



Queensland
Government

Enquiries to: Prof. David Williams
Telephone: (07) 4796 2415
Facsimile: (07) 4796 2415
Our Ref.: Prof. David Williams

STATUTORY DECLARATION

QUEENSLAND)
TO WIT)

I, David John WILLIAMS of Townsville
In the state of Queensland, do
Solemnly and sincerely declare that:

1. I am a legally qualified Medical Practitioner and am registered in Queensland as a Senior Specialist Pathologist. I am a Consultant Forensic and Anatomical Pathologist employed by Queensland Health. I am also an Associate Clinical Professor of Pathology at the University of Queensland. I am Director of Anatomical Pathology at Townsville General Hospital and I am a Clinical Professor of Pathology at James Cook University. I am a Government Medical Officer for Townsville.

I possess both scientific qualifications and medical qualifications.

My scientific qualifications include a Bachelor of Science (with Honours) in Chemistry from the University of Wales and I also have a Master of Science in Forensic Science. I also have a Diploma in Science German. I am an Adjunct Professor to the Faculty of Science and Technology, Griffith University.

My medical qualifications include the degrees of Bachelor of Medicine and Bachelor of Surgery from the University of Glasgow. I have a Doctorate of Philosophy (Ph.D) in Forensic Medicine from the University of Glasgow.

I am a Fellow of the Royal College of Pathologists (London) and a Fellow of the Royal College of Pathologists of Australasia. I possess the Diploma in Medical Jurisprudence in Pathology and I am a former member of the British Society of Neuropathology and am currently a member of the Australian Society of Neuropathology.

I have over thirty years experience in Forensic Medicine and I am the principal author of an International text-book on Forensic Pathology.

S
State v. Watson
003739

2. On the 23rd of October 2003 at the Townsville Hospital Mortuary, I performed, at 12 noon, a post-mortem examination on a body identified to me by GR Lawrence of the Water Police as being that of Christina May Watson.
3. I made a tape-recording of my findings, this tape being transcribed as my post-mortem examination report. A copy of this report is attached to this statement.
4. The body was that of a well-built young female, approximately 174cm in height and weight 63kg. The body showed evidence of attempted resuscitation.
5. There were no obvious bite marks or stings externally on the body. The eardrums were not perforated.
6. The lower limbs show abrasions consistent with being inflicted during rescue attempts.
7. Internal examination shows evidence of gas embolism throughout the body. There was no evidence of any significant natural disease.
8. I took samples of blood, urine, liver and stomach with contents from the deceased and I handed these specimens to GR Lawrence of the Water Police on the 23rd of October 2003.
9. I took numerous tissue samples for examination down the microscope.
10. Examination of tissue down the microscope revealed extensive evidence of gas embolism. This gas embolism was also demonstrated by radiology.
11. In my opinion, the extensive gas embolism is a complication of rescue attempts rather than being a cause of death. The fact that she developed gas embolism suggests that she had a circulation when she was rescued.
12. In my opinion, the cause of death was:
1a: Drowning
and I have issued a certificate to that effect.
13. I have read the report of the Government analyst and I would suggest that some of the drugs in the blood of the deceased are there as part of the attempted resuscitation. Other drugs may have been ingested by the deceased but these drugs do not appear to be present in excessive quantities. Alcohol and narcotics were absent.
14. I am unable to say how the drowning occurred

State v. Watson
003740

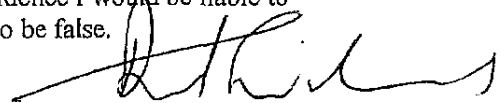


"THE OATHS ACTS 1867 TO 1988"

I make this solemn declaration by virtue of the provisions of the Oaths Acts 1867 to 1988 that:-

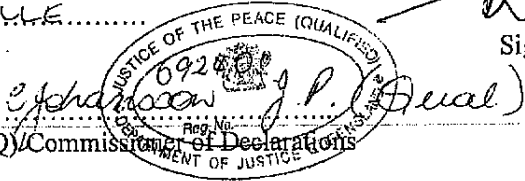
1. This written statement by me dated 10th June 2004 and contained in the foregoing pages is true to the best of my knowledge and belief; and
2. I make it knowing that if it were admitted as evidence I would be liable to prosecution if I state in it anything that I knew to be false.

TOWNSVILLE.....


Signature

WITNESS:

Justice of the Peace (Q)





Queensland
Government

Enquiries to: Prof. David Williams
Queensland Health
Telephone: (07) 4796 2400
Facsimile: (07) 4796 2415
Our Ref.: Prof. David Williams

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Addendum Statement



State v. Watson
003743

15. I believe there was a previous history that this young woman had had a therapeutic procedure to cure a cardiac arrhythmia. In my opinion, this surgery appeared to have been curative and there was no evidence that her death was caused by such an arrhythmia.

16. The post mortem examination did not reveal why she had an apparent problem while diving. It is possible, in my opinion, that she had deprivation of oxygen prior to drowning.

