

CLINICAL RECORD

AUTOPSY PROTOCOL

DATE AND HOUR DIED 18 November 1978	A. M. P. M.	DATE AND HOUR AUTOPSY PERFORMED 15 December 1978	A. M. P. M.	CHECK ONE		
				FULL AUTOPSY	HEAD ONLY	TRUNK ONLY
PROSECTOR Douglas S. Dixon, MAJ, MC, USA		ASSISTANT Joseph M. Ballo, LTC, MC, USA		X		

CLINICAL DIAGNOSES (Including operations)

This body (later identified as Violatt Esther Dillard) was one of a large number of bodies discovered at Jonestown, Guyana on or about 19 November 1978 by members of the Guyanese Defense Force. The scene, as reported in various news media and by government officials of Guyana, was said to be grotesque in the extreme. A few witnesses, again reported in various news media, said that most of these people, some willingly and others unwillingly, had ingested poison(s) which fairly quickly led to their deaths.

After inquiries into the cause and manner of death by Guyanese officials, including Dr. Leslie Mootoo, forensic pathologist to the government of Guyana, the bodies, which were rapidly putrefying in the hot and humid tropical climate of Guyana, were released by the government of Guyana and transported by the United States Air Force from Jonestown, Guyana to Dover AFB, Delaware between 23 and 26 November 1978. Efforts to identify the bodies and add to the store of reliable information about the causes and manners of their deaths were carried on at Dover AFB from 27 November 1978 onward.

PATHOLOGICAL DIAGNOSES

1. Advanced postmortem decomposition.
2. Trocar embalming artifacts.
3. Surgical resection of cheeks.
4. Postmortem toxicology:
 liver chloroquine - 1.8 mg/100gm
 tissue cyanide - negative.

Cause of Death: Probable acute cyanide intoxication.

Manner of Death: Undetermined.

Douglas S. Dixon, Major, MC, USA

Joseph M. Ballo, LTC, MC, USA

APPROVED—SIGNATURE

DOUGLAS S. DIXON, MAJ, MC, USA

JOSEPH M. BALLO, LTC, MC, USA

MILITARY ORGANIZATION (If applicable)	AGE 51	SEX Female	RACE Black	IDENTIFICATION NO.	AUTOPSY NO.
PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date, hospital or medical facility)				REGISTER NO.	WARD NO.

DILLARD, VIOLATT ESTHER
 AFIP #1680114

AUTOPSY PROTOCOL
 Standard Form 903
 503-104

Autopsy Report - A024
AFIP #1680114

Name: DILLARD, VIOLATT ESTHER
Age: 51 years
Date of Birth: September 16, 1927
Sex: Female—
Race: Black
Date of Death: November 18, 1978
Date of Autopsy: December 15, 1978
Prosecutor: Douglas S. Dixon, Major, MC, USA
Witnesses: Robert L. Thompson, CAPT, MC, USN
Joseph M. Ballo, LTC, MC, USA
Kenneth H. Mueller, LtCol, USAF, MC
Rudiger Breiteneker, M.D., Baltimore, Maryland

Body Identification: The body was identified as Violatt Esther Dillard on the basis of fingerprints and dental comparison. Physical parameters including height, age, race, hair color, and sex are consistent with antemortem medical records and passport data. The name "E. DILLARD" was noted in the white shoes removed from the body.

Description of Clothing: The body was dressed in a white nurse's uniform with white shoes, a white scarf, a white slip, bra, panties and panty hose.

External Description: The body was received in a body bag; the remains were previously embalmed by trocar and coated externally with a white powder consistent with lime. The decedent measures 66 inches in length and weighs 180 pounds. The body is that of a black female consistent with the recorded age of 51 years. There is moderate postmortem decomposition with brown-green skin discoloration, venous hemolytic pattern, skin slippage and minimal gaseous distention of tissues. The epidermis of the hands has partially separated from the body in a glove-like fashion and has been utilized for fingerprinting. The head hair is grey-black and curly; it is loosely attached and easily falls away from the body. The thorax and abdomen are of the usual configuration; multiple striae are present on the abdomen. The genitalia are those of a normal adult female.

Evidence of Injury: There are multiple punctures of the tissues of the abdomen, upper and lower extremities; these measure 0.5 cm in greatest diameter and are consistent with artifacts due to trocar embalming. No other obvious injury is noted externally. The cheeks are resected to aid in dental identification.

X-ray Findings: Total body X-rays reveal no metallic fragments of any kind. No recent fractures are noted.

Body Cavities: The thoracic and abdominal organs are located in their usual positions and are markedly discolored and shrunken by decomposition. The membranes lining the pleural and peritoneal cavities are smooth, red-brown; the cavities contain red-brown fluid with the odor of formaldehyde. There are multiple, bilateral fibrous pleural adhesions with more involvement of the left than the right side.

