

Robert Hart MALCOLM

PM 92/159 (tg)

CORONERS ACT, 1980

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

Name: Robert Hart MALCOLM PM Number: 92/159

I Johan Duflou 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 08h00, on the 31st day of January, 1992 at Sydney in the said State, I made a post mortem examination of Robert Hart MALCOLM.

The body was identified to Ms. J. Mullan of the New South Wales Institute of Forensic Medicine by Sgt. Baxter of Redfern Police Station, as that of Robert Hart MALCOLM aged about 41 years.

The body was identified to me by Const. Bullock of Redfern Detectives.

Upon such examination I found:

The body was that of an adult male whose appearances were consistent with the stated. Body weighed 57 kg. Body length 1.60 m. The body was cold to touch and dorsal postmortem lividity was present. Rigor mortis was fully developed in all major muscle groups. The deceased had a moustache. A butterfly cannula had been placed in the subcutaneous region of the right shoulder. A tracheostomy was seen.

Description of injuries:

1. A subconjunctival haemorrhage was present in the sclera of the right eye.
2. There was a 15 mm transverse scar on the lateral surface of the right eyebrow.
3. There was a 10 mm diagonally-aligned scar on the outer aspect of the right eyebrow, 10 mm above the eyebrow.
4. There was a 12 mm vertically-aligned scar immediately anterior to the external auditory meatus of the right ear.
5. There was a 15 mm transversely-aligned scar lateral and inferior to the outer canthus of

Robert Hart MALCOLM

PM 92/159 (tg)

- the right eye, 20 mm lateral to the outer canthus and 15 mm inferior to the outer canthus.
6. There was a 35 mm transversely-aligned scar overlying the right cheek, 20 mm inferior to the external auditory meatus of the right ear.
 7. There was a 20 mm transversely-aligned scar on the right cheek, 30 mm anterior to the external auditory meatus of the right ear, in line with the external auditory meatus.
 8. There was a 25 mm linear scar at the angle of the mouth on the right.
 9. There was a 40 x 20 mm blue-green contusion below and posterior to the right ear.
 10. There was a 13 x 3 mm fresh abrasion on the hallux of the left ear.
 11. There was bruising of the upper eyelids bilaterally.
 12. There was a 28 x 30 mm blue-red contusion on the dorsum of the left hand.
 13. A 70 x 8 mm faint contusion was noted on the posterior surface of the left forearm.
 14. A 20 mm diameter blue contusion was noted on the dorsum of the right hand.
 15. There was a 45 x 8 mm green contusion on the posterior surface of the right mid forearm.
 16. Tinea was noted on the dorsum of the left foot.

No obvious recent or old traumatic injuries were noted on the dorsal surfaces of the feet.

The scars described on the face were consistent with having being sustained in the second week of January 1992 as described in medical records viewed at the time of the autopsy as well as description provided by the Police on the Form P79A available at the time of the autopsy.

Internal examination of the body:

Head and neck:

There was extensive bruising of the scalp, more so on the right than on the left.

Skull fracturing was present with an impact point in the right frontal region.

A linear fracture extended from the right frontal region through the right anterior cranial fossa, through the pituitary fossa, ending in the left middle cranial fossa.

In addition, there was a wedge-shaped free floating fracture of the frontal bone adjacent to the superior orbital ridge on the right, fractures of the right zygoma, a free floating fracture of the zygomatic arch on the right, and a fracture of the maxilla on

Robert Hart MALCOLM

PM 92/159 (tg)

the right extending from the orbit to the teeth in a vertical plane.

In addition, there was a fracture of the angle of the jaw on the right.

Numerous injuries of the teeth were identified, which will be described by Dr. Alain Middleton of Westmead Hospital.

A small patch of extradural haemorrhage was noted along the fracture line in the base of the skull.

Similarly, there was scanty subdural haemorrhage overlying the left occipital region of the brain.

Neither of these two areas of haemorrhage would have acted as space-occupying lesions because of their very small size.

The brain weighed 1340 g and on external examination showed no obvious significant abnormality.

The brain was placed in formalin for later detailed examination once fixed.

Injury to the eyes, ears and mouth were as described previously. The nose showed no abnormalities and there were no fractures of the nasal bone.

Examination of the neck similarly revealed no abnormality.

There were no cervical spine, hyoid bone or thyroid cartilage fractures.

Cardio-vascular system:

The pericardium was normal.

The heart weighed 330 g.

The atria and valves of the heart were normal.

The free wall thickness of the right ventricle was 3 mm and that of the left ventricle was 13 mm.

There was extensive subendocardial flame-like haemorrhage in the posterior and medial wall of the left ventricle.

There was no fibrosis of the myocardium.

The left anterior descending coronary artery was approximately 50% narrowed by atherosclerotic plaques.

The remainder of the coronary artery system showed minimal atherosclerotic damage only.

The aorta, renal arteries, carotid arteries and iliac arteries showed very mild atherosclerosis only.

The venous system showed no abnormalities.

The hepatic portal system was similarly normal.

Respiratory system:

The pharynx was normal.

The larynx showed no abnormality.

A tracheostomy had been performed and there was purulent exudate around this wound.

The trachea was markedly inflamed and contained pus.

The bronchi similarly showed severe inflammation.

The left lung weighed 860 g and the right lung weighed 910 g.