"THE OATHS ACTS 1867 TO 1988"

I make this solemn declaration by virtue of the provisions of the Oaths Acts 1867 to 1988 that:-

1. This written statement by me dated 11th May 2005 and contained in the foregoing pages is true to the best of my knowledge and belief; and
2. I make it knowing that if it were admitted as evidence I would be liable to prosecution if I state in it anything that I knew to be false.

[Handwritten Signature]
Signature

WITNESS: *[Handwritten Signature]*
Justice of the Peace () / Commissioner of Declarations



QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

AUTOPSY REPORT	AUTHORISATION Townsville Magistrate's Court Office	AUTOPSY No. TN03J201
	ACT / FORM	CLIENT REFERENCE NO. SSF015407
	GIVEN NAME/S Christina May	SURNAME WATSON
TIME, DATE AND PLACE OF AUTOPSY 12:00 23-Oct-2003 Townsville Mortuary	SEX, AGE, DOB Female, 26 years, (13-Feb-1977)	

Name: Christina May WATSON (nee Thomas)

Date of Birth: 13 February 1977

Body Identified by: G R Lawrence (Water Police).

Also attending: Ben Nellis (Police photographs) and Dr David Cooksley (A&E Dept, Townsville Hospital).

Coroner: G J Johannesen

Autopsy Performed: 12noon on 23 October 2003 at the Townsville Hospital Mortuary.

EXTERNAL APPEARANCE:

Hypostases: Posterlor and pink. **Rigor:** Fading. **Height:** 174cm. **Weight:** 63kg.

The body is that of a pale blonde haired young female, looking the stated age of 26 years. There is evidence of attended resuscitation and a number of small puncture marks are seen over the anterior chest. There are also puncture marks at each side of the neck and there is extensive haemorrhage into each side of the neck in association with these puncture marks, the neck being over 65cm.in circumference(normal circumference would be of the order of 30 to 35cm.). The lower limbs show abrasions over the anterior aspect of each limb, the total area of abrasion being approximately 30 x 7cm for each limb. At the left side there are no obvious lacerations. On the right side, the skin centrally over the anterior right thigh is mildly lacerated, in the middle of an abrasion. The back of the body is entirely normal.

An identification tag is noted on the left foot. The female external genitalia and the anus are normal. There are no obvious bite marks or stings externally on the body. Small amounts of blood stained fluid are seen at each nostril. The head hair is long but there are no obvious lacerations or incised wounds in the scalp. The whites of the eyes are intensely congested.

Otosopic examination of the ears shows minor amounts of wax in the left ear. The drums are not perforated. Blood is not seen in the external ears.

INTERNAL EXAMINATION:

Central Nervous System:

The skull and scalp are normal. The vessels of the meninges show gas, and gas is also seen within the blood vessels of the Circle of Willis. Apart from this gas within the vascular system, the brain appears entirely normal externally and on serial coronal sections. This brain weighs 1430g. The petrous temporal area shows no evidence of purulent exudate and blood is not seen in the middle ears.

Cardiovascular System:

The pericardial sac is normal. The heart weighs 270g and shows a normal configuration of chambers. Gas is seen within one or two of the coronary blood vessels. On sectioning, the coronary arteries are noted to be widely patent and show virtually no atheroma. There is no evidence of coronary artery thrombosis or plaque rupture. The myocardium is entirely healthy and shows no evidence of ischaemic fibrosis or recent infarction. There are no obvious

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congenital abnormalities in the heart and the foramen ovale is not open. The outflow tracts emerging from the heart demonstrate a normal anatomy, the aorta showing virtually no atheroma. The venae cavae are normal and there is no evidence of either deep vein thrombosis or of pulmonary thromboembolism.

Respiratory System:

The strap muscles of the neck are free of bruising. The laryngeal skeleton is intact. The larynx, trachea and main bronchi are congested and froth is seen within the lumen of the larynx and also throughout the airways. Airway rupture is not a feature and the visceral pleura appear intact. The right lung weighs 630g and the left 520g. These lungs show moderate pulmonary oedema with areas of congestion. These lungs do not cross the mid line and peripheral displacement of air is not seen in the lungs. The diaphragm and thoracic cavity is normal.

Gastrointestinal Tract:

The mouth, tongue, pharynx, oesophagus and stomach are normal. The stomach contains approximately 120mls of brownish coloured fluid which has no obvious smell. There are no pills, tablets or capsules in the stomach or small bowel. The large bowel is normal. There is no evidence of peritonitis. The liver weighs 1690g and shows focal areas of fatty change. The gallbladder is free of stones. The bile ducts are patent.

Genitourinary System:

Each kidney weighed 160g and has a normal cortex and medulla with a small subcapsular surface. The ureters, bladder and female genital tract are normal. The uterus shows no evidence of pregnancy.

