

"C4"

**John Vosterplein: Lykskouing Nr: 305/71
Reference No. SAP.183/3991/71**

**AFFIDAVIT IN TERMS OF SECTION 239 (4), ACT 56 OF 1955 AS AMENDED BY
SECTION 8 OF ACT 96 OF 1965
REPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION**

To the Magistrate of **Johannesburg**

I, **Nicolaas Jacobus Schepers**, state under oath that:

That at Johannesburg,

On the **29th day of October 1971** at **07h30**, employing my skill in Anatomy, Pathology, Medicine and Clinical Toxicology,

I examined the body of an: **Adult Indian Male**

This body was identified to me by: **Sergeant Fourie of the Medico-legal Mortuary,**

as being that of an: **[PM 3991/71]**

whose reputed age was: **30 years**

that the deceased was found dead:

- a) as informed on: **27th October 1971** at: (the time of death was not recorded)
- b) **2 days** prior to my examination.

THE CHIEF POSTMORTEM FINDINGS MADE BY ME ON THIS BODY WERE:

- 1. See the list of observations on pages I, II and III

As a result of my observations, I concluded that the cause/causes of death was/were:

Multiple injuries

Dated in **Johannesburg** on the **4th day of November 1971.**

Signature _____ Qualifications: **MMed (Med Forens) DOH.**

Position: **Senior State Pathologist**

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SCHEDULE OF OBSERVATIONS
GENERAL

1. **HEIGHT:** 1.6m **WEIGHT:** 61kg
 PHYSIQUE: Average **NUTRITION:** Normal
2. **SPECIAL IDENTIFYING FEATURES:** None.
3. **SECONDARY POSTMORTEM CHANGES:** None
4. **EXTERNAL APPEARANCE OF BODY AND CONDITION OF LIMBS:** See
Annexure I

HEAD AND NECK

5. **SKULL:** See Annexure II
6. **INTRACRANIAL CONTENTS:** See Annexure II
7. **ORBITAL, NASAL AND AURAL CAVITIES:** See Annexure II
8. **MOUTH, TONGUE AND PHARYNX:** See Annexure
9. **NECK STRUCTURES:** See Annexure II

CHEST

10. **THORACIC CAGE AND DIAPHRAGM:** See Annexure III
11. **MEDIASTINUM AND OESOPHAGUS:** See Annexure III
12. **TRACHEA AND BRONCHI:** See Annexure III
13. **PLEURAE AND LUNGS:** See Annexure III
14. **HEART AND PERICARDIUM:** See Annexure III
15. **LARGE BLOOD VESSELS:** See Annexure III

ABDOMEN

16. **PERITONEAL CAVITY:** See Annexure III
17. **STOMACH AND CONTENTS:** See Annexure III
18. **INTESTINES AND MESENTERY:** See Annexure III
19. **LIVER, GALLBLADDER AND BILIARY PASSAGES:** See Annexure III
20. **PANCREAS:** The pancreas was soft in consistency and almost completely autolytic and there is haemorrhage at the inferior edge.

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21. **SPLEEN: Weight 210g:** The spleen appeared enlarged and ischemic.
22. **ADRENALS:** Both adrenal glands appeared ischemic.
23. **KIDNEYS AND URETERS: Right weight: 40g Left weight: 35g:** Both kidneys were of normal size and the cut surface was ischemic. The capsular surfaces were smooth. The cortex-medulla architecture was normal. The pelvis and ureters were unremarkable.
24. **URINARY BLADDER AND URETHRA:** The bladder is dilated and contains a large amount of urine. When opened the bladder measured approximately 15cm crosswise.
25. **PELVIC WALLS:** There was haemorrhage on the lateral side of the wall of the left side of the pelvis.
26. **GENITAL ORGANS:** Unremarkable.

SPINE

27. **SPINAL COLUMN:** there is a fracture of the body of the 7th cervical vertebra.
28. **SPINAL CORD:** Not exposed.
29. **OTHER OBSERVATIONS:** None
A , B, C, D, E, F, G, H, ,I, K, L, M, N, P and Q tissue for histology taken from the injuries just left of the letters as indicated on the photographs.

SPECIMENS RETAINED:

	Nature of Specimen	Investigation	Disposal
1.	Brain, lungs, liver, spleen, heart, pancreas, kidneys, adrenal glands	Histology	Dr NJ Schepers
"O" photograph of the left side of the chest and the specimen is taken of the left side of the chest and placed in a bottle marked as "O". "O1" specimen of tissue just left of the letter "O1" on the photograph (NB: when photograph " O1" was taken, the yellow card with the mortuary body number that was placed over the area where the specimen " O" was taken.			

