

MEDICAL EXAMINER

Name of Deceased: Chubbuck, Christine
 Place of Autopsy: Sarasota Memorial Hospital
 Date of Autopsy: 7-16-74
 Autopsy No.: A-74-203

GENERAL DESCRIPTION: The body is that of a thin, well-developed, well-nourished white female. The hair on the right posterior aspect of the head is matted together by blood and brain tissue. When cleared away, a round, 1.8 cm. defect is present in the parietal area 4 cm. above the pinna of the ear. The scalp about the wound is edematous. On the left side of the head in the parieto-occipital area is another wound which represents the exit site of a missile. This is slightly above and posterior in location to the wound on the right. On compressing the scalp, brain tissue exudes from the wound like toothpaste from a tube. The eyes bilaterally show hematoma formation and the nose is swollen from the bridge to the tip. The neck, chest, breasts, abdomen, and upper and lower extremities are normal, except for a 13 cm. transverse suprapubic scar.

BODY CAVITIES: The body is opened by a standard Y-incision and the breast plate removed. The pleural cavities bilaterally are unremarkable. The pericardial sac is normal. The contents of the abdominal cavity are unremarkable.

HEART: The heart weighs 250 grams and is entirely normal in all respects except for mild atheromatous plaqueing of the left anterior descending coronary artery and mitral valve.

ADRENAL GLANDS: These are examined and are found to be normal bilaterally.

D IAGNOSIS: Coronary atherosclerotic cardiovascular disease, mild.

LUNGS: The left lung weighs 500 grams, the right lung 650 grams. The pulmonary arteries are free of thromboemboli bilaterally. The bronchi are filled with hemorrhagic mucus. A bullous bleb is present in the right apex. The external appearance of the lungs otherwise is normal. Sectioning shows mild to moderate changes of pulmonary congestion and edema.

DIAGNOSES:

1. Bullous lesion, right apex.
2. Hemorrhagic mucus, bronchi, bilaterally.
3. Congestion and edema, mild to moderate.

ESOPHAGUS, STOMACH, DUODENUM & PANCREAS: The stomach is filled with contents of a partially digested meal and admixed with blood. The remainder of the specimen is entirely normal in appearance.

DIAGNOSIS: Normal organ block except for swallowed blood mixed with partially digested meal.

LIVER: This weighs 1700 grams. The attached gall bladder is normal in appearance. The hepatic capsule is tan in color and smooth in appearance. Sectioning shows the liver to be normal with changes of acute congestion.

DIAGNOSIS: Acute congestion.

INTESTINAL TRACT: This is examined and found to be normal.

DIAGNOSIS: Normal bowel.

KIDNEYS: The left kidney weighs 170 grams, the right kidney 150 grams.

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The renal capsules strip with ease bilaterally. Sectioning shows the parenchyma to be entirely normal in appearance.

DIAGNOSIS: Normal kidneys.

URINARY BLADDER: **DIAGNOSIS:** Normal bladder.

FEMALE GENITALIA: The vagina is pink with a wrinkled mucosa. The cervix is pink with no evidence of ulcerations or erosions. The uterus is normal in appearance. The fallopian tubes bilaterally are normal. The left ovary is missing having been surgically removed. The right ovary is present and enlarged measuring 7 x 3 x 2 cm. The endocervical and endometrial canals are normal. The endometrium is flattened and tan in color. Sectioning the ovary shows mild cystic changes but an otherwise normal appearance. This appears to be most representative of compensatory hypertrophy resulting after the removal of the left ovary.

DIAGNOSES: 1. Compensatory hypertrophy, right ovary.
2. Status post-op left oophorectomy.

ADRENAL GLANDS: These are examined and are found to be normal bilaterally.

DIAGNOSIS: Normal adrenal glands.

SPLEEN: This weighs 70 grams and is normal in appearance.

DIAGNOSIS: Normal spleen.

