



State Pathologist
Professor J Crane
MB BCH FRCPath DMJ (Clin et Path)

**The Queen's University of Belfast &
Northern Ireland Office**

State Pathologist's Department,
Institute of Forensic Medicine,
[REDACTED]
[REDACTED]

Ref: JCSW/F48933

20 October 1998

[REDACTED]
Department of the Director of Public Prosecutions
Belfast Crown Court
Royal Courts of Justice
Belfast [REDACTED]

Dear [REDACTED]

**Re: Belfast Crown Court
R -v- Marc Hobson
Bill No: 22/98**

I refer to your recent letter regarding the above.

I am enclosing, for your attention, copies of the handwritten notes made at the time of the postmortem examination of Robert Hamill and subsequently used for the preparation of my autopsy report.

The hospital notes and CT scans which I did have access to at the time of the autopsy have been returned to the hospital authorities.

Yours sincerely

J. Crane

**J Crane
State Pathologist and
Professor of Forensic Medicine**

Enc



THE QUEEN'S
ANNIVERSARY PRIZES
1994 & 1996

31514

*

Pathologist J.C. ✓

F. No. 48933

NAME: Robert HAMILL
 ADDRESS: [REDACTED]
 DATE OF DEATH: May 8 1997 AGE: 25 yrs.
 DATE OF P.M.: May 9 1997 Time: 2.30 pm
 MORTUARY: RVH
 CORONER: Mr. Lacey
 POLICE:
 Name: I. Monahan Rank: D. Insp.
 Station: hogan Tel. No. [REDACTED] Ext [REDACTED]
 CAN YOU IDENTIFY THE BODY? Yes
 DOCTOR/CONSULTANT: J. G. McAnallen
 Address: HC. Pooladown

CAUSE OF DEATH

I (a) Diffuse Brain Injury
 associated with
 due to fracture of skull
 (b) Blows to head
 due to
 (c)

II

ANATOMICAL SUMMARY

Head Injury
? Sepsaemia

Photos: Mr J. McEneaney
Soc: Mr. R. Ash

Statements Medical History Fit Form

HISTORY

He was single and he ^{usually} lived with his girlfriend and the children in hogan but on other occasions he would stay at his parents home in Pooladown. He was unemployed. He had been healthy and was being processed as always.

On the night of April 26, 1997 he had gone to a GAA club with ^{some} of his ^{friends} and friends. They left the club together at about 1.45 am the next morning, April 27, accompanied by his female friend. They were walking ~~together in the lane~~ and as they reached the main street they were ^{then} attacked by a crowd of youths who had gathered in the vicinity. This man was thrown to the ground and ^{was} seen to be killed and ^{upon} ^{several} ^{times} ⁱⁿ ^{the} ^{ground} ^{by} ^{some} ^{of} ^{the} ^{crowd}. According to the witness, possibly he or these men jumped on his head. The police were called to the scene and an ambulance was also ^{sent} when found on the road he was unconscious.

Microscopy <input checked="" type="checkbox"/>	Blood to Soc <input checked="" type="checkbox"/>	Alcohol <input type="checkbox"/>
Bacteriology <input checked="" type="checkbox"/> Spleen, CSF + lung	Urine <input type="checkbox"/>	C.O. <input type="checkbox"/>
Biochem <input type="checkbox"/>	Vitreous <input type="checkbox"/>	Screen <input type="checkbox"/>
Virology <input type="checkbox"/>	Gastro <input type="checkbox"/>	Others <input type="checkbox"/>
Store <input type="checkbox"/>	Liver <input type="checkbox"/>	Diatoms <input type="checkbox"/>
Specimen <input checked="" type="checkbox"/> BRAIN	Others <input type="checkbox"/>	

NOTES

He ~~was~~ was then taken to Craigan Hospital in Wickliffe at 2.00 am he was unconscious with a pulse of 100 beats per minute and a blood pressure of 160/103 mm Hg. He was breathing spontaneously but his nose was severely injured and obstructed. His pupils were equal and reacting. An ambulance was called and he was taken to the hospital. A sample of blood taken on admission revealed an alcohol concentration of 221mg per 100ml. It was then decided to transfer him by ambulance to the Royal Victoria Hospital for neurosurgical assessment - cont Page 2D

EXTERNAL EXAMINATION

The following items of clothing ~~were~~ ^{was} first removed from the body:

→ A pair of Red boxer shorts.

