

WEST MIDLANDS POLICE

STATEMENT OF WITNESS

(C.J. Act, 1967, s.9; M.C. Act 1980, s.102; M.C. Rules 1981 r.70).

BLOCK OUT DATES
WITNESS NOT AVAILABLE

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ENTER / IF NO DATES
TO BE AVOIDED

Emigrating to
Australia
7th January 1987.

Name Jeanne M. McGivern

Age 26 (Yrs.) Date of Birth 10.8.57

Occupation

Home or business address and telephone number 226 Quinton Road, Harborne B17 0RG. tel: 426 5010
The General Hospital, Steelhouse Lane, B4 6NH

This statement, consisting of pages each *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 the 27th day of November, 19 86

Signed [Signature]
Signature witnessed by [Signature]

Clark Edward PEARCE, aged 22 years

In the early hours of the morning of Sunday 16th November 1986, I was called to Casualty Department as they had been alerted about the arrival of a patient with stab wounds. By the time I arrived to see the patient he was in Room 1, in the Casualty Department of Birmingham General Hospital. He was shouting at the top of his voice, thrashing around the trolley, and was being held down by a porter, some ambulance men and some nurses. He had two intravenous lines in his right arm, through which he was being given plasma expander. At that stage the preliminary management was underway, blood having been taken for cross match, and pressure being applied to a bleeding wound in the left loin.

On closer assessment the patient appeared alert, although he smelled of alcohol and was extremely unco-operative. Clinically he was shocked, that is to say he was pale, with cool peripheries. His pulse was rapid, about 140 beats/minute, and was palpable only barely at the brachial artery. His systolic blood pressure was 80 mm. of mercury. Intravenous fluids were in progress at this time. On a brief assessment for emergency management, I noted a stellate laceration over the left eye which was not actively bleeding, and a small puncture wound below the left eye. There was a superficial wound on the left side of the neck. The apparently most major wound was an irregular and deep cut in the left loin around the bed of the 11th and 12th ribs, which was bleeding profusely, and on probing extended

Signed [Signature] Signature witnessed by [Signature]
*Delete as applicable

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WG 413
(S.O. 622)
(amended 9.81)

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Continuation of statement of..... Jeanne M. McGivern on Clark Edward PEARCE

inframedially and deeply. There was another small wound on his back which appeared superficial on probing, and lay approximately over the 4th rib, halfway between the left posterior axillary line, and the mid line.

There was a further superficial laceration to the right of the midline, slightly above the latter cut. There was no surgical emphysema around any of these wounds to suggest a lung injury. Examination of his chest revealed equal expansion on both sides, a central trachea, and a resonance to percussion with both sides being equal. His abdomen was soft, and minimally tender but bowel sounds were absent. Both femoral pulses were palpable. There was also a small rash to the left knee. A diagnosis of probable retroperitoneal haemorrhage from the lowest of the left sided posterior wounds was made, and it was thought that a large structure such as the renal cortex, or the aorta was causing the bleeding. By the end of the assessment the blood pressure had improved following administration of intravenous fluid, his pulse had come down to 120 beats/minute, and systolic blood pressure was 90-95 mm. of mercury.

At this stage the patient became very agitated and vomited the contents of his stomach in the form of undigested pieces of food. During this time attempts were made to take a chest xray and we ensured that adequate blood was available cross matched. At that time I called my superior, who was on call from home, but was summoned back to the Resuscitation Room, as the patient had deteriorated. On examination he appeared more shocked than he had been a few minutes before, and once again there was profuse bleeding from the left loin wound. An intravenous line was reinserted into his right external jugular vein and two units of emergency universal donor O-negative blood were given. This brought his blood pressure up to 120/60 mm. of mercury and his condition was much improved. At that time I made the decision that the patient must go to theatre urgently for a thoraco-laparotomy. He was therefore transferred up to the operating theatre while I spoke to his sister, who was the only relative available, for consent for exploration of the wound. I explained that this may well involve opening both the abdomen and the chest, and that we were worried about the left kidney. However by the time I arrived in the operating theatre the patient was on the operating table and had been intubated with an endotracheal tube. Apparently he had pulled his lines out on the way up to

Signed.....

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the theatre, and by the time he was on the table he had once again become profoundly shocked, and had an unrecordable pulse, and blood pressure.

The chest was being adequately ventilated, but at this stage the pupils were dilated. External cardiac massage was applied and this provided a good output as measured by femoral artery palpation. At that stage the Senior Registrars in anaesthetics and surgery arrived, and a left chest drain around the 6th intercostal space and right central venous line into the internal jugular, were inserted. He was given more cross-matched blood, and external cardiac massage continued for about 30 minutes. However, the heart would not start despite the administration of bolus injections of adrenaline and calcium, and the attempt at resuscitation was abandoned.

The patient's sister was informed, and she was understandably extremely upset, refusing to believe that her brother had died. Eventually we were able to calm her down and to administer 10mgs of Diazepam orally. At that stage I left the department.

The following morning I was called to the Coroner's Court to attend the postmortem, and to identify the marks which had been caused by therapeutic intervention, so that they might be differentiated from those caused by the alleged assault.

Jeanne McGivern

Signed *Jeanne McGivern*

Signature witnessed by *[Signature]*