HEAD & BRAIN: The external wounds have been described under General Description. The x-rays taken on admission to the hospital have been studied and reveal fragments of metal within the brain substance and a large metallic fragment representing the bullet adjacent to the exit wound and lodged within the soft tissue of the scalp. As the calvarium is removed, this bullet is found and is seen to consist of a portion of metal measuring 1.5 cm. x 1 cm. x 1 cm. The anterior portion of the bullet is moderately deformed. The entrance wound of the bullet into the bone of the right side of the skull is essentially unchanged from the original description. The exit wound in the left parieto-occipital area is 2 cm. in diameter with bone fragments hanging from the exit of the wound and lodged within the scalp. Examination of the subcutaneous tissue of the scalp reveals massive bilateral hematomas. A 9 cm. skull fracture is present in the calvarium extending from the entrance wound over the surface of the skull to the mid line sutures in the occipito-parietal area. A small dural hematoma is present on the right surface of the brain about the area of the entrance wound. A large epidural clot is present in the area of the exit wound. As the brain is removed, from the skull, 150 cc. of clot material present epidurally and subdurally is found in the occipital region. The base of the skull reveals an elongate fracture extending from the left anterior fossa through the middle fossa over the petrous bone and into the posterior fossa. A second fracture is present in the occiput extending from the right to the left side.

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The brain weighs 1350 grams. Marked degeneration of cerebral substance is present in the area of the parieto-occipital lobe on the right representing the entrance wound. Palpation of the wound reveals bone fragments deep within the cerebral substance. The bullet exited the right parieto-occipital region just above the cerebellum and entered the left cerebral hemisphere in a similar location. The exit wound is in the dorsal aspect of the left parieto-occipital hemisphere, slightly posterior to the entrance wound. Examination of the brain stem shows edema of the cerebellar peduncles and brain stem. Edema of the cerebral hemispheres bilaterally is also present. Sectioning the brain only further elucidates the bullet tract. Bone and brain from the area of the entrance wound of the bullet are stained with black pigment consistent with powder burns from a close range wound. Sectioning the cerebellum and brain stem reveals edema of the pons and clotted blood within the fourth ventricle.

DIAGNOSES: 1. Penetrating bullet wound of the brain entering in the right parieto-occipital area just above and behind the right ear and exiting in the left parieto-occipital area in a slightly dorsal and posterior location to the entrance wound.

Associated injuries:

1. Parieto-occipital skull fracture of calvarium.
2. Extensive basilar skull fracture, left anterior middle and posterior cerebral fossae and occipital skull fracture extending from the right to the left posterior fossae above the transverse sinus.
3. Left epidural and subdural hematomas.
4. Cerebral edema.
5. Edema of the cerebellar peduncles and brain stem.
6. Massive subcutaneous hematoma, skin of scalp.
7. Traumatic laceration of cerebral tissue, right and left parieto-occipital areas.
8. Bullet, subcutaneous tissue, left side of head.

MICROSCOPIC AUTOPSY

HEART: No pathologic diagnosis.

CORONARY ARTERIES: Mild early atheromatous changes.

LUNGS: Pulmonary edema and congestion.

LIVER: Normal histologic appearance.

PANCREAS: Normal histologic appearance.

STOMACH: Normal appearing gastric mucosa.

KIDNEYS: Normal histologic appearance.

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GENITALIA: Proliferative endometrium and normal myometrium and histologically normal appearing ovarian tissue.

BRAIN: Sections submitted from the anterior portion of the cerebral hemispheres and the area of the cerebellar peduncles and medulla are normal except for edema. Sections from the area of bullet tract show distortion of neural tissue with hemorrhage, congestion, and early necrosis of neural tissue. No evidence of an inflammatory reaction is seen.

FINAL ANATOMIC DIAGNOSES:

1. Penetrating bullet wound of the brain entering in the right parieto-occipital area above and behind the right ear and exiting in the left parieto-occipital area in a slightly dorsal and posterior location to the area of entrance wound.

Associated injuries:

1. Edema of the cerebral hemispheres bilaterally, cerebellar peduncles and brain stem.
2. Left epidural and subdural hematomas.
3. Traumatic laceration of cerebral tissue, right and left parieto-occipital areas.
4. Skull fractures:
 - A. Basilar skull fracture extending from the left anterior cerebral fossa through the middle fossa to the posterior cerebral fossa.
 - B. Fracture of the calvarium from point of entrance wound to the posterior aspect of the sagittal suture.
 - C. Fracture of occiput from the right side to the left side above the transverse sinus.
5. .38 caliber distorted bullet, subcutaneous tissue, left side of head.
6. Massive subcutaneous hematoma, skin of scalp.

2. Pulmonary congestion and edema, mild to moderate.
3. Coronary atherosclerotic cardiovascular disease, mild.
4. Acute hepatic congestion.
5. Status post-op left oophorectomy with compensatory hypertrophy of the right ovary.

E.L. Kamstock, M.D./lj