# CORONERS ACT, 1980

as

RECEIVED

...t report upon the examination of the dead body of–

Name: William Emanuel ALLEN 88/2164

I Sylvia Hollinger a legally qualified medical practitioner, carrying on my profession at the Division of Forensic Medicine, in the State of New South Wales, do hereby certify as follows:

1. At 4.00 in the after noon, on the 30th day of December, 1988 at Sydney in the said State, I made an internal examination of the dead body of a male identified to me by Const. Taylor of No. 7 Division in the State aforesaid, as that of William Emanuel ALLEN aged about 50 years.

2. I opened the three cavities of the body.

3. Upon such examination I found.

I arrived at [redacted] Newton St, Alexandria at 4.30 pm on 29/12/88.

A man was lying on his back in the kitchen showing a laceration above left eyebrow.
He had a swollen right cheek and bruised upper eyelids.
The ambient temperature was 27°C and the rectal temperature was 22.5°C.
Rigor mortis was present in the legs and postmortem lividity was present on the front of the body except for pressure points.
He showed a swollen upper lip.
It was estimated that death had occurred close to the time that he was last seen alive i.e. about 7.00 p.m. on the previous day.

The body was that of a well-nourished man consistent with his stated age.
Body weight 78 kg. Body length 176 cm.
On external examination at the time of the autopsy, rigor mortis was absent and postmortem lividity was present on the front and back of the body, except for pressure points.
A tattoo of a shark was present on the right shoulder.

*(For continuation–see over*

4. In my opinion death had taken place about 2 days

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4. In my opinion death had taken place about 2 days previously and the cause of death was.

I. DIRECT CAUSE—
Disease or condition directly leading to death .. .. .. .. .. .. — (a) HEAD INJURY WITH BRAIN DAMAGE, ASSOCIATED WITH ALCOHOL INGESTION (due to or following)

ANTECEDENT CAUSES—
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last .. .. .. — (b) _____ (due to or following); (c) _____

II. Other significant conditions contributing to the death but not relating to the disease or condition causing it _____

TO THE CITY CORONER,
SYDNEY

ANALYST REPORT SEEN

(Signature) _____

(Date) 10th May 1989

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Pattern of injuries:

Red and blue bruising was present on the dorsa of both hands and around both wrists.
A stellate laceration was present above the left eyebrow.
A markedly swollen and bruised left upper eyelid was present and less blue bruising was present of the right upper and lower eyelids.
A red abrasion was present on the nose and on the left-hand side of the nose.
The right cheek was swollen and on X-ray a fracture of the ramus of the mandible was present on the right side.
A thin laceration was present on the lower lip.
[redacted] This hand was X-rayed and no foreign bodies were found.
Two purple bruises were present above the left elbow.
A linear red abrasion was present on the back of the right arm.
A red abrasion was present on the left knee.
A swollen upper lip was present.
Blue bruising was present on the front of the left leg.
A circular purple bruise was present on the right side of the chest and a linear transverse groove was present on the left side of the chest.

Internal examination:

Cranial cavity:

The cranial cavity was opened to display normal dura.
The brain was removed and the brain weighed 1620 g.
The dura was stripped and a comminuted fracture was noted of the left orbital plate.
The fracturing was surrounded by haemorrhage.
The brain showed swelling and a localised area of subarachnoid haemorrhage was present on the inferior surface of the right frontal lobe.
On coronal sectioning the cerebral hemispheres were normal and the brainstem and cerebellum were normal.

Neck and thorax:

The thyroid gland and neck tissues were normal.
Heart weight 370 g.
The pericardial cavity contained a normal amount of straw-coloured fluid.
Examination of the coronary arteries revealed a normal left coronary artery.
There was calcification of the anterior descending branch of the left coronary artery and the right coronary artery.
In addition luminal narrowing, down to 80% of luminal diameter, was present on the anterior descending branch.
The circumflex branch was normal and the right coronary artery showed approximately 40% luminal narrowing.
The myocardium, endocardium and valves were normal.
The aorta showed moderate atheroma in the abdominal region.
On the left side, the 6th and 7th ribs were fractured in the anterior axillary line.
Left lung weight 470 g, right lung weight 440 g.
The pleural cavities were clear.
The larynx, trachea and bronchi were clear.
Cross-sections through the lungs revealed no obvious pathology.
The oesophagus was normal.

Abdominal cavity:

The stomach contained a small amount of bile-stained fluid with

some vegetable matter and a large orange round tablet.
The gastric contents had an alcoholic odour.
Small and large intestines were normal.
Some bruising was noted in the mesentery near the small bowel.
Liver weight 1640 g. The liver was yellow on its capsular and cross-sectional surfaces.
The gallbladder, bile duct and pancreas were normal.
Left kidney weight 180 g, right kidney weight 160 g.
Apart from congestion, the kidneys showed no obvious pathology.
Ureters, bladder were normal.
The prostate showed moderate hypertrophy.
Spleen weighed 130 g. The spleen was normal.
The adrenals were normal.

Histology being performed.

Blood was sent for grouping, hairs for matching, fingernails taken, an anal swab taken.
Blood was sent for the estimation of alcohol, and blood , liver, stomach and contents, urine and bile for chemical analysis.

Microscopic Examination:

Heart:

The epicardium shows foci of extravasated red cells.
Foci of lymphocytes are also noted.
The myocardium shows mild fibrosis interstitially and the endocardium is normal.

Lungs:

Sections show congestion and oedema.

Liver:

Sections show moderate fatty change, mainly centrilobularly.
Some of the portal tracts show a moderate increase in lymphocytes, and some increase in fibrous tissue.
Portal lymphocytes extend into the limiting plate in some areas.
Bile duct hyperplasia is present.
Foci of neutrophils are present throughout.
Mallory's hyalin is absent.

Kidneys:

The glomeruli are normal.
Tubular necrosis is present.
The vessels show congestion.

Thyroid, Adrenals, Spleen, Pancreas, Prostate:

Sections show no obvious pathology.

Brain:

Sections show subarachnoid haemorrhage and focal intracerebral haemorrhage.