NP 21.4.15

Dr Benjamin Swift MB ChB MD FRCPath(Forensic) MFFLM

FPS
Forensic Pathology Services

DPA

O Biedrzycki
N R B Cary
R C Chapman
A W Fegan-Earl
N C A Hunt
A J Kolar
S M Poole
R A Risdon
B Swift

STATEMENT OF WITNESS

(C. J. Act, 1967, s.9; M.C. Act, 1980, ss.5A(3) (a) and 5B; Criminal Procedure Rules 2010, Rule 27.2)

Statement of	*Benjamin Swift, MB ChB MD FRCPath(Forensic) MFFLM*
Age of Witness	*Over 18*
Occupation of Witness	*Consultant Forensic Pathologist*
Address	*Forensic Pathology Services* DPA

This statement, consisting of **11** pages signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated: 17 April 2015

Signed Signature

Range and Extent of Expertise

I qualified from the University of Leicester in 1998 (MB ChB). In 2005 I became a member of the Royal College of Pathologists by examination in Forensic Pathology and in 2008 became a Fellow (FRCPath(Forensic)). In 2004 I was awarded a Doctorate in Medicine (MD) by thesis in Forensic Pathology by the University of Leicester. I am a Member of the Faculty of Forensic and Legal Medicine of the Royal College of Physicians of London (2007).

Following post-graduate training in surgical pathology within the University Hospitals of Leicester NHS Trust, I commenced training in Forensic Pathology as a Specialist Registrar. I was later appointed as a Locum Consultant, also within Leicester. Following acceptance as a Member of the Home Secretary's Register of Forensic Pathologists in early 2006, I joined the Forensic Pathology Services; I have since been made a Partner in this Group Practice, the largest in England and Wales. I am therefore engaged full time in the practice of forensic pathology.

I have published on pathology and forensic pathology, including papers in peer reviewed journals and chapters in textbooks and encyclopaedias. I lecture regularly to various agencies and organisations, and I maintain membership of learned societies.

Along with colleagues I provide a suspicious death service primarily for East Anglia, though I also provide support to the South East of England (including London and surrounding counties). I also provide a service to the Falkland Islands when required.

Signature

Name Redacted Details seemed to match those of the drunk male found in the graveyard on 20th September 2014.

I was informed that Gabriel Covari had undergone a routine coroner's post mortem examination and that material for toxicological analyses was retained and his body had been repatriated to Slovakia for cremation.

Following a discussion regarding the forensic strategy, the post mortem examination commenced.

POST MORTEM EXAMINATION

PERSONS PRESENT

Stuart Denley	IO
Neil Gallagher	CSM
PC Mark Yexley	Continuity Officer
A/DI Rolf Schamberger	
Andrew Goddard	Photographer
DC Hooper	Exhibits Officer

EXTERNAL APPEARANCE

The body was presented wrapped in white sheeting being that of a white adult male, (Height 189cm (6'2) Weight 61.4kg (9st10)). ECG electrodes had been placed on the back of the left hand and on the hip region. An identity band was present to the right wrist confirming the identity of the deceased which was also identified to me at the start of the post mortem examination by the Identification Officer in attendance.
The head hair was brown measuring up to 5cm in length, shorter at the sides and back. There were numerous fly eggs present in the right temporal region. The ears were normal. The nose was palpably intact with what appeared to be gastric contents at the nostrils and an abrasion towards the top of the nose as described below. The eyes were clouded preventing positive identification of colour difficult, though they appeared to be brown. Numerous petechiae were present around both eyes. However, only occasional fine petechiae were identified upon eversion of the tarsal plates and lower eyelids, Small petechiae were present behind both ears, but none could be identified within the buccal mucosa. Bruising was present in the midline of the neck as described below. There were numerous acneiform-type lesions to the right side of the forehead, the cheeks and the neck. Bloodstained secretions were noted at the left side of the edge of the hood which was pulled up and on the front of the left shoulder and biceps with a smaller amount on the edge of the front pockets of the zipped up hooded top.
The fingernails were short and relatively clean showing no evidence of traumatic injury. The genitals were normal with a foreskin present. There was prominent vascularity to the anus with discolouration to the anal margin at the "9 to 12 to 3 o'clock" positions (lithotomy position): there were no lacerations or abrasions. Following *en bloc* dissection of the anal canal, there was blotchy areas of subserosal haemorrhage within the para-rectal tissue only. The body hair had been shaved short, particularly to the abdomen, but it also appeared to have been shaved to the lower legs. The legs themselves were as described, else normal. There was purple/blue discolouration to the right ring and little fingers and the ulnar edge of the hand. This discolouration has possibly arisen from the wet jeans.