The body of a young man of average build weighing 75 kg & measuring 175 cm in length. Rigor present. Hypostasis of purple colour stained the back of the body.

Injuries were present in the following situations:

- Head: ① An area of red abrasion, 15 mm diam, on the left side of the ^{forehead} ~~forehead~~ above the temple & close to the hairline. Within it was a pinkish-red fine linear ^{puncture-wound} ~~puncture-wound~~, 2 cm long.
- ② A resolving reddish-purple bruise, 25 mm long, & up to 9 mm broad, across the upper eyelid of the left eye.
- ③ A spot of abrasion, 2 mm diam, on the nasolabial fold close to the left nostril.

Trunk: 1. A fading yellowish-purple bruise, probably ^{associated with} ~~related to~~ a ^{superficial} ~~superficial~~ laceration, 2 cm diam, on the front of the right shoulder.

② A fading yellowish-green bruise, 2 x 1 cm, on the front of the abdomen, 8 cm to the left of & 1 cm above the umbilicus.

Left Upper Limb: 1. Two fading greenish-purple bruises, 1 cm diam & 2.5 x 1.5 cm, on the outer side of the upper arm.

2. A number of blotchy fading bruises, the largest 3 x 2 cm, on the back of the forearm & wrist & on the back of the hand.

Right Upper Limb: 1. A fading greenish-yellow bruise, 3.5 x 2 cm, on the outer side of the upper arm.

2. A fading bruise, about 2 cm diam, on the front of the forearm close to the fold of the elbow.

3. A fading bruise, 15 mm diam, possibly related to two needle punctures, on the back of the hand just proximal to the ^{metacarpal-phalangeal} ~~metacarpal-phalangeal~~ MCP joint of the index finger.

Right Lower Limb: An area of indistinct yellow bruising, 12 x 14 cm, with more definite resolving bruising at its posterior extremity on the outer side of the pelvis & extending onto the buttock.

The following signs of treatment were present:

- ① Multiple needle puncture wounds on both sides of the neck, above the upper end of the right collar bone → ② ^{correct}

(A)

+ below the outer half of the collar bone

- ②. Needle puncture marks on the fold of the left elbow, on the thumb side of the wrist & ^{on} the back of the hand.
- ③. Intravenous cannulae projecting from the right forearm & the back of the right wrist.
- ④. Needle puncture marks on the top of the left foot.
- ⑤. A needle puncture mark on the top of the right foot. An intravenous cannula also projected from the medial side of the foot.
- ⑥. A urinary catheter projecting from the penis.

Eyes & Conj: N

Ears: N

Nose: There was a little scabbed excoriation of the left nostril

Mouth: There was no bruising. It contained natural teeth in fair condition in each jaw

Left Upper Limb: There was a tattoo, in coloured pigment, on the outer side of the upper arm.

Right Upper Limb: The letters 'RH' had been tattooed on the outer side of the upper arm.

Scrotum: Testes present

Scalp: when reflected there was ^{an area of} ~~some~~ bruising, 6 x 3 cm, on the left temporalis muscle & another area of bruising, 3 x 1 cm, over the right parietal region on its inner surface.

