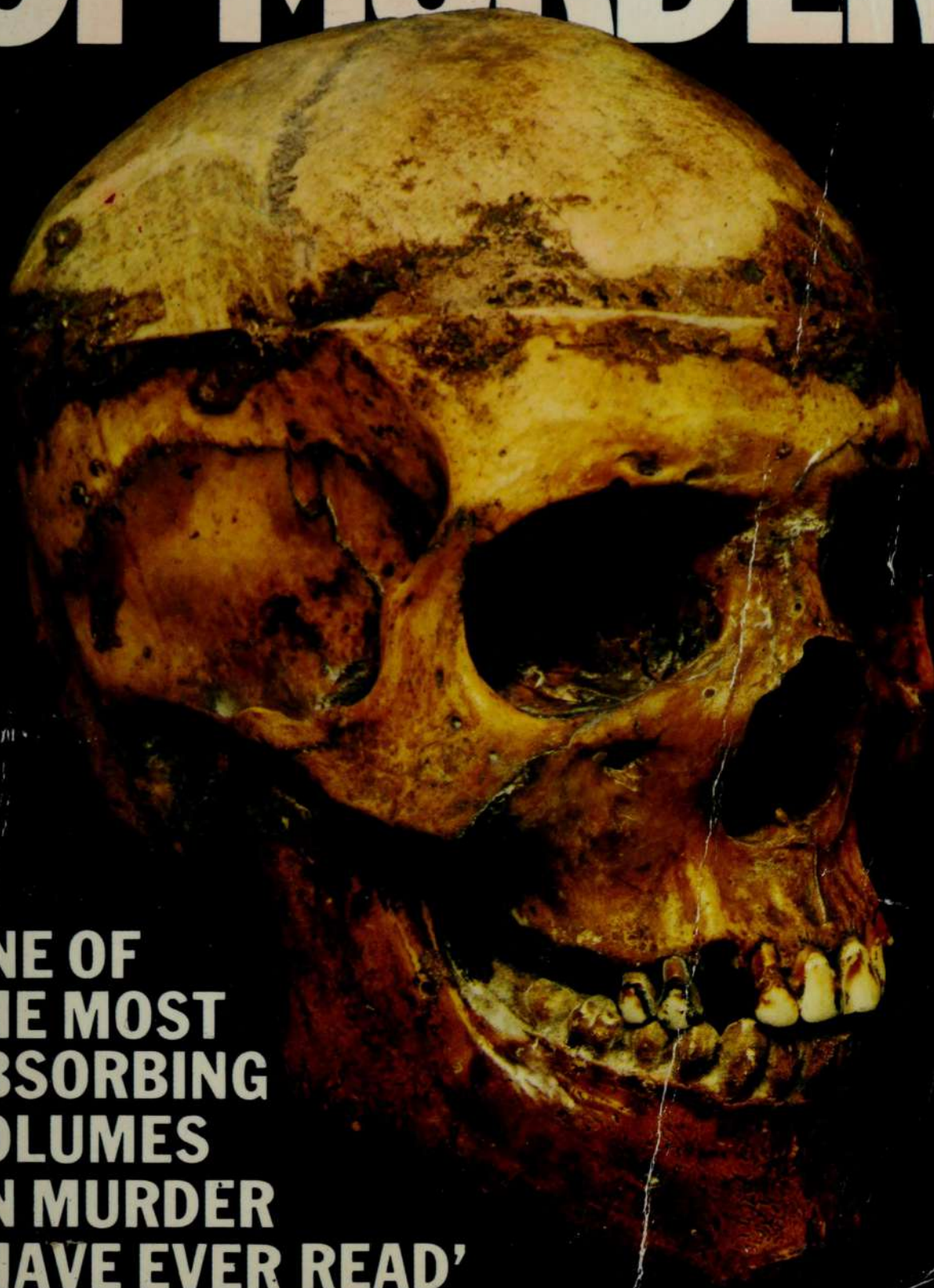


PROFESSOR KEITH SIMPSON

FORTY YEARS OF MURDER



**'ONE OF
THE MOST
ABSORBING
VOLUMES
ON MURDER
I HAVE EVER READ'**

EVENING NEWS

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CHAPTER 18

With Camps and Teare: Christie and Evans

In the late 1940s it became increasingly clear to Camps, Teare and myself that we needed some common ground for the discussion of cases of unusual difficulty. Until then Spilsbury, Taylor, Temple Grey, Stephenson and their colleagues had each pursued their work in an isolation that seemed to us both unnecessary and a little risky; it was increasingly being said that Spilsbury had no comparable opposition if there was an area for any difference of opinion, and that this was not good for justice 'being seen to be done'. It applies to us all: we need well-informed opposition, proper testing of our views and an occasional grilling in court to ensure real fair-mindedness.

We therefore invited the only man who at that time stood head and shoulders above everyone in both academic stature and experience, Professor (later Sir) Sydney Smith of Edinburgh University, to be first President of a new society, an 'Association in Forensic Medicine'. One evening, shortly after, we four met at a little Soho restaurant, appropriately named the 'Bon Accord', and founded a body that has flourished ever since, and now numbers every pathologist in the United Kingdom whose services may be called upon for crime work.

