

PATHOLOGY DEPARTMENT
 ARMIDALE AND NEW ENGLAND HOSPITAL,
 POSTAL ADDRESS: P.O. BOX 241
 ARMIDALE, NSW 2350

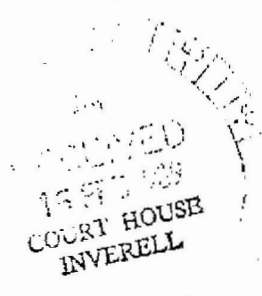
DR. ARTHUR M. BERESFORD
 PATHOLOGIST
 "Morra Morra", Castledoyle Road, Armidale, NSW, 2350

TELEPHONE:
 A.H. 067-753747
 B.H. 067-734653

STATEMENT in matter of
Death of RUSSELL PHILLIP PAYNE

Armidale and New England Hospital,
 Rusden Street,
 Armidale. N.S.W. 2350.

6th February, 1989.



NAME: Dr. Alan Davison

ADDRESS: Armidale and New England Hospital, Rusden Street, Armidale & (13 Joan Place, Armidale).

TELEPHONE NO: (067) 73-4620 & (067) 72-6155)

OCCUPATION: Pathologist

1. I am aware that if I sign this statement and any part of this statement is untrue to my knowledge, I may be liable for punishment.
2. My full name is (Dr.) ALAN DAVISON. I am a legally qualified Pathologist, registered in the states of New South Wales and Queensland. My qualifications are MBBS, FRCPA.
3. On Friday, 3 February, 1989, I had a telephone conversation with Detective Sergeant Moss of Inverell Police Station about the examination of the dead body of a male person I now know to be RUSSELL PHILLIP PAYNE.
4. At 3.30 p.m. the same day I attended the mortuary at Inverell District Hospital and there Detective Sergeant Moss identified to me the remains of the deceased.
5. I performed a three cavity post mortem examination of the deceased and my findings are as follows:-

Prior to the commencement of the post mortem, x-rays were taken of the body at the x-ray department of the Inverell District Hospital.

External Examination: A male measuring 5'6" in height of slight athletic build and fairly well nourished wearing a dark blue singlet with red lining of neck and yellow edge to armpit. A digital watch was present on the left wrist.

Rigor mortis absent. Early decomposition present with prominence of superficial veins front neck, shoulders and arms. Smear of blood round fingernails of left hand. Dried discoloured stain from right nose and right upper lip. Bruising right anterior iliac crest 5.0cm x 4.0cm with superficial blister formation and yellowish discoloration extending out to abdomen and thigh. Bruising of right scrotum and underneath surface of penis. Circular depressed old scars anterolateral aspect mid third right leg and lateral aspect upper third of right leg. Infestation with maggots pubis and right eye.

Internal Examination: A small area of external bruising right occipito-temporal area. The skull was thick and dense. A linear "hairline" fracture extended down and towards the midline in the right posterior cranial fossa. No subdural or extradural haemorrhage was present. The brain was firm and appeared normal. Cerebral vessels free of atheroma. No evidence of old brain injury.

The larynx showed uniform discolouration of mucosa. No bruising of extrinsic muscles, hyoid and thyroid cartilage were intact. The lungs were free of adhesions and free of adhesions and uniformly dark, heavy and congested. There was approximately 300 cubic centimetres of blood stained fluid in each pleural cavity. No froth was present in the air passages. A small nodule 0.4cm was present on the pleural surface.

The pericardium contained an excess of dark fluid. The heart was flabby in consistency and appeared normal in size. Valves normal. Coronary arteries appeared free of atheroma.

Oesophagus normal. The stomach contained dark fluid. The liver was uniformly pale but otherwise normal. Gall bladder distended with bile. Adrenals autolysed. Pancreas normal. Spleen enlarged, soft and intact. Each kidney appears normal though flabby in consistency. Urinary bladder contains slightly discoloured, brownish urine.

There is bruising of the tissues on both sides of the penis with bruising extending to involve the spermatic cord on the right side. A metal object with a spike at its base was present in the penile urethra approximately 1.0 to 2.0cm from its distal end. The urethra showed discolouration and inflammation with purulent exudate.

There was bruising of the muscle wall of the abdomen near the anterior iliac crest and bruising of the muscle around the right shoulder joint.

Opinion and Comment: The cause of death was not apparent at the time of the autopsy. Death had occurred some three days previously.

I took numerous specimens for Histology as well as swab from penile urethra and anus. The stomach and content and the liver with gall bladder together with blood for grouping and for alcohol and drugs as well as bile was collected.

I subsequently examined sections of tissues taken at the time of the Post Mortem Examination and I formed the following opinion; that the cause of death was due to septicaemia as a result of an acute urethritis most probably caused by insertion of a foreign body into the penile urethra. The injuries to the pelvic and groin regions could have been caused by a fall some 24 to 36 hours prior to death while the fracture of the skull is consistent with a fall occurring immediately prior to death.

I found no evidence of asthma in the sections of lung. Epilepsy, I believe, is by exclusion, not a factor in this man's death.

The presence of a small abscess and several microabscesses in the lung together with extensive bacterial colonization of many organs and a spleen showing marked inflammation indicate in no uncertain fashion the presence of a severe generalised infection.

I declare that no part of this statement is untrue to my knowledge. I know that this statement may be used in legal proceedings. This statement accurately sets out the evidence which I would be prepared to give, if necessary, in Court as a witness.

Witnessed *C. Bussle*

Signed *D. Davis*