

CHRISTOPHER M. WISEMAN, M.D.

PATHOLOGY

1110 W. OLIVER STREET  
OWOSSO, MICHIGAN 48867

A U T O P S Y

P R O T O C O L

Name: BARTLETT, JAMES PETER

Autopsy Number: OA-8-88

Age: 56

Race: WHITE

Prosecutor: C. M. Wiseman, M.D.,

Sex: MALE

Status: MARRIED

Pathologist

Attending Physician: P. J. Moore,  
M.D.

Place of Autopsy: Jennings-Lyons  
Chapel, Owosso, Michigan

Time Expired: 2-11-88 - 2:48 AM

Permission for autopsy given by:  
wife, Billie Bartlett

Time of Autopsy: 2:00 PM - 2-11-88

Identification:

PROVISIONAL DIAGNOSIS:

Emaciation. ✓  
Contractures of legs.  
Decubitus ulcers of sacrum. ✓  
Clinical history of demyelinating disorder of  
central nervous system. ✓  
Acute pulmonary congestion and edema. ✓  
Confluent bronchopneumonia of left lower lobes.

EXTERNAL EXAMINATION:

GENERAL DESCRIPTION:

The body is that of a middle aged emaciated white man weighing an estimated 110 pounds. The body has been previously embalmed.

The skull is symmetrical and the scalp is covered by thin dark hair. The facial features are unremarkable. No masses are palpated in the neck or axillae. The chest is symmetrical and the abdomen is scaphoid. No scars are present and the external genitalia are those of a normal adult male. The hip and knee joints are sharply flexed and the left thigh is internally rotated across the anterior pelvic area. Very prominent decubitus ulcers are present over both sacral areas, particularly on the right. The skin elsewhere is smooth and shiny.

INTERNAL EXAMINATION:

The body is opened by a Y shaped incision. The fat of the anterior abdominal wall measures up to 0.5 cm. in thickness. The pleural cavities show extensive fibrous adhesions particularly on the left. The pericardial and peritoneal cavities are lined by smooth membrane with no significant fibrosis. Each pleural space contains an estimated 1,000 cc's of slightly turbid brownish fluid. An estimated 2,000 cc's of similar fluid is seen in the peritoneal cavity.

OA-8-88

BARTLETT, JAMES PETER

**HEART:** The heart is normal in size and shape. It has a smooth epicardial surface and the chambers are neither hypertrophied nor dilated. The ventricles consist of firm fleshy brown tissue and the chambers are lined by smooth endocardium. The valves are unremarkable and the coronary vessels show no significant arteriosclerosis.

**LUNGS:** Both lungs are extremely heavy and of a solid water logged consistency. Consolidation and nodularity is noted particularly in the left lower lobe. On section the large quantities of frothy red fluid exudes from the cut surfaces. The pleural surfaces are dark red and shiny. The trachea and main bronchi are lined by smooth mucosa and contain a large amount of frothy pinkish and grayish fluid. The pulmonary vessels appear unremarkable with no evidence of thrombosis or embolism.

**LIVER:** The liver is normal in size and shape. It has a smooth capsular surface and consists of uniform brown tissue of normal consistency.

**GALLBLADDER:** The gallbladder is grossly normal and contains clear greenish bile. The biliary tract is patent.

**SPLEEN:** The spleen is normal in size and shape. It has a thin smooth capsule and consists of uniform firm dark red tissue.

**PANCREAS & ADRENAL GLANDS:** The pancreas and adrenal glands show no significant abnormality.

**KIDNEYS:** The kidneys are of normal size and shape. The capsules are stripped with ease revealing smooth brown surfaces. On section the cortex is of normal thickness and is sharply demarcated from the medulla. The pelves and ureters are unremarkable.

**URINARY BLADDER:** The urinary bladder is lined by normal mucosa.

**GASTROINTESTINAL TRACT:** There is no evidence of inflammation, obstruction, tumor or diverticulum formation. The stomach is lined by thin smooth mucosa and contains turbid thin liquid. The small bowel contains mucinous semiliquid material and the large bowel contains firm fecal material. The appendix is present and is grossly normal.

**SKELETAL SYSTEM:**

**LYMPH NODES:** The lymph nodes throughout the body are small and inconspicuous.

**BLOOD VESSELS:** The aorta and its principle branches show minimal arteriosclerotic disease with scattered yellow intimal plaques. There is neither calcification or ulceration.

**CRANIAL CONTENTS:** The skull is opened in the usual manner. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The cerebral vessels show no significant arteriosclerosis and the cranial sinuses are intact. The pituitary gland is grossly normal.

**BRAIN:** The brain weighs 1400 grams. It is of normal shape with the usual convolutions and fissures. The ventricles are of normal size and contain clear cerebrospinal fluid. On section the gray matter is rather thin and has a slightly yellowish discoloration. No areas of encephalomalacia or cyst formation are identified and there is no evidence of old or recent hemorrhage.

The spinal cord shows no gross abnormality.

**MICROSCOPIC EXAMINATION:**

**HEART:** Sections from the left ventricle of the heart reveal uniform myocardial fibers with no significant fibrosis.

**LUNGS:** Sections of lung reveal severe congestion and edema throughout. There is extensive bronchopneumonia characterized by purulent exudate in the alveoli and bronchi. The alveolar walls are partially necrotic as is the mucosa of some of the bronchi. The mediastinal lymph nodes are partially fibrotic and contain abundant black pigment. The inflammatory process is particularly prominent in the lower lobes.

