cm. (0.12 inch) across, communicating with a similar wound of the rear surface bordering on the edge. For the most part invested in adherent costal pleura. Elsewhere than as noted intact. On section, near the root pinkish gray, behind light garnet red to grayish red. The base of the upper lobe on strong pressure yields a little fine meshed froth; the lower lobe fairly dry. Homogeneous. The larger bronchi contain a little viscid, red paste. Apex slightly scarred. Elastic; feebly crepitant.

Pleural Cavity, right (continued): The lung united by old fibrous adhesions with the front, lateral and rear walls of the chest, save in the lower third behind, middle third in front, and in front near the apex.

Separation of the adhesions at the base shows on the base, at a point 1.5 inches (3.8 cm.) from the rear border, and 1 inch (2.54 cm.) from the front, a ragged, lacerated wound admitting the finger. This is continuous with a wound of the mesial surface, both involved in old adhesions, and through this with the wound of the aorta already described.

The outer wall of the cavity at a point in the posterior axillary line, and over the fourth rib, right, shows a ragged wound admitting the finger, bordered by detached fragments of bone, somewhat displaced inward. The wound involves, by fragmentation, the lower edge of the fourth rib.

Lung, right: Wt. (est.) 520 gms.; removal of the organ discloses on its outer surface, near the mid axillary line, at a distance of 4.8 inches (12 cm.) from the apex, a ragged, lacerated wound 0.5 inch (1.25 cm.) long, a probe introduced into which issues through the wound of the base just described. The lung invested in adherent costal pleura. The greater part of its rear third fluctuant. Dissection along the line of a probe placed through the wounds described opens a ragged, blood stained tract 2.8 inches (7.11 cm.) across, its inner surface dark purplish red, showing divided bronchi of the second and third orders, and pulmonary vessels of corresponding size. On ventral, sagittal section the upper and middle lobes light gray mottled with small, 0.1 to 0.2 cm., red areas. Fairly dry. Lustrous. Apex slightly scarred. The larger bronchi hold lustrous, red paste.

The primary bronchi and the trachea opened in situ contain a little lustrous, dark red, pasty fluid. Their walls intact.

Aorta (continued): The thoracic portion opened in situ, and the ascending arch (as noted) intact. The descending arch near

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the origin of the left subclavian artery shows a 1.5 cm. shallow pocket. The wounds of the lateral walls of the abdominal segment are continuous in the mid ventral line.

The diaphragm of the right side now removed; that of the left also.

ABDOMEN: Peritoneal cavity as described.

Spleen: Wt. (est.) 180 gms.; intact. On section light garnet red; lustrous; limp; markings vague.

Gastrointestinal Tract: Stomach: Contains 500 cc. of light grayish brown, pea soup-like material without significant odor. The mucosa light gray, lustrous; intact. Intestines: Small: The duodenum holds a little fluid like that in the stomach; the mucosa light gray; natural. The jejunum at a point 1 meter from its origin shows a perforating bullet wound, and at a point somewhat distal to this two perforating wounds (see above.) The upper ileum contains a little yellowish brown paste and in its middle and distal portions the ileum holds light greenish brown, semi-fecal paste. It shows the wounds already described. Large: The caecum and ascending colon hold a very little light greenish brown, fecal residue; the large intestine elsewhere empty; the mucosa natural throughout. The rectum in its lower end holds a little light brown, fecal paste; mucosa gray, lustrous; intact.

Pancreas: Pinkish gray; lustrous; firm.

Liver: Wt. 1700 gms. (est.) intact; the left lobe prolonged backward; in general smooth. Light brown. On section of like color; the cut surface uneven; lustrous; markings vague; the veins contain a little fluid blood. Firm.

Gall Bladder: Holds a little thin, light brown bile.

Kidneys (examined in situ, and on removal): Left: Section, sagittal, through the capsule of the front surface shows the capsule closely applied save at the lower pole. The free surface in general intact; light gray. The lower pole, mesial edge, shows a lengthwise, lacerated wound reaching from the hilum through the lower surface; the near by capsule blood stained. The renal artery at a point 0.8 inch (2 cm.) from its origin on its upper and front surfaces torn. (Kidney removed.) On section the organ light gray throughout; the cortex 0.6 cm. in thickness; the mucosa of the pelvis overlaid with a little thin, fluid blood. Right: Capsule free; surface smooth; bluish to grayish red. On section the cortex 0.7 cm. in thickness; markings and consistence natural. The perinephric structures, right, natural. Weight of both (est) 350 gms.

