Examination of a Teacher from El Salvador

Elizabeth Gordon and Arthur Keith Mant


Reproduced with the kind permission of The Lancet.

This article first appeared in The Lancet, 28 January 1984, pp 213-214.

Elizabeth Gordon MS FRCS is a Trustee of the Medical Foundation.
Arthur Keith Mant is Head of the Department of Forensic Medicine at Guy’s Hospital, London.

The views expressed in this article are those of the authors and do not necessarily reflect the policy of the Medical Foundation for the Care of Victims of Torture. www.torturecare.org.uk
Examination of a Teacher from El Salvador

Elizabeth Gordon and Arthur Keith Mant

On 19 October 1983, a medical examination was carried out on a 30 year-old-man, a teacher from El Salvador, who alleged that he had been arrested and tortured eighteen months previously. An interpreter was present and medical photographs were taken at the time of the examination.

Physical Examination

He was a fit right-handed man with a number of scars on the face, trunk, arms, buttocks, and both thighs. The scars were of similar appearance and age, with some keloid formation and hyper- and hypo-pigmentation. Each had an irregular outline.

Face
There was an irregular (linear) scar, widest just below and to the left of the midpoint of the lower left eyelid, which extended laterally to the upper anterior rim of the left helix.

Thorax and Upper Arms
A broad scar began to the right of the midline over the sternum and extended in tapering form across the left pectoral area and appeared to be in continuity with a linear scar which ran across the left upper arm terminating at the outer border of the triceps.

Forearms
There were faint hyperpigmented linear marks on both wrists.

Back
Two linear scars intersected in the mid-dorsal region. The long component extended from the left posterior axillary line to the right deltoid where it curved forwards and could be seen when the subject was viewed from the front. The shorter scar had a vertical component which began to the right of the midline and crossed obliquely in a cranial direction intersecting the previous scar at right angles and then extending to the right acromial region.

Right Thigh
There was a group of scars which radiated from the adductor region and extended as three components: vertically down the leg, diagonally across the back of the thigh, and curving round the thigh. There was a stellate scar in the natal cleft on both sides which extended close to the anal margin.

Left Thigh
A linear scar over the lower end of the quadriceps muscles curved around the thigh terminating over the fascia lata.
Opinion

The hyperpigmented lesions at the wrists are consistent with tight binding and appear to be of a different nature to the remaining scars on his body. The distribution of the scars on his trunk, back and legs are inconsistent with a self-inflicted injury in a right-handed individual. The irregular outline of the scars and the areas of altered pigmentation, together with the keloid elements are consistent with burning, and the state of healing of the scars indicates that they are at least twelve months old. The scars on the front of his body and face are broader nearer the midline and narrower where they extend towards the left. The upper scar on his trunk appears to be in continuity with a similar scar on the left upper arm. This would be consistent with scars from a corrosive liquid which had flowed over the body while in a horizontal position. The scar on the right adductor region, with its three linear components extending round the thigh, is also consistent with the flow of a liquid starting in the adductor region and flowing round the back of the thigh while the subject was recumbent.

The linear scars on his back are in the pattern of a cross, and the upper one has a broadened area consistent with a pooling effect. This is consistent with a flow of liquid while the individual was lying prone.

The scar in the natal cleft arises deeply in the cleft and is only seen in its extent on separating the buttocks. The stellate scar in the natal cleft is consistent with a “kiss” injury consequent on the apposition of the skin of the buttocks in muscle contraction as a response to pain elicited by the initial application of a corrosive material by another person.
The medical report and clinical photographs were submitted to a forensic pathologist who formed the same conclusion as the medical examiner.

The scars on the wrists were consistent with binding to the point of restraint. The remaining scars were consistent with burns from a corrosive liquid applied separately to the face, front of the body and adductor region while the individual was recumbent and to the back of the body and natal cleft when he was prone. The distribution of the injuries is not consistent with accidental or self-mutilation.

**Comment**

Apart from the application of acid, this man gave a history of other savage experiences which included beatings, being submerged to drowning point in a sink of water, the forcing of objects into the rectum, electrical torture and the forcible abduction and disappearance of his two-year-old son. The purpose of the examination was to establish clinical evidence.