Endocrine:

The thyroid, parathyroids, adrenals, pituitary and pancreas are normal.

Locomotive System:

There are no obvious fractures. The spine is of normal curvature.

Reticuloendothelial System:

The spleen weighs 130g and is normal. There are no obvious tumour involved lymph nodes. The thymus is of normal size and shows no obvious abnormalities.

CAUSE OF DEATH:

1a: Drowning.

Further Investigations:

1. Radiology.
2. Histology.
3. Toxicology.

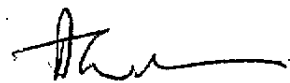
Radiology : The body shows florid evidence of air embolism. The report below has been dictated by Dr. Langlois;

History

CT scan body 22 hours post-mortem. Examination followed a diving accident.

Technique

Unenhanced CT axial scans were obtained from the vertex of the skull to the base of the skull. Scans were then obtained through the neck, chest, abdomen and pelvis.



CT Head

A large volume of air is seen within all intracerebral arteries. The venous sinuses appear clear of air. The ventricles appear compressed and are not of normal volume. No focal abnormality has been demonstrated within the brain. There is no evidence of haemorrhage. Mucosal thickening and polypoid soft tissue opacification is present in the maxillary antra. There is also opacification of most of the right sphenoid sinus.

CT Neck

Scans of the neck reveal air within the arterial system in the neck, including the major arteries, common carotid internal, external and carotid and vertebral arteries, and the smaller vessels extending into the soft tissues of the neck.

CT Thorax

The arterial system of the chest wall contains gas. There is a small amount of gas in the brachiocephalic veins and layering within the superior vena cava. The 4 chambers of the heart contain gas, and gas is present in the coronary artery. There is a small right pleural effusion, and bilateral pneumothoraces, more marked on the left side. There is increased density throughout the lungs, suggesting the presence of diffuse alveolar oedema. Gas is present in the arteries of the arms.

CT Abdomen

Gas is present throughout the hepatic arteries and extending within portions of the inferior vena cava. No focal abnormality has been demonstrated in the liver or spleen. There is moderate distension by gas of the small and large bowel. Gas extends through the arteries of the abdomen and pelvis and into the proximal thighs. Gas is also present within the arterial system of the kidneys, but no other abnormality has been demonstrated within the kidneys. The splenic vein also contains gas.

Conclusion

Extensive intra-arterial gas throughout the body. Mild gaseous dilatation of the bowel loops. Gaseous dilatation of the stomach. Bilateral pneumothoraces and small right pleural effusion.

End of Radiology report

HISTOLOGY:

Uterus: The uterus is normal and there is no evidence of pregnancy. The endometrium is in proliferative phase.

Heart: The myocardium shows no convincing evidence of myocarditis, ischaemic fibrosis or recent infarction. The coronary arteries are widely patent and show negligible amounts of atheroma.

Brain: There is no evidence of either meningitis or encephalitis.

Skin (right anterior thigh): Abrasion of the skin is confirmed. There is also compression and a small laceration is noted.

Lungs: The lungs show no evidence of bronchopneumonia. In many areas the alveolar spaces have a normal appearance. In other areas, there is haemorrhage into alveolar spaces and there is also haemorrhage into the small airways supplying these alveolar spaces. Pseudo-emphysematous areas are seen occasionally in the lungs, this probably representing the effects of pulmonary fluid. There are also areas which have a foamy appearance and there is an appearance consistent with aspiration of saliva in association with these foamy areas.

Kidneys: The small vessels and glomeruli of the kidneys demonstrate bubbles within the blood capillaries.



AUTOPSY No. TN03J201

Liver: The liver shows acute congestion. The sinusoids of this liver are dilated and the blood passing through these sinusoids demonstrates a bubbly appearance. There is also mild fatty change in the liver parenchyma.

Spleen, Pancreas, Thyroid: These tissues demonstrate normal histology.

TOXICOLOGY:

Blood:

Alcohol: Nil

Diphenhydramine: 0.1 mg/kg

Ibuprofen: <20 mg/kg

Lignocaine: Detected*

Paracetamol: <20 mg/kg

Carbon Monoxide: <5 % Hb Saturation

Urine: Immunoassay was negative for amphetamines, benzodiazepines, barbiturates, cannabinoids, cocaine metabolite, methadone and opiates.

Liver: Not analysed.

Stomach/contents: Not analysed.

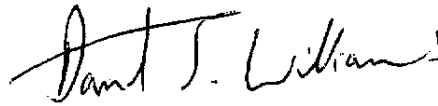
Conclusion:

This 26 year old female demonstrated no evidence of any significant natural disease. There was florid evidence of air embolism but this appeared to be a complication of her rescue. See accompanying statement.

Prof. David Williams

Consultant Forensic Pathologist

B.Sc (Hons), M.B, Ch.B, M.Sc, Ph.D, F.R.C.P.A, D.M.J(Path), F.R.C.Path.



11th MAY, 2005

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