



THE ROYAL NEWCASTLE HOSPITAL

NEWCASTLE, N.S.W. 2300
TELEPHONE 2 0411

JVN:JP

2nd February, 1981

TO WHOM IT MAY CONCERN

Re: Richard Slater,
[REDACTED]
COOKS HILL 2300

This man was admitted to the Royal Newcastle Hospital via the Accident Reception Area at 1.32 p.m. on 19th December, 1980. He had been found in a toilet at Birdwood Park.

No history of his injuries was available. However he appeared to have been assaulted.

On examination -

- Neurological: He was conscious and cooperative.
He had a disturbance of his speech.
He was disorientated.
Neurologically he was otherwise satisfactory.
- Skull: He had no overt vault fractures but he had bilateral parietal scalp haematoma and a right parieto-temporal scalp haematoma.
He had a clinically fractured left zygoma and bilateral subconjunctival haematoma.
I suspected that he had a fracture of his left maxilla and mandible.
- Musculoskeletal: No abnormality detected (N.A.D.)
- Chest: Tender left ribs both laterally and anteriorly with a large left anterior haematoma.
No pneumothorax. Air entry normal.
- Abdomen: N.A.D.
- Urinary Tract: Gross haematoma. Mild suprapubic tenderness.
No renal angle tenderness. Old left inguinal hernia.

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Injuries:

- 1. Head injury - for urgent C.A.T. scan -
Multiple non-contrast scans were done.
 - a. There is a small intra-cerebral haematoma in the left parietal lobe with contusion of the surrounding brain.
There is some surrounding oedema.
 - b. There is slight deformity of the left quadrigeminal plate cistern by the contusion and oedema.
 - c. The ventricular system is normal.
 - d. There is also a suspicion of contusion of the left temporal lobe.

Medication: I.V.I. fluids at 11/12 hours, nil by mouth
Head injury observation.

- 2. Fractured floor left orbit.)
Fractured left maxilla.) Ear, Nose & Throat consult.
- 3. Minor chest injury.
- 4. Minor bladder injury.

X-ray reports:

- Skull - there is a frontal fracture
- Facial bones - there is a crack fracture of the left inferior orbital margin
- Chest - there is basal sputum retention
- Abdomen - the visceral and bowel pattern are normal
- Cervical Spine - there is a C5/6 disc lesion but no fracture is made out
- Pelvis - no fracture is seen,

He was seen by the Neurosurgeon on 19th December, 1980.

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On 20th December, 1980 his condition in the morning was unchanged but satisfactory. He was seen by the Ear, Nose and Throat registrar.

At 12.30 p.m. on 20th December, 1980 he went into acute pulmonary oedema. In view of his past history of cardiac disease I presumed that he had had an acute myocardial infarct.

The cardiologists were consulted and he was transferred to Coronary Care. The cardiologists assumed control of his cardiac problem.

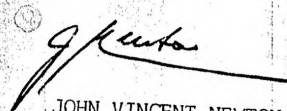
At 4 p.m. on 20th December, 1980 as he still had some abdominal tenderness and a low urinary output, I was concerned that he may have a ruptured bladder. A cystogram was performed - result - no leakage of dye is seen. I then performed a peritoneal tap which gave a clear return on lavage.

At 6.45 p.m. on 20th December, 1980 his urine output had improved and his surgical condition was stable.

On 21st January, 1981 he was a little more drowsy and I commenced him on Decadron to reduce any cerebral oedema.

On 22nd January, 1981 the patient deteriorated and died during a cardiac arrest at 5 p.m.

I am a registered medical practitioner having obtained the Bachelor of Medicine and Bachelor of Surgery degrees from Sydney University in 1976.



JOHN VINCENT NEWTON M.B., B.S.
Surgical Registrar

Royal Newcastle Hospital