

34. I essentially agree with Dr Reid's conclusions about hypoxia in her report at pages 72531 to 72533. I agree that there was perhaps hypoxic/ ischaemic change on or around the time of death and that this did not have an effect earlier on. However, Dr Reid gives a statistical statement at page 72533 that hypoxia contributed to worsening the initial brain injury by less than one third. I do not know of any literature or any mechanism that would allow me to make a statement like that. There was some terminal neuronal damage that could have multi-factorial causes: it could have been seizure related or hypoxic/ischaemic related. To be clear, for the reasons I have already stated, my view is that the hypoxia/ ischaemia was not related to Mr Hamill's initial condition.
35. I have been asked to comment on an aspect of Dr Todd's report at page 72644, where he writes, "We also need to be aware that uncommonly hypoxia in the absence of trauma can be associated with axonal injury". The medical papers he has reviewed refer to the change in terminology between diffuse axonal injury and traumatic axonal injury. Because many conditions can cause damage to axons, including hypoxia, a stroke or Multiple Sclerosis, I assume he means that there is a need to label the condition precisely as traumatic axonal injury or trauma. Looking at the case overall, the distribution of the axonal injury is absolutely consistent with trauma, and not with hypoxia.
36. I disagree with Dr Reid's conclusion at page 72533 that NMS caused Mr Hamill's death. I am not sure if I was aware of the CK serum levels at the time of my examination. However, the clinical pattern and the CK levels were not typical of NMS, and the autopsy findings did not suggest a mechanism as to how it could have caused death.
37. I did consider the possibility that Mr Hamill's death had been caused by NMS at the time of my examination. NMS is a very rare condition in which I have had a particular interest since I was a junior doctor in 1988. I saw a patient who was admitted to the medical ward from a psychiatric hospital, who was diagnosed with NMS and then died. I wrote a paper on this condition which I presented at the British Neuropathological Society meeting. I think it is still the case that this was the largest pathological series on fatal NMS published or presented.