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CORONERS ACT, 1980

Medical report upon the examination of the dead body of:-

Name: **Carl Gregory STOCKTON**

Institute Case No: **96/2930**

I, Christopher Lawrence, a registered medical practitioner, practising my profession at the New South Wales Institute of Forensic Medicine in the State of New South Wales, do hereby certify as follows:-

At 9.20 am, on the 12th day of November, 1996 at Sydney in the said State, I commenced a post mortem examination of Carl Gregory STOCKTON.

The body was identified to Mr B O'Shea of the New South Wales Institute of Forensic Medicine by Sen Const King of Kings Police Station, as that of Carl Gregory STOCKTON aged about 52 years.

The body was identified to me by the wristband marked 96/2930.

The forensic assistant in this case was Ms H Montgomery and Ms J Mullan.

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished adult Caucasoid male who weighs 67 kg, is 1.81 m in height and appears compatible with the stated age of 52 years.

The body is received clad in a hospital shroud.

The body is cold to touch.
Rigor mortis is fully fixed in all extremities and jaw.
Diffuse purple livor mortis extends over the posterior surfaces of the body except in areas exposed to pressure.

The scalp hair is brown-grey in colour and has been shaved over most of the right side of the head.

The irides are blue.
The pupils are bilaterally equal at 0.5 cm.
The cornea are unremarkable.
The sclerae and conjunctivae are unremarkable.
The nose and ears show no abnormality.
The teeth are in fair repair.

The neck is unremarkable.

The right side of the chest appears slightly flattened.
There is traumatic injury on the right shoulder.

The abdomen is flat.
The anus and back are unremarkable.

The testes are bilaterally descended within the scrotum.

The upper and lower extremities bilaterally are well developed and symmetrical, without absence of digits.

Identifying marks and scars include:

- there is a 90 mm right inguinal hernia scar.

Evidence of medical intervention includes:

1. There is a curved 260 mm craniotomy incision over the right temporal and parietal bone. Deep to this, a bone flap from the right temporo-parietal region has been removed and not replaced.
   There is a haematoma deep to this.

The brain has herniated out through the cavity.
Posterior to this, there is an interventricular drain inserted into the right side of the brain and in the right parietal scalp, an endotracheal tube, an intravenous line into the right jugular, an intra-arterial line into the left wrist and an indwelling catheter in the bladder.

4. There are needle marks in the left forearm, consistent with venipuncture.

5. There are needle marks in the right antecubital fossa, in the back of the right hand with associated bruising and needle marks in the right forearm.

6. There is some yellow bruising around the nipple, consistent with medical intervention.

Evidence of injury:

Head & neck:

On the right temple above and slightly anterior to the right ear, are two healing red contusions; the uppermost is roughly circular and 30 mm in diameter, the lower one is 70 mm in greatest dimension and triangular in shape.
Deep to this, there is continuous bruising extending from the right temple to the left temple and from the frontal bone posterior to the occiput.
There is a right periorbital haematoma which is purple in colour with yellow discolouration of the edges.
Over the right mandible is a purple-red, slightly brown subcutaneous bruise; this may be a continuation of the haemorrhage or may represent a separate injury.

On the posterior parietal scalp, roughly near the midline, is a purple-yellow contusion 30 mm in greatest dimension.
Deep to this there is flattening of the scalp.
There are comminuted fractures with a depressed fracture of the posterior parietal bone and superior occipital bone with a diameter of approximately 100 mm.
Extending anteriorly, there are fractures through the sagittal suture, comminuted fractures of the right and left parietal bone, particularly medially, and fractures extending into the left side of the frontal bone.
Deep to this, there is extradural haemorrhage and subdural haemorrhage, particularly in the inferior frontal and temporal regions.
There are also contusions of the brain in the inferior frontal and temporal region.
The brain itself is extremely soft and shows swelling and extreme softening, particularly of the cerebellum.
The brain is fixed for later detailed examination.
There are no definable fractures of the base of the skull.

Over the lateral aspect of the left eyebrow is a 25 mm yellow-purple bruise with a central healing abrasion.
There is bruising behind the left ear, this is probably associated with the skull fractures.
There is bruising over the left mandible and upper neck; this is predominantly red in

colour but shows some brown discolouration, marginally.
This may represent a separate injury or may be an extension of the bruising over the cranial vault.

