

# CORONERS ACT, 1970

Medical report upon the examination of the dead body of -

Name: Richard SLATER

I Laszlo Julius Joseph BANATHY a legally qualified

medical practitioner, carrying on my profession at the Regional Forensic Pathology (City Morgue), Newcastle, in the state of New South Wales, do hereby certify as follow:-

1. At 10.00 in the fore noon, on the 22nd day of December, 1980 at Newcastle in the said State, I made an internal examination of the dead body of an aged man identified to me by Glen OAKLEY of Metford in the State aforesaid, as that of Richard SLATER aged about 69 years.

2. I opened the three cavities of the body.

3. Upon such examination I found.  
The body was that of an aged man in good state of nutrition. The following injuries were noted on the body:  
Bilateral periorbital haemorrhage with conjunctival haemorrhages and haemorrhages in the eyelids.  
Subcutaneous haemorrhages-contusions along the line of the lower jaw. These were nearly confluent but showed definite separations as follows: in front of right ear, angle of right jaw, below chin and angle of left jaw. Separate bruising-contusion left side of neck and over the left cheek bone. Contusion of left ear sparing the rim of lobe. Shallow laceration (split) approximately 3cm long next to the rim. Laceration with 5 sutures back of left ear lobe. Some contusion left lower temporal region. Scattered contusions, which were practically confluent of the upper anterior chest wall in a shape of a "V" from the 3rd rib upwards. No other injuries noted on the body. The aforementioned injuries were approximately 2-3 days old. One small old abrasion on each shin. Old right iliac fossa scar. Left hydrocele. IV needles (2) and endotracheal tube in-situ.

CRANIAL CAVITY

Bilateral subscalpular haemorrhages involving most of the temporal muscles more pronounced on the left side. X-ray results showed a fracture of the floor of left maxillary antrum and the floor of the left orbit. Post-mortem examination displayed fracture of both orbital roofs, this transverse fracture also involving the cribriform plate. No other fracture of the skull was seen. There was a small subdural haemorrhage of the left lateral aspect. Subarachnoid haemorrhage was present over the posterior half of the brain. Brain, 1425g, sinuses clear. There was a traumatic-haemorrhagic pulpification of the posterior half of the left temporal and the anterior half of the left occipital lobe. The cortex showed a bluish tinge, especially in the posterior half. Very marked cerebral oedema and cerebellar coning was noted. (For continuation - see over)

4. In my opinion death had taken place about 5 hours previously and the cause of death was.

- i DIRECT CAUSE -
  - Disease or condition directly leading to death (a) 1. Traumatic brain damage
  - ANTECEDENT CAUSES -
    - Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) 2. Myocardial infarction
    - (c) \_\_\_\_\_
- ii Other significant conditions contributing to the death but not relating to the disease or condition causing it \_\_\_\_\_

TO THE CORONER  
NEWCASTLE

(Signature) Laszlo Banathy M.D.  
(Date) 22nd December 1980

Autopsy report on Richard SLATER - aged 69 years  
carried out at 10.00 in the fore noon on the 22nd day of December 1980

THORACIC CAVITY

The upper anterior chest wall displayed considerable haemorrhagic changes which also involved the muscular tissue. No fracture of ribs noted. Approximately 200cc of straw coloured fluid in the left and 300cc in the right pleural cavity. Occasional small adhesions present. Heart, 515g, enlarged with a 15mm thickness of the left ventricular wall. Slightly increased amount of pericardial fluid. Practically the whole left ventricle wall, including the papillary muscles showed recent infarctive changes. The colour was slightly yellowish-beige and very little normal appearing muscle tissue was present. Close to the septum a large area of old infarction was noted. The coronary arteries displayed very severe arteriosclerotic-atheromatous changes, the lumen being reduced to a pinpoint opening. The systemic arteries showed moderate atheromatous changes and occasional atheromas were seen in the cerebral arteries. Lungs (L:545g, R:725g) showed pulmonary oedema of a marked degree with vascular congestion. The latter was more pronounced in the lower lobes. Some chronic obstructive airways disease was also noted. The airways contained some froth.

ABDOMINAL CAVITY

Approximately 150cc of frank blood present in the abdominal cavity, mostly in the pelvic region. No abnormalities in the gastro-intestinal tract. Appendix not present. Liver, 1965g, nutmeg pattern, gallbladder and pancreas normal, bile ducts patent. Kidneys, 160g each, occasional small cysts, some cortical atrophy, ureters, bladder, prostate gland and right testis normal. Some left sided retroperitoneal haemorrhage with appreciable left perirenal haemorrhage (between the renal capsule and fatty tissue). Spleen, 325g, rather soft, 3 lacerations. These were superficial and were as follows: lateral edge, 2cm long, medial upper aspect 3cm long, basal aspect, 2cm long. Adrenals and lymphnodes normal.

Blood was placed in a sealed container, fingernail clippings were taken, head hair wastaken and handed over to Detective Gary Clausen. Portions of organs were forwarded to the Division of Forensic Medicine for processing.

OPINION

Traumatic brain damage was the main cause of death. However, the deceased had pre-existing myocardial infarctive changes. It is assumed that the shock caused by the trauma precipitated another infarctive change which contributed to the death.

*L. J. Banathy*

Dr. L.J. Banathy,  
Regional Forensic Pathologist.  
28th January 1981

SLATER - 2.  
Respect into the death of

Deputy Clerk

Secretary General,  
NEWCASTLE