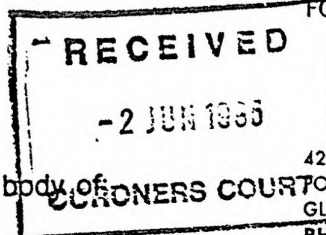


427/95

James William MEEK

PM 95/0419 (TG)

CORONERS ACT, 1980NSW INSTITUTE OF
FORENSIC MEDICINE42-50 PARRAMATTA ROAD
PO BOX 90
GLEBE NSW 2037
PHONE [REDACTED]
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Medical report upon the examination of the dead body of

Name: James William MEEK

PM Number: 95/0419

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 09.00, on the 11 day of March, 1995 at Sydney in the said State, I commenced a post mortem examination of James William MEEK.

The body was identified to Jeanette Mullan of the New South Wales Institute of Forensic Medicine by Const Humphreys of Surry Hills Police Station, as that of James William MEEK aged about 52 years.

The body was identified to me by the wristband marked E49749.

The forensic assistant in this case was Geoff Wellburn.

A JOINT USE FACILITY OF

NSW HEALTH
DEPARTMENTThe University
of Sydney

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Upon such examination I found:-

EXTERNAL EXAMINATION:

The body is that of a well developed, well nourished adult Caucasoid male who weighs 68 kg, is 167cm in height and appears compatible with stated age of 52 years. The body is received clad in a grey t-shirt, blue shorts and pink and blue underpants. The body is cold to touch.

Rigor mortis is fully fixed in all extremities and jaw.

Purple livor mortis extends over the anterior surfaces of the body, especially on the left except in areas exposed to pressure.

There is focal accentuation of the lividity with tardieu spots on the left upper arm and right chest.

The scalp hair is grey and measures to 70cm in length over the crown.

The irides appear to be hazel.

The pupils are bilaterally equal at 0.5 cm.

The cornea are slightly clouded.

The conjunctivae of both eyes shows extensive subconjunctival haemorrhage.

The nose shows the injuries as described below.

There is an upper denture in place.

The neck is unremarkable.

The thorax is well developed and symmetrical.

The abdomen is slightly distended.

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 scar around the umbilicus.
- There is a 160mm scar on the anterior aspect of the left forearm.

Evidence of medical intervention includes:

There is no evidence of medical intervention.

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EVIDENCE OF INJURY:

Head and neck:

1. On the left forehead and covering the left eye is a roughly triangular 130mm x 100mm contusion. Deep to this is an extensive red bruise which extends around the left eye and over the left forehead. Extending posteriorly in the hairline is a triangular 60mm x 30mm patterned contused abrasion. This is triangular in shape and consists of six parallel roughly horizontally aligned linear bruises. The centre of this bruise lies 50mm above the left ear. The linear bruises consists of a row of small (2mm) round bruises. The 2mm bruises are separated by a gap of 3mm horizontally and 4mm to 4.5mm vertically. In a linear array, the shortest line is 18mm and the longest is 50mm in length.
2. There is a triangular area of abrasion 30mm x 30mm over the bridge of the nose. There is extensive bruising over the bridge of the nose. There is some blood which appears to be coming from the nostrils.
3. Extending from the right eye to behind the right ear and to below the right mandible is a continuous area of purple contusion 170mm x 170mm.
4. In the right temple region there is a separate triangular area of purple contusion.
5. There is bruising around the upper and lower lips with superficial laceration of the inner surface of the lips.
6. There is a 15mm contused abrasion on the anterior right parietal region.
7. There is a 15mm red bruise on the right occipital region.

The bruising is continuous around the entire scalp. There is focal accentuation of the contusion in the left temple region and in the right occipital region. There is no underlying fractures of the facial bones or skull. There is approximately 20ml of extensive diffuse subdural haemorrhage. The brain is fixed for later detailed examination.

8. On the neck is a V-shaped brown mark. The two arms of the V measure 110mm x 5mm and 70mm x 5mm. This appears to correspond to the upper margin of the shirt.

There is bruising beneath the right and left mandible and extending into the tongue, but there are no obvious bruises around the larynx. The hyoid bone and thyroid cartilages are intact and there are no petechial haemorrhages on the larynx itself.

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Chest and Abdomen:

9. There is a curved 220 x 70mm purple bruise over the right clavicle extending onto the right central chest. There is bruising extending into the subcutaneous tissue.
10. On the lateral right chest is a 30mm red bruise.
11. On the left flank is a 30mm red bruise.

