

Short Communication

Forensic Evidence Recording of the Human Body Brought Dead Due to Blunt Injuries at an Emergency Medicine Department in Regional Hospitals of South Africa

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Abstract

Encountering fully clothed dead bodies due to blunt injuries at the Emergency Medicine is quite common and the main reason for bringing such bodies at any time of day or night is the need for a certification of death. The body would next be sent for Post Mortem. This article is for Emergency Medicine Physicians, Interns and Junior Medical Officers, to assist the Forensic Specialist in writing a valid conclusion of the cause of death.

Keywords: Blunt injuries; Emergency medicine; South Africa; Death

Introduction

Encountering fully clothed dead bodies due to blunt injuries at the Emergency Medicine is quite common and the main reason for bringing such bodies at any time of day or night is the need for a certification of death. The body would next be sent for Post Mortem. This article is for Emergency Medicine Physicians, Interns and Junior Medical Officers, to assist the Forensic Specialist in writing a valid conclusion of the cause of death.

Historical background of death due to blunt injuries in South Africa

Community Assaults and Xenophobic Attacks are quite common in South African Townships. An individual is assaulted continuously by a group of men and women over several hours causing death due to Crush Syndrome. Breakage of muscle fibres and capillaries causing acidosis, internal bleeding and a steep rise of Creatine Kinase (CK) known as Rhabdomyolysis, the person inflicted on, results in death over a few hours [1].

Community assault and non-community assault among adults in Khayelitsha: A case count and comparison of injury severity [2].

Neil Aggett, (6 October 1953 - 5 February 1982) a medical doctor from University of Cape Town was tortured to death after 9 hours

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of severe beating by blunt force over several days. The inquest on 4th March 2022 found that Dr. Aggett didn't die of hanging but due to Crush Syndrome caused by beatings and forcible exercise at the John Vorster Prison, Johannesburg [3].

History

- Taken orally
- Approximate time of death
- Date and time of the dead body brought to Emergency Medicine
- Patient being/not being alive when he boarded the vehicle
- Rigor Mortis present/absent
- Noting that the was body brought by the Parlour, EMS Ambulance or a Private Vehicle
- Enquiring the details leading to death from Police, EMS Professional, relatives, friends and bystander
- Mechanism leading to death, due to Blunt injuries on Chest, Abdomen and Neck
- Sense of smell from Mouth and Nostril
- Fetid-Old
- Alcohol-Fresh

Expose the whole naked body under a good light

Male:

- Front of Chest, Neck and Abdomen
- Multiple close fist injuries
- Multiple Shambok, Stick and Metal Rod injuries
- Multiple red/violet petechiae
- Rounded Contusions on the Chest and Abdomen

- Parallel Contusions and Bruises on front and oblique
- Contusions on buttocks, thighs and legs
- Closed or Open Fractures of Femurs and Tibia Fibulas
- Contusions on buttocks, thighs and legs
- Multiple fractures of forearms and arms
- Blood on Urethral Orifice

Back:

- Feel the spine from Cervical to Lumbar Sacral and Coccyx for a step or a gap
- Parallel oblique contusions with dried blood
- Contusions on buttocks, thighs and legs
- Contusions and Bruises on the Plantar and Palmar Surfaces
- Dried blood on anal orifice

Female:

- Intimate Partner Violence being common in African townships
- Common on pregnant women
- Profuse bleeding or products of conception coming out of vagina
- Various bite marks on face and neck

Conclusion

Death due to blunt trauma on abdomen, chest and neck either by a single blunt forceful blunt injury or various blunt injuries can cause death. The role of Emergency Medicine Practitioner is just not to write 'Adult Male/Female Brought Dead' but to record the finer aspects of the injuries leading to death. These records will further assist the Forensic Professional to come to a hasty conclusion. The court will find the statements written by the Emergency Medicine Professional essential to reach a judgment.

References

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