

Peter Robin Acland sworn saith :-

I live at 20 Clarendon Road, Edgbaston, Birmingham, and I am an appointed Pathologist to the Home Office.

On Saturday, 24th March 1984 I was called at 11.30 by Chief Superintendent Cole of the West Mercia Police, and together with inspected the body of Hilda Murrell that was found in a copse near Hunkington. The body was lying adjacent to a tree on her right side. The right arm was flexed and lying in front of her, and the right leg was slightly flexed. She was wearing a brown overcoat which was buttoned up. The top clothing was slightly pulled up, and she was naked from the waist down, apart from a sock on the left foot. The other sock was found a few yards behind her and a dress was found a few yards beyond that. She was cold to touch. Rigor mortis was beginning to wear off. There was bruising and blood around the left side of the face. There were cuts to the palms of both hands. Both knees were severely abraded and there was pink discolouration. There was a bruise on the left hip. On pulling up the clothing several wounds were noticed in the right upper abdomen to be described later. There was no obvious evidence of bruising or injury to the neck. There was no evidence of petechial haemorrhages in the eyes. There was some blood staining on opening the coat from the region of the abdomen. Car keys and a blood stained handkerchief were found in the right coat pocket. There was slight bruising and swelling to the left wrist - evidence of rheumatoid arthritis. Two articles of footwear apparently belonging to the deceased were noted placed at intervals between the copse and the road. There had been heavy rain within the previous 24 hours, but earlier that week it had been very cold and dry.

At the edge of the road adjacent to the field where the copse was situated was a white Renault motor car belonging to the deceased.

The body was removed and the post mortem examination commenced at the Copthorne Hospital, Shrewsbury at 18.25 hrs.

Clothing included a mid-brown overcoat with incised holes in the mid front portion, multi-coloured woollen cardigan, purple cardigan which also contained holes in the right lower region, white nylon slip and a white vest which also contained holes. There was a green/brown sock on the left foot.

The body height - 5' 6½" and weight - 109 lbs, was that of an elderly white woman. There was grey hair tied in a bun. There were severe rheumatoid arthritic changes, particulars in the wrists and fingers with ulna deviation (this is a distortion of the hand). There was slight swelling of the knees and lateral deviation of toes. Rigor mortis was wearing off. Hypostasis was faint in the right lateral position. There were large areas of abrasion of both knees and this showed pink discolouration. There was no evidence of bruising or injuries to the scalp. On the right side of the face was a diffuse bruise, over the right

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forehead, around the right eye, across the right cheek measuring 10 x 6 cm.

There was a split in the skin just below the right eye. The nature of this injury was probably due to a broad blunt impact. This could be due to the car accident, but equally likely due to kicking. It is slightly less likely to be due to punching, although this is still a possibility. It again is less likely due to falling or stumbling.

There was a bruise to the left side of the chin measuring 3.5 cm diameter. Again it is uncertain as to the nature of this injury. It could be due to punching or falling. There were 2 faint scratches to the left side of the neck and a 1 cm diameter bruise to the mid lower neck just above the supraclavicular notch (this is the mid-portion of the neck). Some dried blood was present in the right ear. She had a cataract in the right eye. No petechial haemorrhages were noted. The mouth appeared uninjured. The upper jaw was edentulous. The lower teeth appeared unremarkable. No other injuries were noted to the head or neck externally.

On the anterior trunk there was a diffuse bruise over the right shoulder and over the upper portion of the right chest, measuring 12 x 10 cm. This corresponded to a fracture of the clavicle (the collar bone) in the lateral third of the clavicle. On the right arm 12 cm below the point of the shoulder in the region of the biceps muscle was a penetrating incised wound measuring 2 x 0.8 cm. This corresponded with a smaller incised wound on the medial aspect measuring 0.5 cm. A probe showed communication between the two wounds and hence a penetrating wound had transfixed the arm at this point. Just to the right of the midline between the umbilicus and the line of the nipples was a superficial scratch horizontal in nature measuring 4 cm long. In the region of the right upper abdomen in the costal margin there were a group of penetrating incised wounds. These are best seen in the diagram. The first was 3 cm away from the umbilicus and was a small incised wound measuring 0.6 cm in length. ~~3 cm beyond this were 2 adjacent wounds measuring 0.6 cm in length.~~ 3 cm beyond this were 2 adjacent incised wounds, the lateral wound measuring 1 cm and the medial wound measuring 1.2 cm in diameter. 1.6 cm beyond this was a further incised wound measuring 1.8 cm long. 2.5 cm beyond this was an incised wound measuring 0.5 cm long.