Signature

THE DECEASED WAS DRESSED IN THE FOLLOWING ITEMS OF CLOTHING

1. A pair of blue Adidas trainers, (UK size 11). The laces were done up. They were easily slipped from the feet without undoing the laces.
2. A pair of grey ankle socks.
3. A pair of navy blue jeans which were damp to the touch, (Denim Dept 1904 size 32R). Through the waist loops was a blue fabric Crosshatch Limited Edition belt with a white metal buckle which was done up, the buckle pointing towards the right side. The belt and showed a degree of fraying to the other end of the belt at its upper edge. The pockets at this time were empty.
4. A pair of light blue Lonsdale boxer shorts. These were slightly soiled and were wet, with no label.
5. A light blue zip-up hooded top, (H&M size medium). This was done up to the very top with the hood pulled up over the head and the cords knotted at the front. The knot was photographed *in situ* and the garment removed without undoing this tie.
6. A t-shirt with a printed picture design to the front of Los Angeles, (Next size medium).

THE FOLLOWING OLD MARKS AND SCARS WERE PRESENT

1. Acneiform scarring to the right side of the forehead, up to 0.3cm.
2. A series of parallel horizontal linear scars to the outer right upper arm passing down across the elbow joint to the back of the right forearm. This involved an entire area of at least 53cm vertical and appeared also to continue across the back of the wrist onto the back of the hand. These measured individually up to 6 x 0.8cm vertical and would be in keeping with acts of previous deliberate self-harm which had healed.
3. Horizontal parallel linear scarring to the radial border of the right forearm from its upper half to the front of the wrist. Individually these measured up to 4.5 x 0.3cm and similarly would be in keeping with the acts of previous healed deliberate self-harm.
4. Multiple horizontal and diagonal linear scars to the front of the right lower leg, to the outer calf and front of the shin. Individually these measured up to 5.3 x 0.3cm involving an area of at least 22cm vertical x 17cm horizontal and was centred 35cm above the right heel. These would be in keeping with acts of previous deliberate self-harm.
5. Multiple parallel horizontal and diagonal linear scars which had all healed to the lower aspect of the outer half of the left upper arm, crossing the elbow joint onto the distal left forearm. This incorporated an area of at least 38cm vertical x 8cm horizontal and individually measured up to 5 x 0.5cm vertical. These would be in keeping with acts of previous deliberate self-harm.
6. Multiple parallel linear scars up to 1.1 x 0.3cm vertical to the front of the upper half of the left forearm in an area 10 x 6.5cm horizontal. These would be in keeping with acts of previous deliberate self-harm.
7. A scar 0.8 x 0.7cm to the left kneecap.
8. Scarring up to 2.5 x 2.5cm over the left tibial tuberosity.
9. Diagonal linear scars to the outer left calf passing towards the shin, up to 5 x 0.3cm with its upper half, centred at least 39cm above the heel.
10. A teardrop shaped scabbed lesion 1.4 x 0.4cm vertical with an interrupted tailing line passing upwards and medially formed by punctate abrasions to the outer left shin, in an area 1.7 x 0.2cm, 30cm above the heel. This was surrounded by an almost targetoid area of bruising, 4.4 x 5cm horizontal. The central area was green 2.5 x 1cm.