**LIVER:** Sections of liver reveal a normal lobular pattern with mild to moderate central congestion.

**SPLEEN, PANCREAS, ADRENAL GLANDS & KIDNEYS:** Sections of spleen, pancreas, adrenal glands and kidneys reveal normal appearances apart from congestion.

**BRAIN:** Sections throughout the brain show essentially normal appearances apart from slight atrophic changes and arteriolar sclerosis. In particular, there is no evidence of multiple sclerosis or other specific neurological disorders. Normal appearances are also noted in the spinal cord.

**FINAL DIAGNOSIS:** Emaciation.  
Contractures of both legs.  
Decubitus ulcers of the sacrum.  
Extreme atrophy of the lower extremities.  
Acute pulmonary congestion and edema.  
Confluent bronchopneumonia of lower lobes of lungs.  
Generalized visceral congestion.

The immediate cause of death is attributed to pneumonia.

March 22, 1988

Date

Christopher M. Wiseman

M.D.

Christopher M. Wiseman, M.D.  
Pathologist

CMW/mle  
3-22-88

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# SPARROW HOSPITAL

W.E. Maldonado, M.D.  
Director of Laboratories

J.J. Gillespie, M.D.  
Director of Surgical Pathology

## SURGICAL PATHOLOGY REPORT

CASE NO.: O-249-88 NAME: BARTLETT, JAMES AGE: 56 SEX: M

HISTORY NO.: 900106733 ROOM: LAB

PHYSICIAN(S)  
Christopher M. Wiseman, M.D.

PRE-OPERATIVE DIAGNOSIS  
Multiple sclerosis

POST-OPERATIVE DIAGNOSIS  
Degenerative neurologic disorder, not otherwise specified

SURGICAL PROCEDURE  
Post mortem exam

DATE OF PROCEDURE  
1988, 1st quarter

TISSUE SPECIMENS  
Memorial Hospital, Owosso, MI; OA-8-88; paraffin blocks;  
letter from Dr. Wiseman

I have reviewed slides made from the nine (9) tissue blocks you sent to me. Accompanying this letter are your blocks and the slides (H&E, Jamarri silver, and LFB-PAS).

In addition to the clinical information provided in your letter, I obtained additional information during a telephone conversation with Phillip J. Moore, M.D., who, as you know, cared for Mr. Bartlett, at the Shiawassee County Medical Care Facility.

You indicated that in your examination of Mr. Bartlett's brain and spinal cord you were unable to demonstrate evidence of multiple sclerosis, or of any other specific disease process.

I agree with your impression that there is no evidence of a  
Report Print Date: 3/17/88

LANSING AREA PATHOLOGISTS, P.C.

W.E. MALDONADO, M.D.  
Gastrintestinal Pathology  
Liver & Muscle Pathology

J.J. GILLESPIE, M.D.  
Tumor Pathology  
Electron Microscopy

L.R. SIMSON, Jr., M.D.  
Forensic Pathology  
Neuropathology

R.N. HOROWITZ, M.D.  
Hematopathology  
Forensic Pathology

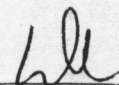
R.J. TYLER, M.D.  
Dermatopathology  
Breast Pathology

M.S. MITTELL, M.D.  
Endocrine Pathology  
Surgical Pathology

G. UDDIN, M.D.  
Pediatric Pathology  
Obstetric Pathology

D.A. WHEELER, M.D.  
Cytopathology  
Surgical Pathology

M.K. OAKS, PH.D.  
Immunopathology  
Flow Cytometry



M.D.

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specific neuropathologic process evident in the microscopic sections. There are some minor non-specific changes, such as a relative abundance of corpora amylacea, mild hyaline thickening of the walls of some arterioles and some slight focal atrophy. I too am unable to identify a specific disease process.

Certainly, Mr. Bartlett's clinical course was not typical for multiple sclerosis. I wonder how firm that clinical diagnosis was. I also wonder about the possibility that his clinical signs and symptoms were the result of profound peripheral neuropathy, rather than being of central origin. It would be of interest to now if peripheral nerve conduction studies were performed, muscle biopsied, and whether or not consideration was given to possible environmental toxic exposures to agents such as heavy metals. It would also be helpful to know something of his family history.

At this time, Dr. Wiseman, I can offer no further specific diagnostic suggestions. Should additional information become available, I would gladly review this case again.

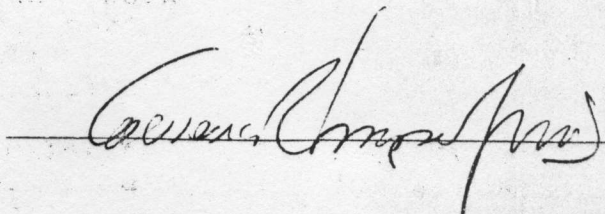
Thank you for giving me the opportunity to consult with you on this most interesting and difficult case.

Sincerely,

L.R. Simson, M.D.  
Forensic Pathologist

LRS/reg

Report Print Date: 3/17/88



M.D.