On reflection of the skin an area of haemorrhage was noticed over the right lower ribs. An incised wound was noted through the inferior border of the costal margin medially measuring 1.4 cm long. The anterior superior portion of the liver showed 2 incised wounds; the lower wound was medial and measured 0.7 cm in length, and penetrated about 1.5 cm.

The higher incised wound associated with surrounding bruising measured approximately 0.9 cm in length and perforated approximately 2.5 cm. On dissection 2 distinct points were noted at the deeper level, as though the penetrating instrument had

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moved in the wound. There was a little free blood in the abdominal cavity measuring about 150 mls. In my opinion the wounds were disabling but not fatal. On the anterior portion of both knees were large areas of abrasions which were pink in colour. Just above the left area of abrasion medially were a few faint scratches. On the mid-portion of skin 14 cm above the lateral malleolus (the outer part of the ankle) was a laceration 1 cm long. There were no other injuries to the anterior trunk. There were no injuries to the posterior trunk, but soiling by earth and debris was noted over the buttocks. The external genitalia appeared normal. There was a reddened polypoid lesion at the external meatus. There was a naturally occurring phenomena. There was no evidence macroscopically of sexual assault.

The right hand showed rheumatoid arthritic changes with ulnar deviation. On the dorsum of the right hand was an abrasion with partial avulsion of the skin at the base of the right thumb. There was bruising over the dorsum of the hand measuring 3 x 2 cm with faint splits in the skin. There was a bruise of 1 cm in diameter over the radial head and there was a diffuse bruise 4 cm diameter over the ulna 4 cm proximal to the wrist. On the ventral surface of the right hand was a 4 cm sharp shallow incision extending across the palm from the thumb, then in continuation there was a further incision 0.6 cm away at the base of the ring finger. This in my opinion is consistent with a defensive wound, as though grasping a sharp implement.

The left hand - Dorsal surface - there was diffuse congestion over the knuckles. There was a small superficial nick in the webbing between the middle and ring fingers about 0.3 cm long. There was a bruise on the dorsal surface over the ulna head of 2 cm diameter. On the ventral palmar surface was a 3 cm incised wound across the palm on the thenar aspect which again is consistent with a defensive incised wound.

Internal examination

The heart and major vessels were quite normal. For the age of the deceased the respiratory system was quite normal.

The stomach contained coffee ground material (blood which is discoloured by the acid in the stomach). Numerous punctate erosions were noted in the mucosa and this is a feature consistent with hypothermia. The duodenum was normal. The biliary tree was patent and not dilated. The gall bladder appeared normal. The liver showed the wounds as described, but otherwise was quite normal. The pancreas, splenic and portal veins appeared normal. There was a small quantity of free blood in the abdomen. Although it was perhaps contributory to the death, I don't think she died of blood loss. The endocrine system was normal. The Reticulo-endothelial system was normal. The Genito-urinary system - I found no evidence

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of sexual assault. The kidneys and the internal organs were all normal.

In the central nervous system, the scalp showed bruising in the right temporalis muscle (this is just over the side of the head). The skull was intact. The meninges appeared normal. The brain weighed 1415 grms and appeared unremarkable. There was slight atrophy of the right optic nerve. There was no evidence of trauma to the brain or natural disease.

The Musculo-skeletal system - There were changes of rheumatoid arthritis with subluxation of the wrists. There was also the fracture described of the right collar bone. The larynx showed bruising around the hyoid and thyroid cartilages. The hyoid bone appeared particularly fragile and there were small fractures in both posterior cornu. There was no evidence of asphyxia. The only bruise was to the lower neck and a few scratches to the left side of the neck. The damage to the larynx is in my opinion consistent with mugging by the arm of the assailant.

In my opinion, death was due to :-

- Ia) Hypothermia
- b) Penetrating Wounds to the Abdomen with Multiple bruises to the face

I finished the post mortem at 21.15 hours. The persons present included:-
Det. Chief Superintendent Cole, Superintendent Needham, Detective Constable Kent, Det. Constable Collins and Police Constable McCormick.