Signature

INTERNAL EXAMINATION

CARDIOVASCULAR SYSTEM

The pericardial sac was normal. The heart showed a normal morphological appearance externally. The coronary arteries showed a right-sided dominance and, on sectioning, showed mild to moderate (up to 30-40% eccentric) atherosclerotic stenosis notable within the mainstem of the left coronary artery. There was no complete occlusion or thrombosis. The atria, auricular appendages and ventricles showed plum coloured endocardial discolouration only. The endocardium, papillary muscles, chordae tendinae and cardiac valves were otherwise normal. The aorta was normal throughout its length and all major branches were patent. The venous system was normal.

RESPIRATORY SYSTEM

Formal layered neck dissection was performed anteriorly and posteriorly following adequate drainage of the anatomical region. This revealed the following areas of bruising:

1. A 6 x 2.5cm horizontal streaky area of bruising to the clavicular head of the right sternocleidomastoid which continued over the mid clavicle. Bleeding was also present between the heads of the sternocleidomastoid extending into the thoracic inlet.
2. 2.5 x 1cm vertical bruising to the left sternohyoid muscle at the cricoid.
3. A 3 x 1cm bruise within the left omohyoid inferior belly.
4. Patchy bruising to the left sternothyroid muscle.
5. A blush of haemorrhage over the left side of the cricoid cartilage.

The hyoid bone was springy but non-fractured. There were no fractures within the superior cornu of the thyroid cartilages. Bruising was present within the tissue surrounding these however. The carotid arteries were normal. The cervical spine was intact. The larynx, vocal cords, trachea and both major and minor bronchi contained a mixture of frothy mucoid material and probably gastric content. The mucosa showed erythematous changes throughout. The pleural cavities were normal and dry. The hemi-diaphragms were normal. The ribs, sternum and thoracic spine were intact. Bruising was present to the chest as described below. The lungs were expanded showing congestion and oedema on sectioning and possible aspirated gastric contents. There was no consolidation, infarction or malignancy. The pulmonary arteries were free from thromboemboli.

GASTRO-INTESTINAL SYSTEM

The mouth, tongue and pharynx were normal. There was no bruising at the base of the tongue nor at the tip. The oesophagus was normal. The stomach contained a moderate quantity of semi-solid food material. The mucosa was discoloured. The small intestine and large intestine showed patchy areas of subserosal haemorrhage both at the caecum and in loops of the small bowel. There appeared to be no definite distribution pattern associated with these. The appendix was present and normal. The peritoneal cavity was normal and dry. The omentum and mesentery were normal. The biliary tree was patent and the gall bladder contained bile only. The liver was normal on sectioning showing autolytic changes only. There were no focal lesions or lacerations. The pancreas was normal.

GENITO-URINARY SYSTEM

The renal capsules stripped easily to reveal smooth subcapsular surfaces. On sectioning corticomedullary demarcation was evident and the pelvicalyceal systems were normal. The ureters drained into a normal bladder containing a moderate quantity of straw-coloured urine. The prostate showed autolytic changes only. The testes showed no evidence of bruising on inspection.

Signature

TOXICOLOGY

Samples of blood, urine, stomach contents, vitreous and hair were retained following completion of the post-mortem examination for toxicological analysis. **Despite repeated requests to be provided with the results, it was not until the 15th April 2015 that I was forwarded a copy of the witness statements of Denise STANWORTH, dated 21st November 2014 and a copy of the Streamlined Forensic Drug Report produced by Michael DAY, dated 19thh November 2014.**
Please refer to the complete reports for full consideration of the results. However, the following is noted:

The small bottle recovered from the deceased contained Gamma butyrolactone (GBL), a Class C compound.
The toxicology results indicate a high blood concentration of Gamma hydroxybutyrate (GHB) and a high concentration of diphenhydramine.
Mephedrone was also present in a concentration likely to reflect the use of abuse amounts.
Only a very low concentration of alcohol was noted.

COMMENTS

1. The body was that of a white adult male showing no evidence of significant natural disease that could have caused or contributed to his death.