Annexure I

4. **EXTERNAL APPEARANCE OF BODY AND CONDITION OF LIMBS:**

1. There is a fracture of the right elbow.
2. There is a fracture of the mid-shaft of the right femur.
3. Two large contusions/bruises are noted to the right forehead
 - a. One is just above the right eyebrow and
 - b. The other is 5cm above the right eyebrow
4. The upper and lower lids of the right eye appear bloodshot (congested).
5. There is a small fresh contusion/bruise at the outer (lateral) point of the upper eyelid of the left eye.
6. In the middle of the forehead and just to the right of the midline there are a couple of scratch marks (approximately 1mm wide and 5mm long).
7. On the right side of the neck there are couple of scratch marks as well as a couple of contusions/ bruises.
8. On the anterior and superior aspects of the right shoulder there are a couple of abrasions and a couple of contusions/ bruises.
9. Overlying the middle third of the right clavicle there is a small abrasion which is encrusted.
10. A couple of contusions/bruises are noted to both infra-clavicular areas.
11. There are a couple of contusions/bruises noted to the anterior part of the right upper arm.
12. On the lateral aspect of the right elbow and the right forearm, near the elbow, there is a large contusion/bruise as well as an elongated abrasion.
13. A couple of abrasions and contusions/bruises are noted to the posterior aspect of the right forearm.
14. A couple of contusions/bruises are present on the right side of the chest.
15. There is a contusion/bruise just above (superior) the right iliac crest.
16. On the lateral aspect of the right iliac bone there are multiple, rounded contusions/bruises.
17. On the lateral aspect of the right thigh there are two large contusions/bruises.
18. On the medial aspect and joint of the right knee there is a large contusion/bruise.
19. On the posterior aspect of the right lower leg there is a large contusion/ bruise. (The muscles of the calf are contused).
20. On the right shoulder blade (scapula) there is an abrasion which is encrusted.
21. On the right lumbar region of the back there are a couple of abrasions that are irregular.
22. Fresh abrasion and contusion/bruising of the mucosa of the left half of the upper lip are present.
23. A contusion/bruise of the mucosa of the midline of the upper lip is noted.

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24. On the left side of the neck an approximately 3cm below the earlobe there is a small abrasion which is encrusted.
25. Three (3) cm above the middle of the left clavicle a contusion is noted.
26. At the tip of the left shoulder there is a contusion/bruise.
27. On the anterior-lateral aspect of the left upper arm and the left side of the chest there are multiple contusions/bruises.
28. Across the left forearm there is an abrasion measuring 2 x 4mm and is encrusted.
29. There is a contusion on the anterior aspect of the left carpal joint (wrist) and on the dorsum of the left hand, opposite the index finger and on the posterior aspect of the left index finger.
30. There is a contusion of the left flank.
31. The left ankle is dislocated and there is a hypodermal haemorrhage discernible on the lateral aspect of the left foot.
32. Large contusions/bruises are seen on the anterior part of the left lower leg near the ankle and on the anterior part of the left ankle.
33. Contusions/bruises are noted seen on the dorsum of the 2nd, 3rd and 4th toes of the left foot.
34. On the left posterior aspect of the chest, near the lower tip of the scapula, there is a 5cm in diameter contusion/bruise and other contusions are also noted to on the left posterior aspect of the chest.
35. There is a contusion on the left buttock posterior to the left thigh the posterior part of the left lower leg (ankle) near the joint.