EXD. H.M. CORONER

This lady died of Hypothermia, and there was some evidence that she had been crawling. I cannot be certain that she died in the exact spot where she was found, she could have died up to 100 yards away, but within that area. It is not possible to say exactly when she died, but in my opinion, I would have thought she died between 5 and 10 hours after being abandoned. In my opinion it is likely that she died on the 21st March 1984.

EXD. MRS. BUTCHER

A second post mortem was carried out, but I was not the one who made the decision for the second post mortem to be carried out. Dr. Gower carried out the second post mortem, and he sent me a copy of his report. He entirely agreed with all my findings and my conclusions. No new evidence came to light as a result of this. It is possible that the body could have been moved after death, but the phenomena known as post mortem hypostasis which is where the blood settles down after death, was consistent with how the body was lying. That's usually a good indication that the body hasn't been moved after death. It takes some hours for the hypostasis to develop so that it is a possibility that within a few minutes after death it could have been moved, but I would have thought that if it had been any longer than an

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hour or so after death, then the changes of this hypostasis would have indicated to me that there had been some interference after death.

There were about 4 or 5 stab wounds in the lower abdomen, there was a penetrating wound to the upper arm, a fracture of the clavicle and injuries to the face and neck. There were also defence wounds to both hands: These are typical injuries you would see in somebody who is fighting off an attack from a sharp weapon. I think the weapon was probably a knife. I can't confidently say that it was a single or double bladed knife, but probably more likely to be a single bladed knife. It is possible that had she received medical treatment immediately after the attack she would not have died. I think that an elderly lady with some moderately serious injuries, in very cold weather, would die of hypothermia within 5 to 10 hours. Had she received medical treatment within that period she may have survived.

The transfixing wound to the arm would not necessarily involved a lot of force to make a wound of that nature. Once a knife has penetrated the skin, unless it meets bone, it will carry on travelling, so the clothing and the skin are the most resistant parts of the track of the knife. It would pass quite easily through the biceps muscle. These wounds would not have to be inflicted by a very strong person. I cannot say positively, but the weapon is more likely to be about 1 cm wide and about 5 cm in length; something like a kitchen knife. I am cautious about drawing too many conclusions from the evidence we have had, but I think that from the evidence I saw, Miss Murrell may have been trying to escape from the car and was pursued and possibly frogmarched with an arm across her neck, and the knife held towards her. Struggle further ensued which resulted in the other injuries, but I can't say this with any great degree of certainty. The injuries to the knees were, I think, due to her crawling around. It seems probable that any wounding that was done would be consistent with an attack whilst she was upright, but I can't rule out the fact that she may have fallen to the ground and then been kicked around the head or shoulder.

A blood stained handkerchief was found in the right pocket of her coat, which was adjacent to the stab wounds but I am not sure whether the handkerchief was stained because of this, or whether she used the handkerchief to mop up some earlier injury. I can't remember the exact proximity of the pocket to the knife wounds. The evidence suggests that she had been stabbed through her clothing. The abrasions to her knees would be consistent with her crawling. This may explain in fact why some of her lower clothing may have come away from her as she was crawling along on her knees. Her hands had the defensive wounds, there was some bruising which may or may not be due to either the assault or to crawling around, but the knees where much more markedly affected by the abrasions than the hands.

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I wouldn't like to say whether the abrasions on the hands were consistent with crawling, or whether they were due to the assault. The abrasions on the knees could have been consistent with her being dragged. This is a possibility, but I did not notice any other abrasions to the wrists, legs or to the toes which you might expect if she was dragged. I can't exclude that she might have been dragged.

The bruise to the face appeared to be a broad blunt impact. Because of its broad nature, I think it is less likely to have been caused by a fist, a kick is probably more likely, although there was a car accident, so I think we must bear in mind that some of the injuries may be due to this. As I understand it there were no blood stains on the window of the car, but I'm not certain about this, so the kick is the strongest possibility of the options.

H.M. CORONER

In a case such as this it is the Coroner's duty after he has had the first post mortem carried out to retain the body so that when a person is charged they can have their own post mortem carried out, in order to properly conduct their defence. In this particular case I was advised after a period of time that the natural processes were reaching a stage when it would shortly thereafter be quite impractical for a second post mortem to be subsequently carried out if somebody was charged. Advice was taken, and we were advised to have a second post mortem so that that second post mortem could be made available to the defence if and when somebody was charged.