Chest & abdomen:

Over the right clavicle and shoulder is an ill-defined area of yellow bruising.
Deep to this, there is an unhealed fracture of the right clavicle with significant callous formation.
There appears also to be recent haemorrhage in this area with bright red discolouration, in addition to the orange-brown discolouration of previous haemorrhage.
In the right axilla, anteriorly, is an area of yellow bruising approximately 70 mm in greatest dimension.
In the central upper chest is a yellow bruise 70 mm in diameter.
In the left central chest is a 20 mm diameter yellow bruise.
Lateral and below the left nipple is a 10 mm yellow bruise.
In the right nipple itself, are two holes consistent with a nipple ring.
There are also four, apparently recent, unhealed needle marks just medial to the right nipple.
Deep to the area of bruising on the right anterior shoulder and the fractured clavicle, there are also healing fractures of the right 1st and 3rd ribs; these appear to have united but are slightly deformed and account for the flattening of the anterior chest.

On the posterior right back is a 30 mm red abrasion.
Over the right buttock and flank are three 30 mm diameter yellow bruises and what appears to be a healing abrasion.
Over the left buttock is a 100 x 50 mm brown bruise.

Upper extremities:

On the back of the right hand is red bruising surrounding a needle mark.
On the left forearm anteriorly, is purple-yellow bruising which also appears to be related to a needle mark.
On the posterior left elbow is a 20 mm diameter brown bruise.

Lower extremities:

Over the infero-lateral aspect of the right knee is a 60 mm diameter brown bruise with a 15 mm healing abrasion, inferiorly and to the right.
On the left anterior thigh is a 60 x 30 mm area of punctate purple bruising.
Over the anterior left knee is a 25 mm orange bruise.
Over the anterior left tibia is a 60 x 35 mm yellow bruise with central healing abrasions.

INTERNAL EXAMINATION:

Body cavities:

Apart from the blood in the cranial cavity, there are no other abnormal collections of fluid are in any of the body cavities.
All body organs are present in a normal anatomical position.
The subcutaneous fat layer of the abdominal wall is 1.5 cm thick.

Head (central nervous system):

The brain weighs 1760 g.
The brain is extremely oedematous and shows traumatic injuries as described above.
The dura shows extradural and subdural haemorrhage.
The arachnoid shows subarachnoid haemorrhage and softening.
Detailed examination of the brain will follow.

Neck:

There is some bruising of the upper neck as described in the injuries.
There are no other traumatic injuries to the neck itself.
The hyoid bone and larynx are intact.
The tongue is normal.

Cardio-vascular system:

The heart weighs 400 g.
The pericardial surfaces are smooth, glistening and unremarkable.
The pericardial sac is free of significant fluid or adhesions.
The coronary arteries arise normally, follow the usual distribution, with a right dominant pattern, with less than 20% occlusion of any of the coronary arteries by atherosclerosis.
The chambers and valves are normal.
The myocardium is dark red-brown, firm, and unremarkable.
The atrial and ventricular septa are intact.
The aorta shows minimal atherosclerosis.
There is a thrombosis in the right subclavian vein which is associated with the unstable fracture of the right clavicle.
There is no evidence of pulmonary emboli.

Respiratory system:

The right and left lungs weigh 640 g and 560 g, respectively.
The upper and lower airways are clear of debris and foreign material, and the mucosal surfaces are smooth, yellow-tan and unremarkable.
The pleural surfaces are smooth, glistening and unremarkable.
The pulmonary parenchyma is dark red-purple, exuding slight to moderate amounts of blood and

frothy fluid, with no focal lesions noted .
The pulmonary arteries are normally developed and patent.
There is a large amount of green-white pus.

Liver and biliary system:

The liver weighs 2000 g and appears slightly pale.
The gallbladder contains thick bile.
The extrahepatic biliary tree is free of stones and shows no abnormality.

Alimentary tract:

The oesophagus is normal.
The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 100 ml of greenish fluid.
The small and large bowel are unremarkable.
The appendix is intact.
The colon contains unformed stools.
The pancreas is slightly autolysed.

Genito-urinary tract:

The right and left kidneys weigh 200 g each.
The renal capsules are smooth, thin, semi-transparent, and strip with ease from the underlying, smooth, red-brown, firm, cortical surfaces.
The cortex is sharply delineated from the medullary pyramids.
The calyces, pelves and ureters are unremarkable.
The urinary bladder contains dark yellow urine.
The mucosa is tan-grey and smooth.

The testes and prostate are unremarkable.

Reticulo-endothelial system:

The spleen weighs 260 g,
The cut surface is rather soft.
The regional lymph nodes appear slightly enlarged.

Endocrine system:

The pituitary, thyroid and adrenal glands are unremarkable.