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Annexure II

HEAD AND NECK

5. **SKULL:** There is deep scalp bruising on both sides of the forehead and to a minor extent on the middle aspect of the forehead. There is deep scalp bruising of the left occipital area. There is a fracture of the base of the skull and a (?the) fracture extends posteriorly through the left orbital plate through the ethmoid bone and sella turcica and then swings to the right and passes just anterior to the pars petrosa. There is a crack fracture that extends upwards through the left frontal bone to the left parietal bone and terminates in the midline. There is a crack fracture that extends through the right anterior fossa, anterior to the right lesser wing of sphenoidal bone and then swings upwards through the right frontal bone and the right parietal bone and terminates in the midline without crossing the aforementioned crack fracture. There is a depressed fracture of the left parietal bone (a small loose fragment of the left parietal bone is present).
6. **INTRACRANIAL CONTENTS:** A global subarachnoid haemorrhage of the brain is noted, especially to the inferior aspects of the left frontal and temporal lobes. There is a rupture (tear) of the inferior aspect of the left frontal lobe near the midline and small fragments of bone are noted therein. There are petechial haemorrhages noted in the midbrain, pons and hypothalamus. There is blood in the 4th ventricle of the brain. Small pin-point haemorrhages are noted throughout the brain, especially in the white matter of the frontal lobes. On cut section the brain is very ischemic. The small veins of the brain are dilated and contain small thrombi.
7. **ORBITAL, NASAL AND AURAL CAVITIES:** There is a fracture of the nasal bone. Then there is a fracture of the left inferior orbital ramus where it inserts onto the nasal. There is a fracture of the inferior orbital ramus of the right side where it inserts onto the nasal bone.
8. **MOUTH, TONGUE AND PHARYNX:** There is a fracture of the right upper jaw (maxillae) between the upper lateral incisor and the canine. There is a fracture of the left upper jaw (maxillae) posterior to the upper left wisdom tooth. There is a fracture of the left lower jaw (mandible) at the corner/angle of the jaw (the left mandible is broken into pieces where the fracture is).
9. **NECK STRUCTURES:** There is haemorrhage into the tissues of the neck in the area of the left horn of the hyoid bone. There is a rupture of the lateral ligament and capsule of the joint between the left horn of the hyoid bone and the body of the hyoid bone. The thyrohyoid bone is not broken. There is haemorrhage in the underlying tissues of the right side of the neck, from the corner of the right mandible to the clavicle. There is rupture of the fibres/tissue of the right sternomastoid muscle at the insertion of the medial aspect with the right clavicle.

Annexure III

CHEST

10. **THORACIC CAGE AND DIAPHRAGM:** The left first rib is fractured laterally and the left 3-6th ribs are broken posteriorly and paravertebrally. The right 1st to 7th ribs are fractured laterally and posteriorly and the right 8th to 11th ribs are fractured paravertebrally. There are contusions of the left dome of the diaphragm and the right dome of the diaphragm where it is attached to the ribs.
11. **MEDIASTINUM AND OESOPHAGUS:** There is haemorrhage of the tissues of the posterior mediastinum opposite the bifurcation of the bronchi.
12. **TRACHEA AND BRONCHI:** The trachea and bronchi contain blood and mucus
13. **PLEURAE AND LUNGS:** The right pleural cavity contained 230ml of blood and the left contained 130ml. There is a rupture of the lateral aspect of the lower lobe of the right lung, 8cm long. There are multiple ruptures of the base of the right lung, the largest is 6cm long. Contusions of both lungs were seen over the paravertebral areas and the bases and dorso-lateral aspects, mainly the upper halves and especially the apices are severely contused. Both lungs show internal contusions of the posterior aspects of the upper lobes. The right lung weighs 400g and the left lung 350g. On cut section both lungs are ischemic, except for the ruptured (lacerated) areas. Aspirated blood can be seen in both lungs. There is still very little oedema of the lung.
14. **HEART AND PERICARDIUM:** The heart is not enlarged. Sub-epicardial petechial hemorrhages are noted especially over the base of the heart. There are contusions of the anterior cusp of the mitral valve. There is a practically no blood in the heart. The coronary arteries were completely normal. The heart weighed 250g.
15. **LARGE BLOOD VESSELS:** There is mild atheroma of the abdominal aorta. The left renal artery is torn and there is haemorrhage in the surrounding tissue.

ABDOMEN

16. **PERITONEAL CAVITY:** No abnormality is noted.
17. **STOMACH AND CONTENTS:** The stomach contains food - potatoes can be recognised.
18. **INTESTINES AND MESENTERY:** No injury or abnormality of the bowel or mesentery is observed.

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- 20. LIVER, GALLBLADDER AND BILIARY PASSAGES:** The liver is ischemic and weighs 1150 and shows trans-capsular ruptures of the inferior aspect of the right lobe and the anterior aspect of the right lobe and an internal rupture of the right lobe. The gall bladder and bile fluid are unremarkable.

HISTOLOGY NUMBER: K. 23077/71

ANNEXURE TO PM REPORT PM 3991/71

Lungs: Most of the lungs sections are relatively ischemic. In other areas there are abundant amounts of blood noted within the alveoli. There is mild pulmonary oedema present but no areas of bronchopneumonia are noted.

Brain: A subarachnoid haemorrhage is noted to the surface of the brain. In this section the brain appears relatively ischemic. Clotted blood is noted within the capillaries of the brain.

Heart: Apart from the trauma of the heart muscle blood vessels there is no significant histological changes noted. The coronary arteries are still healthy. The myocardium is relatively ischemic.

Adrenals: There is haemorrhage all around the adrenal glands. No other significant pathology is noted.

Kidneys: The kidneys are autolytic and relatively ischemic. No other significant pathology is noted.

