

WEEK 6 MEDICINE & THE ARTS – DEATH AND THE CORPSE
DICING WITH DEATH

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So the sociology and anatomy of death and the corpse is a very interesting construct for a forensic pathologist. As forensic pathologists, we look more at not so much the social constructs, although those are kept in mind when we examine our decedents. But clearly for us it's more about the object.

And about the medical legal investigation of death. That investigation starts from the scene of death, all the way through to the evaluation and end of the case, which would either be in a criminal court or at an inquest court. So a major part of the work is clearly a post-mortem examination of people who have died of unnatural deaths.

Having said that, our service admits those who clearly have died of an unnatural death. But also those who died of sudden and unexpected causes, as well as those who have died in a procedure-related or medical, stroke, surgically-related death. If we look at the intake in our area, approximately 30% of the cases end up being sent out as a natural cause of death. And the remaining 70% therefore are unnatural deaths.

Of those that come in and are actual unnatural deaths, as defined by our act in this country, about 50% of those at the moment are murder cases. So the death instigation process for forensic pathologists, and for the forensic pathology service in which we all work in South Africa, starts with the visit to the death scene.

So we examine everything to do with the body at that death scene, and everything on the body. And the police, and the division which they call CSI, as well as their local crime respondents, they investigate everything around the body. But clearly we do that together, passing information, passing evidence, talking about what is happening on that death scene.

Once the decedent, or the person who has died, is brought back to the facility, the body is checked in, or the case, the patient, is checked in and admitted. And just as in a hospital, it gets a patient folder number, it gets allocated a space, a bed, as it were, in our refrigeration. And then goes in line to be autopsied. So there may be pre-op pre-autopsy special investigations that we can do.

But the most important thing that a forensic pathologist can and must do is to take a history, just like any other medical practitioner. When we get to the body in the

dissection area, it's in a body bag. We would then start with the external examination of that body, which includes all identifying features of that person, whether the person is identified or not.

Then what we do, is examine the external body for any injuries and wounds. We do that, we describe them in absolute detail, naming them in the medical terminology, calling a stab wound an incised wound, or a penetrating incised wound, calling a tear of the tissue a laceration. So doing all of that, and describing in centimetres, measuring it, where it is exactly anatomically on the body. How far away it is from the midline, how high above the heel is, or below the top of the head, that kind of information.

This is crucial information for especially, for example, gunshot wounds, which we have a lot of in South Africa. We need to be able to interpret these things for the court. They're going to ask us questions like, how far away was the person who shot this person, when they shot the person?

Is it a contact wound, is it a distant wound? Is it angled? The police say, for example, they were shooting at the suspect because the suspect was shooting at them. Therefore, by that account, the person should be shot from the front.

We then proceed to the internal examination. And there is a standard procedure for doing this. And each pathologist, although there's a standard procedure, will, at their own discretion, and the way that they feel most comfortable with, proceed with that internal examination.

And what we do is we incise from under the chin to the top of the pubis, and open the body layer by layer. So first all, the skin is peeled back. All the while, we're examining and looking for any pathology, and most importantly, for any trauma or injury, which is our job as forensic pathologists.

We will then peel back the muscle layers of the body, whilst entering into firstly--well, depending on the order in which you're doing it, but into the chest cavity and into the abdominal cavity.

Measure any kind of fluid collection in the chest cavity. For example, if you're shot or stabbed in your lung, or you're a victim of a car accident and your chest has hit the steering wheel, there may be a lot of blood in those chest cavities. We measure it, we scoop it out, put in a measuring jug and measure it.

We then go to the head, and we, with a scalpel, make an incision across the top of the head from ear to ear.

And we literally peel the scalp downwards and backwards, literally peeling the person's face off. I often say to medical students when they come to the mortuary for tutorials, before you go in here there are two things you have to bear in mind. Firstly, everybody's probably going to be naked. And secondly, because students come at varying times and we all do autopsies at varying times, there may be people who look like they don't have any faces. And I explain to them, this is how we dissect the head.

We then take a saw, saw off the top of the head much like taking off the top of an egg, for those of you who like soft boiled eggs and we then take the calvarium off. We remove the brain very carefully, and put that one side. Having a look, stripping the dura, which is the covering of the brain, having a look to see if there's any fractures anywhere which are of significance and extremely important.

Once we've done all of that, and we have taken all of the samples that we need to take which would include things like pieces of tissue for histology, to further look under a microscope to make a microscopic diagnosis. With histology and looking under the microscope, there are lots of special stains that we can apply to those pieces of tissue to look for different things.

The other have tissues and specimens that we take from the body before we're finished, would be specimens for toxicological analysis. Once we've done that, and we're absolutely sure that we don't need the body anymore, or the organs, everything gets put back. It's reconstructed, it's cleaned, and it's put we then put that person in our outgoing fridge, ready for the family to come and identify, and for the undertaker to collect the body from our facility.

TOXICOLOGY KIT



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