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Internal Description

Cardiovascular System: The heart is normal in size and shape; it is dark red-brown with a flabby consistency. The great vessels are normally distributed. The cardiac chambers are of normal size; the myocardium is of normal thickness without evidence of old or recent infarction. The valves are free of disease. The coronary arteries reveal yellow, subintimal plaques as does the aorta. The pulmonary artery contains no thromboemboli.

Pulmonary System: The trachea and bronchi have a red-brown mucosa with no apparent lesions. The lungs are shrunken and soft. They are dark red-brown and filled with fluid on cut section. No discrete areas of consolidation are noted.

Gastrointestinal Tract: The mucosa of the esophagus is red-brown without abnormality. The stomach is empty with a normal dark red-brown mucosa. The duodenum, small and large bowel are normal.

Liver: The liver is shrunken but normal in shape. The capsule is wrinkled. The gall bladder is normally located and empty. No lesions are seen in either organ.

Pancreas: The organ is normally situated. It is red-brown, lobulated and free of lesions.

Kidneys: The kidneys are normal in size, shape and location. The cortical surface is rough and marked with numerous scars, greater on the left than the right. No lesions are noted. The ureters are normally situated. The urinary bladder is empty and free of lesions.

Reproductive System: The uterus and ovaries are atrophic but free of obvious lesions.

Spleen: The spleen is red-black, normal in size and free of abnormalities.

Adrenal Glands: The autolyzed adrenals are normally situated.

Neck Organs: The thyroid is normal without hemorrhages or masses. No hemorrhages are seen in the strap muscles. There are no fractures or hemorrhages of the bony or cartilaginous structures of the neck. The laryngeal mucosa is red brown, but without hemorrhages.

Brain: The brain is tan-green and liquified. Few normal structures remain intact. There are no obvious hemorrhages or masses. There are no skull fractures appreciated after the dura is stripped.

Specimens for Toxicology: Brain, kidney, muscle, liver, lung, stomach and spleen are submitted.

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Microscopic Description: Sections of lungs, heart, aorta, liver, spleen, stomach, kidneys, uterus and ovaries show no pathologic diagnoses other than marked postmortem decomposition with gaseous distention of tissues and loss of nuclear detail.

Comment:

Because of the condition of this body, specifically markedly decomposed and trocar embalmed, the specimens available for toxicology were less than optimal; standard methods for cyanide detection as well as more experimental approaches have failed to demonstrate cyanide in this case, although chloroquine in much less than toxic amounts was detected.

There is, however, a sound chain of evidence which makes acute cyanide intoxication a defensible and appropriate cause of death in this case. Press reports indicate that many people were witnessed to ingest a purportedly poisoned mixture. Records from Jonestown indicate the availability of bottled cyanide salts in large quantities, and scene photographs depict these bottles opened and placed near the cauldron of fruit juice. At the scene, Dr. Mootoo, consulting forensic pathologist to the government of Guyana, demonstrated cyanide in the gastric contents of sixty-five bodies both by field test and later in the laboratory and in the contents of syringes. Tests performed in the Division of Toxicology at the Armed Forces Institute of Pathology revealed cyanide in probably fatal levels in two of the bodies autopsied as well as in the contents of a syringe received from the scene. In the absence of any other apparent cause of death and with this clear evidentiary chain, it is reasonable and appropriate to attribute the cause of death in this case to acute cyanide intoxication.

The manner of death has been designated undetermined; there is no possible way to decide in an individual case whether the cyanide mixture was ingested/injected willfully or as a result of coercion.

Douglas S. Dixon, Major, MC, USA
DOUGLAS S. DIXON, M.D.
Major, MC, USA
Chief, Division of Forensic Pathology

Joseph M. Ballo, LTC, MC, USA
JOSEPH M. BALLO, M.D.
LTC, MC, USA
Chief, Missile Trauma Pathology Branch



PATIENT IDENTIFICATION	PLEASE USE AFIP ACCESSION NUMBER IN ALL CORRESPONDENCE
AFIP ACCESSION NUMBER:	1680114
DILLARD, VIOLATT E.	
PLEASE INFORM US OF ANY PATIENT IDENTIFICATION ERRORS	

ADDRESS REPLY TO THE DIRECTOR
ATTN: AFIP - CPL-T

18 April 1979

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

Specimens Submitted: Lung, kidney, muscle, stomach, brain, liver, and spleen.

AFIP DIAGNOSIS:

REPORT OF TOXICOLOGIC EXAMINATION

1. All tissues submitted were putrefied; the body was embalmed prior to autopsy.
2. Acid, neutral drugs - LIVER - None Found.
3. Chloroquine (1.8mg/100gm) was identified in the liver by uv spectrometry, thin layer and gas chromatography.

WILLIAM W. MANDERS
LTCOL, USAF, BSC
Chief, Division of Toxicology