Adrenal Glands: Natural

Bladder: The perivesical structures intact. The bladder contains about 30 c.c. of light claret colored, thin watery fluid. Odor natural. The mucosa of the trigonum pink; elsewhere white; lustrous and intact.

Prostate: 4.5 cm. in transverse diameter; natural.

ILIAC REGION, left: The mesosigmoid and the parietal peritoneum of the left iliac fossa removed. Removal disclosed within the left iliac fossa at a point 0.6 inch (1.5 cm.) from the crest of the ilium and 2.5 inches (6.35 cm.) behind the anterior superior spine, within the torn fibres of the iliacus muscle, a jacketed bullet, base outward, slightly flattened on one side, the

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base oval, 0.6 x 0.8 cm. The inner surface of the bone at this point bare, within a 0.8 inch (0.75 cm.), circular area; otherwise intact.

The left iliac fossa at a point 2.5 inches (6.35 cm.) from the middle line of the body and in a line with the promontory of the sacrum, its mesial edge bordering on the lower part of the psoas muscle, shows a ragged, 0.6 x 0.5 inch (1.5 x 1.25 cm.) wound of the deep fascia. Dissection discloses a ragged, 1 inch (2.54 cm.) wound of the iliacus muscle in which are small fragments of bone. The left psoas muscle (removed) on serial section intact.

Further dissection discloses an irregularly circular wound of the ilium 0.8 inch (2 cm.) across, its edges somewhat beveled at the expense of the inner table, the beveling slightly greater on the mesial edge than elsewhere.

The left iliac region otherwise intact.

A probe introduced into the external wound of the left side, numbered 3, led through the wound of the ilium, when so placed passes from behind, toward the middle line and forward in about the horizontal plane and at an angle of about 45 degrees with the sagittal plane.

ILIAC REGION, right: The structures of the right iliac fossa, including the psoas and iliacus muscles, natural.

On removal of the aorta and dissection of the prevertebral structures, the front and lateral aspects of the vertebral column intact.

The peritoneum of the front and right hand walls of the abdomen at a point 3 inches (7.62 cm.) from the middle line, shows a minute opening of the peritoneum, exploration by probe disclosing in the right rectus muscle, at this distance from the middle line, and at a point 5 inches (12.7 cm.) above the level of the symphysis pubis, a jacketed bullet, apex vertical, the base 0.7 cm. across; without deformity.

Wound No. 3, region of Left Hip: Further exposed by coronal section shows on the outer surface of the ilium opposite the wound of the inner surface of the bone above described, an oval, sharp edged wound 0.3 x 0.4 inch (0.75 x 1 cm.) its long axis oblique from above downward and backward. Between this and the wound of the skin is a tract through the subcutaneous fat and gluteal muscles, torn and blood stained. The nearby structures otherwise negative.

A line drawn between external wound of the left hip, No. 3, and the locus of the bullet in the right rectus muscle, passes from behind forward, to the right and upward at an angle of about 45 degrees with the sagittal and 15 to 20 degrees above the horizontal plane.

Wound No. 2, left side of the Back (upper) Dissection shows penetration of the skin, the subcutaneous tissues and the trapezius muscle, with blood staining of the deep fascia, further dissection continued through the wound of the left flank showing a tract at the level of the fourth intercostal space, through the subcutaneous tissues and pectoral muscles, left, and a pocket beneath the centre of the ecchymosis above described as present on the front of the

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left chest, with lodgment therein of a bullet (No. 1 in order of removal). The course of this tract is from behind forward, in about the horizontal plane.

Wound No. 1, Upper Arm, left: Dissection by lengthwise incision from the top of the shoulder downward over the rear surface of the upper arm, anterior to the external wound, shows a ragged wound of the rear part of the deltoid muscle near the lower insertion, continuous with a wound of the upper edge of the biceps muscle. Further dissection shows blood staining of the structures of the axillary surface of the upper arm, proximal portion, of the structures of the roof of the axilla, and of the pectoralis minor muscle at its thoracic insertion. Division of the muscle shows continuity of this blood stained tract with a wound of the deep surface of the axilla over the second intercostal space, left, and with a wound of the structures of this space corresponding with the region of ecchymosis of the pectoral muscles, left, previously described.

