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OFFICE OF NAVAL INTELLIGENCE  
PROJECT ICECAVE

AUTOPSY REPORT

*Note: The following document is a reproduction of an original filed under Project Covenant, Dec 1929 (ONI-CVT#37) with an attachment summarising more recent analyses conducted by this office.*

**Subject:** Robert Marsh  
**Date of Birth:** Nov 15 1883  
**Date of Death:** Dec 5 1929  
**Place of Death:** Innsmouth, MA  
**Occupation:** Pastor, Esoteric Order of Dagon

**External Examination:**

Body of a well built, physically deformed, adult white male. Height 5'7", weight 162 lbs. Eyes are exophthalmic, and the eyelids degenerative and immobile. The earlobes are rudimentary and flat to the skull. The teeth are unusually sharp, with the first premolars resembling canine teeth in appearance. The jaw is significantly prognathous.

The skin shows patchy scaling and partial hair loss from all body parts. The lower neck is swollen and shows three deep parallel ridges on each side. The hands are enlarged with sharp, thickened nails and webbing of the fingers to just short of the first interphalangeal joint. The feet are greatly enlarged, and dorso-ventrally flattened with long toes with webbing almost to the tips. The ankles are twisted upwards so that the whole foot would not be in contact with the ground. The scrotum is not identified, and the penis is partially retracted into a fleshy fold in the groin.

Three bullet wounds are located in the upper chest, with no exit wounds.

**Radiographic Examination:**

The skeleton reflects the deformities noted above. A rudimentary additional set of sharp, canine-like teeth is observed in the rear of the jaw, below the roots of the molars and second premolars. Three bullets are observed in the chest cavity, one lodged in each lung, and one at the rear of the heart.

**Internal Examination:**

*Cardiovascular system:* The heart weighs 11 ounces, and wall of the left atrium and base of the aorta have been opened by a bullet wound. No other abnormalities seen.

*Respiratory system:* There has been partial destruction of each lung by bullet wounds. The lungs together weigh 2 lbs 3 oz. No other abnormalities seen apart from a slight hypertrophy of the larynx.

*Digestive system:* Three pharyngeal clefts are found bilaterally, parallel with the ridges on the exterior of the neck. The stomach contains a small quantity of digested food. The small intestine is reduced in length, measuring only 15 feet in length, as compared with a typical length of 22 feet. The appendix is reduced to a small diverticulum only half an inch in length. The hepatic and splenic flexures are reduced, so that the large intestine is somewhat shortened and presents a hoop-like shape in the abdominal cavity. Opening the intestine shows a spirally coiled fleshy septum lined by typical bowel mucosa, complete in the colon but partial in the small intestine and becoming reduced to only a ridge proximally. The septum terminates in the lower sigmoid colon. The liver weighs 4 lbs 7 oz. No abnormalities seen in the liver, gall bladder or pancreas.

*Lymphatic system:* No abnormalities seen. The spleen weighs 6 ounces.

*Central nervous system:* The brain shows reduced frontal lobes. No other abnormalities seen.

*Genito-urinary system:* The kidneys are multilobate with a reduced pelvis. The kidneys together weigh 10 ounces. The testicles are abdominal. The prostate is hypotrophic and the bulbourethral gland is not identified.

*Endocrine system:* The adrenal glands are flat and ragged in appearance and cover the upper one third of the kidney. No other abnormalities seen.

**Histological Examination**

The skin showed hyperkeratosis and superficial scaling. The adrenal medulla was multilobate. No other abnormalities seen.

**Conclusions**

The individual appears to suffer from an extreme form of a hereditary mutation syndrome determined to be endemic within the Innsmouth region and most likely the result of recurrent inbreeding. Several features of the syndrome are atavistic, resembling the anatomy of lower vertebrates.

- Ia Cardiac arrest
- Ib Trauma
- II Hereditary deformities

*TDBowerman*  
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**Attachment**

Various other individuals with similar deformities were also identified living in the Innsmouth area. The above case was one of the more extreme identified, and in most cases the deformities were slight and unlikely to cause any physical disability. The syndrome has since been identified in other isolated coastal communities in the United States and elsewhere. Reports of any further such communities are to be forwarded to the ONI for investigation. This matter is to be considered an issue of national security and ONI will inform other relevant authorities as the need arises.

**Capt S McBride**

*Office of Naval Intelligence*

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