Skull: of normal thickness & density, varying between 3 & 10 mm. In the relatively thin frontal bone on the left side there was a browned fracture, 7 cm long, which extended downwards & medially into the roof of the left orbit overlying which was a little extradural haemorrhage. ~~It extended across the nasal line into the roof of the orbit~~ ^{u.p.i} ~~with trace~~

Ribs Spine + Pelvis: Intact

Abdominal Cavity (Internal): There was a little bruising on the muscles of the anterior abdominal wall on the right side of the front

The autopsy was concluded at 4:10 pm. I then handed to SOCO Ashe

- ① Sample of head hair
- ② Sample of blood from the body
- ③ Finger nail clippings

Brain - Examination after fixation

There was no surface haemorrhage or evidence of meningitis. No cerebral bruising was seen and there was no ureal or tonsillar necrosis. Sections revealed haemorrhage deep within the white matter of both frontal lobes, the left thalamus and external capsule, and diffuse vascular congestion throughout the white matter. No focal haemorrhage was seen in the corpus callosum although it was congested. There was no midline shift although the ventricles were compressed. There was no descent of the mamillary bodies. No lamina necrosis was seen ^{although there was} ~~but~~ possibly some necrosis of the left hippocampus. The pons showed the presence of diffuse punctate haemorrhage.

External GSW - Smashed with fingersHistory - could

On admission to the Intensive Care Unit at 6.30am he was being mechanically ventilated, his pupils were of normal size and were reacting to light. A CT scan of his brain was performed and this showed soft tissue swelling of the scalp but no apparent sub-cranial lesion. X-rays of his cranial spine were also taken but no fractures were detected. It was decided to stop his sedation and muscle relaxation today morning and as a result he began to make purposeful movements. He became very agitated and it was reported that he moved his hands to pain. The next day, April 28 he was still unconscious although reacting and moving his limbs. He was noted to be awaking progressively at this time. On April 29 he was extubated and transferred to the neurosurgical ward where he remained very agitated and required sedation with haloperidol. He had a further CT scan performed on April 30 but this showed no significant change from the previous one. On May 1 he remained extremely agitated and he was put on chlorpromazine to try to control this. On May 5 he was seen by a consultant in consultation and was thought that his symptoms were probably caused by cerebral ischaemia. On May 7 his temperature rose to 40°C and blood cultures were taken. At 3.40pm the next day, May 8 his condition suddenly deteriorated with a fall in his central oxygen and difficulty breathing. There he suffered a cardiac arrest. Attempts to resuscitate him were made including defibrillation and injection of adrenaline and manual respiration. He was eventually pronounced dead at 5.03pm, 11 days after the assault.

PLEURAL CAVITIES: *N.*

PERICARDIAL SAC: *N.*

ABDOMINAL CAVITY: *N.*

TONGUE: *N.*

PHARYNX: *N.*

OESOPHAGUS: *N.*

THYROID GLAND: *N.*

HYOID BONE and LAR. CARTS: *Intact.*

LARYNX: *The intiaitus was slightly oedematous. There was a little submucosal hemorrhage below the vocal folds.*

TRACHEA and MAIN BRONCHI: *Contained a little frothy fluid.*

HEART: Weight *367 gm.* *Of normal size there were moderate numbers of congestive hemorrhages on its surface.*

PULM. TRUNK & VALVE: *N.*

ATRIA: *N.*

AORTIC VALVE: *N.*

MITRAL VALVE: *N.*

CORONARY ARTERIES: *Healthy.*

LEFT VENTRICLE: *15mm thick. On section normal.*

RIGHT VENTRICLE: *3 mm thick. N.*

AORTA: *Healthy.*

ADRENAL GLANDS: N.

KIDNEYS: N.

LUNGS: The left weighed 567 g. & the right lung 813 g. They were
sp purple in colour with a heavy jelly-like texture.
Section revealed a dark congested oedematous tissue.

GALL BLADDER: N.

LIVER: 1479 g. On section normal.

SPLEEN: 227 g. It had a soft mushy texture.

RECTUM: N.

BLADDER: Contained some turbid urine. The mucosa was haemorrhagic.

PROSTATE/UTERUS: N.

INTESTINES: Int appeared N.

APPENDIX: N.

STOMACH: N. It contained some bile-stained fluid.

DUODENUM: N.

PANCREAS: N.

BRAIN: 1548 g. It seemed rather bulky with flattening of the
convolutions & grooving of the cerebral sulci. The meninges
appeared congested but translucent ^{with} the CSF appeared
a little cloudy.