

to produce the bruising, but it was obviously insufficient to cause damage to any of the intraperitoneal contents.

g) ARMS AND HANDS

Although several bruises were documented at autopsy, I find it difficult to try to decide how many of these were related to the incident on 27.04.97, and this is for two reasons. Firstly, I have no doubts that at least some of them have been caused by needle punctures during treatment, but I can not determine how many. Secondly, I agree with the concession made by Professor Crane (at pages 250-251 of the transcript) that some could have been caused in hospital during restraint, - for whatever reason. Consequently, whilst I could not disagree with Professor Crane's autopsy report comment that some of the bruises on the deceased's left forearm and hand "could have been sustained if the arm was struck whilst raised in a defensive gesture", I think that the evidence for this is rather weak.

h) RIGHT BUTTOCK AND THIGH

I can not imagine that this bruising was related to treatment, and I therefore think that it reflects trauma. Its appearance on photograph 14 suggests that it resulted from the partial coalescence of several smaller bruises, and these could have been caused by punching, kicking and/or stamping.

i) OTHER POSSIBLE INJURIES ELSEWHERE

It is, I think, very important to realise that eleven days elapsed between incident and death in this case. In this time period, abrasions and bruises (particularly small ones) would have been subjected to the normal healing processes, and they could well have healed completely (i.e. disappeared). Consequently, it is at least possible that there were other injuries sustained on 27.04.97 which were not apparent at autopsy because they had healed; in other words, absence of evidence is not necessarily evidence of absence!

2) CAUSE OF DEATH

Given all the information available to me in this case, both pathological and clinical, and both positive and negative, I believe that