Spleen: The spleen is relatively ischemic.

Pancreas: The pancreas is autolytic and there is blood on the side of the pancreas.

SKIN SECTIONS:

A. This section is from non-Caucasian skin. On the skin there is a scab formation with a neutrophil leukocyte infiltration noted atop. Most of the neutrophilic leukocytes have pyknotic ?(word obscured) . Beneath this scab there is an epithelial base with variable cell layers and the most superficial layer is a granular layer where keratin is formed. A thin layer of keratin is already visible. This thin layer of epithelium between the scab and the underlying collagen tissue does not show any rete ridges. Underlying this thin layer of epithelium there is fresh haemorrhage.

The collagen tissue of the dermis is distorted and in the subcutaneous fat there is haemorrhage of the tissue that stretches wider than the overlying scab.

Conclusion: The tissue demonstrates a scab which is 5 to 6 days old on the skin with a fresh contusion of the skin and underlying subcutaneous tissue.

B. This is a section from non- Caucasian skin with fresh contusion of the skin and underlying tissues.

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- C. This is a section from non- Caucasian skin with fresh contusion of the skin and underlying tissues.
- D. This is a section from non- Caucasian skin with a scab present. The underlying epithelium is various cell layers thick and shows early keratin formation. The scab is 5 to 6 days old. There is also fresh contusion of the skin and underlying tissues.
- E. This is a section from non- Caucasian skin. There is distortion of the collagen tissue of the dermis and there is haemorrhage in the dermis and beneath the epidermis.
- F. This is a section from non- Caucasian skin that on one end has a scab present that is 5 to 6 days old. In addition, there is a fresh contusion of the skin and underlying tissues.
- G. This is also a section from non- Caucasian skin and there is a fresh contusion of the skin and underlying tissues.
- H. This is a section from non- Caucasian skin with a severe contusion of the skin and underlying tissues.
- I. This is a section from non- Caucasian skin. There is a fresh contusion of the skin and underlying tissues with in-driven foreign material present.
- J. [Omitted? - ? typographical error]
- K. This is a section from non- Caucasian skin with a fresh and severe contusion of the skin and underlying tissues.
- L. **Two Fragments:** Two fragments of tissue marked "L" if from the lip. There is no keratin layer on the epithelium and the one section shows mucus glands in the sub-epithelial area. There is a fresh contusion of the sub-epithelial tissues in every section.
- M. This is a section from non- Caucasian skin and it shows a fresh contusion of the skin and underlying tissues.
- N. This is a section from non- Caucasian skin. On lower magnification there is a scab and on higher magnification part of the scab shows a neutrophilic leukocyte infiltrate. Between the scab and the collagen of the dermis an epithelial layer has started to form. This epithelial layer grew from opposite ends and the two edges of the epithelium are now apposing is each other. At the points of apposition the epithelium is two cell layers thick but at the more lateral edges there are more cell layers. In the subcutaneous tissue there is a fibroblast

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activity and a very mild perivascular infiltration of mainly lymphocytic cells present.

Conclusion: This lesion is between 4 to 6 days old.

- O. This is a section from non- Caucasian skin and shows granulation tissue formation in the subcutaneous tissues. Fibroblastic and histiocytic activity is seen and there is new capillary vessel formation noted. There is a mild peri-vascular infiltrate of lymphocytes and isolated leukocytes noted. There are also remnants of old red blood cells (erythrocytes) in the underlying tissues as well as moderately fresh red blood cells. An iron stain of this section shows hemosiderin pigment in the macrophages.

Conclusion: This lesion is at least 5 to 6 days old.

- O1 This is a section from non- Caucasian skin with a fresh underlying contusion.
- P. This is a section from non- Caucasian skin with a fresh contusion of the skin and underlying tissues.
- Q. **Two Fragments:** The one fragment from non- Caucasian skin shows traumatic injury of the epithelium with a fresh contusion of the skin and the underlying tissues. The other fragment, also from non-Caucasian skin, shows a fresh contusion of the skin and underlying tissues.
- R. This section is from a decalcified joint between the greater horn and body of the hyoid bone. There is a rupture of the periosteum on the lateral aspect of the joint and the rupture involves the cartilage between the body of the hyoid bone and the left greater horn of the hyoid bone. There is no histological evidence that can indicate that the rupture/disruption is NOT fresh.
- S. There is no damage to the walls of this artery (right carotid artery) observed.
- T. The left carotid artery: There is an area of distortion and rupture of the elastic fibres of the wall of the artery noted. This is also a fresh injury.

Signed: _____ MMed (Med. Forens.) DOH

NJ Schepers

Senior State Pathologist, Johannesburg.