There was bilateral severe bronchopneumonic consolidation involving all aspects of the lung tissue.

Some areas of this bronchopneumonic consolidation were approaching abscess formation.

Within the right pleural cavity was 100 mls brown fluid.

Examination of the chest wall revealed a partially healed fracture of the left third rib posteriorly with surrounding haemorrhage.

Numerous pleural plaques were noted on the pleural surface of the chest wall as well as on both leaves of diaphragm.

Robert Hart MALCOLM

PM 92/159 (tg)

Gastro-intestinal system:

The tongue and oesophagus were normal.
A number of small punched-out peptic ulcers were noted in the pre-pyloric region of the stomach.
The stomach was empty.
The duodenum was normal.
The remainder of the bowel on external examination showed no abnormalities.
The rectum and anus were normal.
There was no free fluid in the abdominal cavity.

Hepato-biliary system:

The liver weighed 1490 g and appeared diffusely fatty.
There were no mass lesions in the liver.
The gallbladder was distended by thin bile which could be expressed with ease through the extrahepatic biliary tree into the duodenal cavity.
The pancreas was normal.

Haemopoietic system:

The spleen weighed 160 g and was diffusely soft.
There was generalised moderate lymphadenopathy.

Genito-urinary system:

The left kidney weighed 140 g and the right kidney weighed 120 g.
There was diffuse pallor of both kidneys and the tissue appeared somewhat soft.
Both ureters were patent, ending in a normal urinary bladder containing approximately 20 mls cloudy urine.
The prostate gland was normal.
The testes appeared small.
The external genitalia were normal.

Endocrine system:

The pituitary gland and thyroid gland were normal.
The adrenal glands appeared lipid depleted.

Histology being performed. (brain)
Head hair and blood for grouping.

The forensic assistant in this case was Mr. G. Oakenfull.

Microscopic Examination:

Eyes: There is evidence of previous haemorrhage into the sclera of the right eye, as well as more recent subconjunctival haemorrhage. The left eye shows no histologic abnormalities.

Foot skin: A mixed inflammatory cell infiltrate is observed in the superficial dermis. The epidermis is normal and no fungal organisms are seen.

Scalp: A section shows haemorrhage into the panniculus with

Robert Hart MALCOLM

PM 92/159 (tg)

associated advanced inflammation and fibrosis.

Heart: No abnormality detected.

Lungs: All sections show severe bronchopneumonic involvement.

Pituitary: There is an area of haemorrhage into the posterior pituitary with associated scanty haemosiderin deposition. The pituitary capsule similarly contains blood and haemosiderin.

Kidneys: Show no histologic abnormalities.

Pancreas: No abnormality detected.

Testes: Show a decrease in mature spermatozoa.

Spleen: Inflammatory cells are prominent in the red pulp.

Thyroid: No abnormality detected.

Stomach: Acute benign peptic ulceration is seen.

Liver: There is an increase in perivenular fibrous tissue. Occasional hepatocytes show fatty change.

Adrenal: Lipid depletion is observed and there is a small benign adenoma in the cortex.

Macroscopic Brain Report:

The brain was re-examined after fixation. An area of superficial extradural haemorrhage was seen in the left temporo-occipital region and residual subdural haemorrhage was seen in both frontal regions. The superior sagittal sinus was patent. There was marked prominence of the cerebral veins over the surface of the brain with intense congestion of these vessels. Scanty subarachnoid blood was seen over both parietal lobes. A 15 x 20 mm area of cortical contusion involved the infero-lateral surface of the left temporal lobe. There was a 15 x 10 mm area of cortical contusion on the right temporal pole. There was an area of cortical contusion measuring 75 x 30 mm involving the superior surface of the right parietal lobe. The cranial nerves and basal arterial vasculature showed no abnormalities. The mamillary bodies were of normal size.

The brain was sliced horizontally in 10 mm slices. There was diffuse swelling of the right cerebral hemispheres with a midline shift of 8 mm. Cortical contusion as described previously are confirmed. There are slight yellow-green discolouration of these injuries.

Examination of the cerebellum and brainstem revealed no abnormalities.

Microscopic Brain Report:

Dura mater: Scanty haemosiderin is seen on the dural surface, with minimal associated tissue reaction.

Parietal lobe: There is extensive gliosis with prominent

Robert Hart MALCOLM

PM 92/159 (tg)

macrophages and vessel proliferation. Areas of recent, possibly agonal, haemorrhage are also seen in the tissue.

Temporal lobe: There is gliosis in areas. Intracerebral haemorrhage is seen, with evidence of recent re-bleeding.

Hippocampus: Scattered neurones in Ammon's horn show pink cell change.

Cerebellum: Some Purkinje cells show possibly hypereosinophilia.

Pathology Summary:

1. HEAD INJURY
2. HYPOXIC BRAIN DAMAGE
3. FACIAL BONE FRACTURES
4. BRONCHOPNEUMONIA
5. PEPTIC ULCERATION
6. LEFT THIRD RIB FRACTURE
7. PITUITARY HAEMORRHAGE
8. HEPATIC STEATOSIS
9. ATHEROSCLEROSIS

In my opinion death had taken place about 1½ days previously and the cause of death was:

1. DIRECT CAUSE:
Disease or condition directly leading to death:
(a) SEQUELAE OF A HEAD INJURY

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) 28 May 1992