Musculo-skeletal system:

The skull fractures and head injuries have been described above.
The older fracture of the right clavicle and right upper ribs have been described and will not be

repeated.
Apart from this, there are no other significant musculo-skeletal injuries.

SPECIMENS RETAINED FOR EXAMINATION:

Tissue for histology.
Brain retained for neuropathological examination.
Fingernails are taken for evidence.
Scalp hair is taken for evidence.
Blood is taken for grouping.
Tissues and fluids for toxicological examination.
Blood for serology and storage.

MICROSCOPIC EXAMINATION OF TISSUES:

Left neck:	Haemorrhage contains neutrophils and monocytes.
Posterior scalp:	Haemorrhage with neutrophils and monocytes, and evidence of apparent neovascularization.
Clavicle:	Organising granulation tissue and more recent haemorrhage with intact red blood cells.
Right mandible:	Haemorrhage with macrophages.
Right parietal:	Haemorrhage with a prominent neutrophil exudate.
Heart:	Normal.
Liver:	Neutrophils in the portal tracts.
Kidney:	Normal.
Lungs:	Collapse, congestion and pleural haemorrhage.
Spleen:	Slight autolysis.
Pancreas:	Ducts filled with proteinaceous material.
Adrenal:	Congestion of the inner cortex.
Right clavicle:	Bony callous and more recent haemorrhage.

MACROSCOPIC & MICROSCOPIC BRAIN DESCRIPTION

See attached report.

ANALYTICAL TOXICOLOGY REPORT:

See attached report.

The screening and quantitative tests reported by laboratory staff of the Division of Analytical Laboratories, NSW Health Department were selected by the laboratory staff with due regard to the information supplied and the Laboratory's objectives: to detect toxic levels of poisons. Furthermore, neither minor drug levels nor all specimens may have been fully examined.

PATHOLOGY SUMMARY

1. SEVERE HEAD INJURIES

    a. comminuted fractures of the temporal, parietal and occipital bones
    b. three apparent separate areas of injury, right temporal, posterior parietal and left temporal
    c. cerebral oedema
    d. extradural, subdural and subarachnoid haemorrhage
    e. pneumonia following severe head injury

2. OLD FRACTURE OF THE RIGHT CLAVICLE AND UPPER RIGHT RIBS

    a. un-united right clavicular fracture with callous formation
    b. healing fractures of the ribs
    c. yellow bruising of the shoulder

In my opinion, based on what I have observed myself, my experience and training, and the information supplied to me:

This 52 year old man, Carl Gregory Stockton, died as a result of craniocerebral injuries. The decedent was reported to have been drinking at the Bar Cleveland. He left the hotel about 11.30 and was reported to be slightly affected by the alcohol. He was found sitting in the rear yard of premises adjacent to the hotel at 1.00 am, by the occupant. At this stage he appeared to be extremely intoxicated. He was walked round into the rear lane. At 1.30 am the decedent was found lying on his back in Cleveland street near the intersection with Bourke Street. He was then conveyed to Campbell House. At that stage, when admitted, he had a black eye and injured arm. He went to sleep until 7.30 am when awoke and vomited. He vomited again at 11.30 and was then assessed by medical staff and transferred to St Vincents Hospital. The decedent underwent a right craniotomy, however, did not improve and died at 1600 hours 11/11/96.

Autopsy reveals massive head injuries with three apparent areas of impact on the right temporal, posterior parietal and left temporal regions. There is also bruising on the legs, on the chest and on the arms. Some of the injury appears to be older, for example, the old rib fractures and the right clavicle. The pattern of the injuries is odd. It appears to indicate three separate impact sites which would be inconsistent with a single fall. The sequence of events need to be further clarified, however, in my opinion the pattern of injuries could represent an assault. Alternatively, this severity of injuries could be caused by being struck by a motor vehicle. The pattern of the other injuries is not typical of a pedestrian motor vehicle collision, however the head injuries could be produced if the decedent were lying on the road when struck. The antemortem blood revealed a blood alcohol of 0.014 g/100 ml and diazepam.

A. **Time and date of death:** **4.00 pm 11 November 1996**

B. **Place of death:** **St Vincents Hospital, Darlinghurst**

C. **Cause of death:**

1. **DIRECT CAUSE:**
Disease or condition directly leading to death:

(a) **CRANIOCEREBRAL INJURIES**

ANTECEDENT CAUSES:
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

(b)

(c)

2. **Other significant conditions contributing to the death but not relating to the disease or condition causing it:**

TO THE STATE CORONER,

SYDNEY

(Signature).....

(Date) 14 February, 1997