There is some blood-stained autolytic fluid in the pleural cavities but no convincing rib fractures and no obvious contusion of the lungs. On the back is a irregularly shaped 140mm x 90mm area of red-brown discolouration. This appears to consist of marbling. On incision, there is no convincing haemorrhage into the subcutaneous tissue.

Upper Extremities:

12. On the posterior left elbow is a healing haemorrhagic superficial abrasion.
13. On the posterior aspect of the left hand is a 30mm red bruise.
14. On the second phalanx of the left 4th finger is a purple bruise.

There are no obvious recent injuries on the lower extremities.

INTERNAL EXAMINATION:

Body cavities:

There is approximately 80ml of decompositional fluid in the right and left pleural cavities.

There are no abnormal adhesions.

All body organs are present in a normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 3cm thick.

Head (central nervous system):

The brain weighs 1360 g.

The dura mater and falx cerebri are intact.

The subdural and subarachnoid haemorrhage have been described above.

The cerebral hemispheres appear symmetrical.

The brain is fixed for later detailed examination.

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Neck:

Examination of the soft tissues of the neck reveals only the bruises described above.
There is no injuries to the large vessels.
The hyoid bone and larynx are intact.
There is extensive bruising at the base of the tongue.

Cardio-vascular system:

The heart weighs 340 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, and are widely patent.
The chambers and valves bear the usual size/position relationship and are unremarkable.
The myocardium is dark red-brown, firm, and unremarkable.
The atrial and ventricular septa are intact.
The aorta and its major branches arise normally and follow the usual course, with evidence of mild atherosclerosis.
The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

Respiratory system:

The right and left lungs weigh 640 g and 520 g, respectively.
The upper airways contain blood-stained fluid.
The pleural surfaces show apical bullae.
The pulmonary parenchyma shows apical emphysema.
The pulmonary arteries are normally developed and patent.

Liver and biliary system:

The liver weighs 1260 g.
The hepatic capsule is smooth and covers a pale parenchyma with no focal lesions noted.
The gallbladder contains viscid bile.
The extrahepatic biliary tree is patent, without evidence of calculi.

Alimentary tract:

The oesophagus is lined by grey-white smooth mucosa.
The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 50ml of thick grey-brown paste.
The small and large bowel are unremarkable.
The appendix is present.

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MICROSCOPIC EXAMINATION:

Heart: Autolysis.

Kidney: Mild subcapsular scarring and autolysis.

Liver: Autolysed with a normal architecture.

Lung: Congestion, oedema and autolysis.
There are areas of bullous formation and emphysema with some anthracosis. No parasites, AFB's or fungi seen.

Spleen: Autolysed.

Tongue: Recent haemorrhage.

Colon: Autolysed.

Soft tissue: Recent haemorrhage.

Skin: Solar damage.

MACROSCOPIC AND MICROSCOPIC EXAMINATION OF THE BRAIN:

See attached report.

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PATHOLOGY SUMMARY

1. BLUNT FORCE INJURIES OF THE HEAD, TRUNK AND ARMS
 - a. Bruising and abrasion of the face and scalp
 - b. Bruising of the neck
 - c. Subdural and subarachnoid haemorrhage
 - d. Pattern contusion of the left temple region
 - e. Bruising of the chest and left arm
 - f. Frontal contusions of the brain.
 - g. Left parasagittal parietal contusions.
 - h. Haemorrhages in the right posterior corpus callosum.

2. EMPHYSEMA

3. POSITIVE HIV SEROLOGY

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, James William MEEK, died as a consequence of blunt force head injuries. The decedent was found dead in his home. There was a broken dog bowl found next to the decedent. The decedent's wallet and ring were missing. The decedent is reported to have been HIV positive for the last ten years. The decedent is reported to have been assaulted in the past. There is no sign of forced entry to the house.

Autopsy reveals extensive bruising and injury of the head. The pattern of the bruising is extensive with almost continuous bruising around the entire head. The contused abrasion shows a pattern which is yet to be identified. It may represent a shoe print. There are no skull fractures, however, there is subarachnoid and subdural haemorrhage. The face-down position of the decedent complicates issues because the lividity accentuates the bruising. However, in my opinion the pattern of the injuries is consistent with an assault.

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A. Time and date of death: Btwn 7.30 am 7.3.95 & 8.3.95

B. Place of death: [Redacted] Belvoir Street, Surry Hills

C. Cause of death:

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

(a) BLUNT FORCE HEAD INJURIES

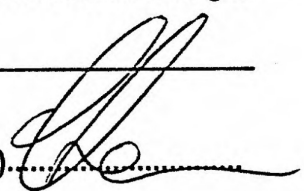
ANTECEDENT CAUSES:
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

(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) 1 June 1995