2. The body of the deceased was found by a dog walker in a churchyard on 20th September 2014. He was apparently slumped to his left side, clothed and partially wrapped in a dark blue bed sheet. In his left hand was a handwritten note in a clear plastic sleeve which I have been informed has been positively identified as being within the deceased's handwriting by the next of kin. The note indicates that the deceased had possibly taken GBH with "sleeping pills".

3. Post mortem examination identified bruising below both arms in the armpit regions of the chest which continue around to the front of the chest wall. This is an unusual distribution to have been caused accidentally and may have occurred as a result of manual handling of the deceased, most likely prior to death.

4. Congestion was present at the anal margin and I was informed that the deceased was gay. However, there were no definite injuries to indicate traumatic sexual assault. Swabs for sexual contact have been taken and could be analysed, should this be of concern.

5. Streaky bruising was also identified within the structures of the neck. This, in combination with the florid petechiae present around the eyes, raised concerns regarding potential compression of the neck as a factor in his death. However, there was no damage to the hyoid bone (*horseshoe shaped bone at the base of the tongue*) and no damage to the cartilage of the larynx (*voicebox*). Further, there was no bruising within the tongue, nor any abrasions of a fingernail-type nature or fingertip bruising to the structures of the neck. There is therefore not enough evidence to support positive confirmation of fatal compression of the neck having played a factor in his death, a view that would appear supported by the toxicology results. It is possible that some, or all, of these findings may be accounted for by a terminal episode of vomiting with hypoxic seizure event.

Signature

6. Toxicological analyses have revealed the presence of a concentration of Gamma hydroxybutyrate (GHB) at a concentration considered likely fatal. It would appear that this has arisen following ingestion of Gamma butyrolactone (GBL, a pro-drug that is rapidly metabolised into GHB): a small bottle found upon the deceased was tested and shown to contain GBL.
   GHB acts as an anaesthetic drug producing a sedative effect and has been implicated in "date-rape" cases. Ingested in high concentrations, GBL/GHB may lead to coma and result in respiratory depression and inhibition of the protective airways reflex, such that a person may experience terminal aspiration of vomit; indeed, gastric content was identifiable within the upper and lower airways suggesting such a terminal episode.

   Diphenhydramine was also present, being an antihistamine medication that may also be used for its mild sedative action in treating insomnia.

7. There were no marks of an offensive, defensive or restraint-type nature.

8. At the debriefing, it was strongly recommended that further examination of the bed sheet within which he was apparently wrapped be examined and positive confirmation made of the handwriting, to ensure that the body of the deceased had not been moved into the position within which it was found by a third party, either whilst the deceased was in a moribund state or already dead. I have, to date, not been made aware of any of these findings.

9. This report has been subjected to a Critical Conclusions Check in accordance with the Code of Practice for Forensic Pathologists held by the Forensic Science Regulator.

CAUSE OF DEATH[2]

Ia. **Gammahydroxybutyrate Toxicity**

Signature

Dr. Benjamin Swift MB ChB MD FRCPath(Forensic) MFFLM
Consultant Forensic Pathologist
Member of the Home Secretary's Register of Forensic Pathologists

EXHIBITS LIST

BS/1 Fingernails left hand
BS/2 Fingernails right hand
BS/3 Right trainer
BS/4 Left trainer

[2] *The information given within this report represents my understanding of the views, opinions and circumstances of this case based on the information that I have received to date, either in writing (all forms) or by oral communication. I recognise that in part this may reproduce or rely upon witness statements, oral communications or hearsay evidence of second parties and that the information given to me by others may or may not be factually correct at the time of my consideration.*

I reserve the right to reconsider any aspect of this report should a significant typographical or grammatical error, or factual inconsistency, be identified that could be misinterpreted by a reader. I also reserve the right to reconsider any aspect of this report, including the cause of death, should further factual information arise that contradicts the information provided at the time of the post-mortem examination, upon which I have based my interpretations.

Signature