A probe introduced into wound No. 1 and led in a general way along this blood stained tract to the wound of the second intercostal space, left, passes from behind forward, toward the middle line and slightly downward, and when so placed lies at an angle of about 45 degrees with the sagittal plane, and about 20 degrees below the horizontal plane.

CRANIUM: The scalp on section 0.7 cm. in thickness; normal. Calvarium: thickness, frontal, 0.5 cm.; resonant; the dura free; the superior sagittal sinus natural. The pia lustrous, its veins fairly well filled.

On removal of the brain the cerebellar fossae contain a very little fluid. The sinuses of the base empty; the dura of the base normal. The base resonant.

The tympanic cavities and the mastoid cells natural.

Brain: Wt. (est.) 1350 gms.; the free surface and the arteries of the base natural. On section the lateral, third and fourth ventricles, the cerebellum, basal ganglia, pons and oblongata natural. The hemispheres fairly firm; the puncta cruenta obscure; odor not distinctive. Dissection yields a moderate amount of reddish, watery fluid.

ORGANS OF THE NECK: Not removed. Oesophagus, distal third, opened in situ, empty, and intact.

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C L O T H I N G

Accompanying are the garments below described:-

(1) Double breasted overcoat of dark gray, rough-surfaced Woolen goods.

The left hand sleeve at a point 2 inches from the shoulder and 1 inch behind the outer seam, shows a 0.2 inch, obscure, circular hole, the surrounding fabric in no respect differing from that of other near by parts of the garment.

The left side of the back at a point 2 inches from the arm seam and 1.5 inches mesial to the axillary seam, shows a similar hole a little larger, the fabric on the outer and lower edges broken. The nearby fabric negative.

The left side of the back at a point 24 inches below the collar seam, and 4 inches from the left hand side seam, shows a ragged edged hole 0.3 inch across, the fabric on the outer and lower edges much broken.

The right side of the back at a point 4.5 inches below the shoulder seam, and 2.5 inches mesial to the arm seam, shows an obscure, round, 0.1 inch hole; the nearby fabric negative save that at a point 1.5 inches above and to the left it bears a 1 x 0.3 inch, dry, red (blood) stain.

The coat is lined over the shoulders and within the sleeves with black. It is well worn and without distinguishing marks or labels. The inner surface at points already noted shows holes corresponding with those of the outer surface.

The left hand side pocket of the overcoat contains a pair of police twisters; a piece of white tissue paper enclosed in which are about 3 c.c. of fine grayish brown powder; and a pair of black knit gloves.

The right hand side pocket contains a white pocket handkerchief.

(2) Sack coat of dark gray worsted, herring bone weave, with fine stripe (red?), lined, the outside pocket of which contains a white leather cigar case on which is written in script "Alex Berardelli". The left hand sleeve, the left hand side of the back, and the right hand side of the back also, show similar, small holes registering with those of the overcoat.

ANATOMICAL DIAGNOSIS:

Bullet wound of the Upper Arm, left, rear surface

[External wound No. 1, of entrance]

with penetration of the Skin, Subcutaneous Tissues,

Muscles of the Arm, Pectoral Muscle, left,

Second Intercostal Space, left,

Lung, left,

Anterior Mediastinum,

and lodgment of the Bullet against the inner surface
of the Third Rib, right

Bullet wound of the Back, left side

[External wound No. 2 of entrance]

with penetration of the Skin, Subcutaneous Tissues,

Muscles of the Back and Flank, left,

and lodgment of the bullet in the Pectoral Muscle, left

Bullet wound of the Back, left side

[External wound No. 3, of entrance]

with penetration of the Skin, Subcutaneous Tissues,

Muscles, Ilium, left, Peritoneal Cavity,

and lodgment of the Bullet in the Rectus Muscle, right

Bullet wound of the Back, right shoulder

[External wound No. 4, of entrance]

with penetration of the Skin, Subcutaneous Tissues,

Muscles, Fourth Rib and Intercostal Space

Pleural Cavity, right

Lung, right

Aorta

Intestine,

Renal Artery and Kidney, left

and lodgment of the bullet in the Iliacus Muscle, left

Chronic adhesive pleuritis (obliterative, left)

Haemothorax, right (125 c.c.)

George Burgess Magrath M.D.