For the next ten years or so we 'Three Musketeers' – the name had stuck – took on the bulk of the medico-legal work in and around the metropolis. There was ample, for Spilsbury and Taylor had left the scene, and there was no hint of competitive envy if one or other of us was called to a 'big case'. I had the classical 'Baptist Church' case of Dobkin, the Luton 'sack murder', Heath and Haigh; Camps had Sergeant Marymount of the USAAF, Setty (Hume), and later Christie; and Teare had the 'porthole case' of

Camb, the 'cleft chin' murder, Podola, and later Evans. We were all hard put to get through our day's work (so many autopsies, attendances at court, often at the quixotic convenience of the law) and the need that Spilsbury never had to build up the medical school teaching and research departments that the university had at last entrusted to us.

In spite of all this, Teare and I sensed that 'FEC' was increasingly grudging us cases that he would have liked to be called to. With increasing frequency he could be seen in court behind defence counsel in cases in which Teare or I appeared for the Crown, to try to create uncertainty, often on very flimsy grounds, in the minds of the jury. It was not in the interests of justice, and on several occasions it drew critical comment from 'Joe' (later Sir Richard) Jackson, Assistant Commissioner (Crime) at New Scotland Yard. Matters came to a head in a curious reversal of roles none of us expected when a man whose mother-in-law's body was found in a tin trunk, months after her death, was charged with her murder and committed for trial at the Chelmsford Assizes on the medical evidence Camps had given before the magistrates. He had said she had died of asphyxia. Though the body was dried up and disintegrating, Camps had told the magistrates that he had found the tiny pin-head-sized petechial haemorrhages in the lungs that gave proof of this.

Derek Curtis-Bennett, KC, a very experienced counsel, found this difficult to accept when he took up the defence: he put the matter to each of us.

'Quite beyond the bounds of possibility,' I said, looking at the police photographs of the mummified body. The lungs were shrivelled and disintegrating – dust to dust.

'Camps has gone too far this time,' commented Teare drily.

It was just as Curtis-Bennett thought: proof of asphyxiation was lacking. 'I'll need you both in court,' he said, 'though I doubt very much if I'll need to call either of you.'

He had Teare and me sit close behind him, just to be seen by Camps as Curtis-Bennett rose to cross-examine. It worked. Camps, looking deflated, failed to repeat the evidence he had put on paper with regard to petechiae, and when he said 'I could not be certain, but I thought ...' Curtis-Bennett realized he had gained his point. Turning round to both of us, he said, in a voice loud enough for the whole court to hear, 'Thank you, gentlemen, I think I do not need you further.'

That is what lawyers call 'not coming up to proof': failing to repeat in court what you set out in your original report. If Camps had not had firm and public opposition from Curtis-Bennett, backed by Teare and myself, he might have got away with evidence that was not (he must have known) proper in the circumstances.

Edgar Lustgarten, himself an experienced counsel with an astute eye for detail, commented, some years later, in reviewing Robert Jackson's biography of Camps, that though setting out confidently enough, Jackson was 'first surprised, then halted, finally overwhelmed, by unfavourable evidence from sources unimpeachable' that the subject of his biography was not as sound as a Crown pathologist is expected to be.

It was disappointing. Camps had great enthusiasm for his job, and very considerable ability. But to aver, as he frequently did, that he was providing a 'new brand of forensic pathology and laboratory service' which his colleagues could not equal, was hardly calculated to maintain good working relations with his fellows: it was, moreover, untrue.

In 1960 he formed a separate 'Academy of Forensic Sciences' which he invited solicitors and barristers engaged in criminal bar work to join in an endeavour to improve standards in the presentation and handling of medical evidence in court. Again he made the mistake of belittling his fellow pathologists – this time the hundreds of hospital consultants, saying that they were not competent to perform

medico-legal autopsies and court work. It was no surprise that when the Royal College of Pathologists was formed, in 1963, his colleagues failed even to nominate him for the Council, a body to which Teare and I were both elected. Camps was bitterly disappointed by this: he refused to discuss the matter with anyone, and drew further into an isolation which was in sad contrast with the amiable companionship that had existed when we all set out together on our 'careers in crime'. He died in 1973, refusing to submit himself to surgery that he quite rightly knew had been needed months earlier: an unhappy man, I felt, who had never sought, as we all have to do, the respect and goodwill of his own colleagues.

Donald Teare was a much more endearing colleague: a solid, likeable man with a good sense of humour, competent both in the field and in the witness box, very like his 'guv'nor' at St George's, Dr John Taylor – the only sound 'opposition' Spilsbury had ever encountered in court. Teare and I found our attitudes very similar, and I cannot remember a single occasion during the forty years we have worked together on which we have differed substantially in professional matters. Once only, at the Old Bailey, a 'situation' was created by a defending counsel to whom I was giving help over an abortion case:

'Can you,' he said to Teare in cross-examination, 'think of any single person more experienced in this field than Dr Keith Simpson?' He was, of course, 'building me up' for his own purposes.

Teare was equal to the occasion. He smiled disarmingly, then: 'You embarrass me,' he said, after a pause.

He and I had, of course, equal experience in the field: it just happened that I had written on an aspect of abortion deaths that gave my counsel an opportunity of putting up a defence for his client. Teare listened to a long quotation from an article I had written on delayed deaths from air embolism in abortion, then said:

'Yes, that is of course a possibility.'

Honour was even. And we both enjoyed the situation: it had not escaped the judge, either. He smiled.

Seldom did Camps respond with such charm. To him opposition was a personal challenge.

Once, and only once, we three were 'on the job' together. It was a famous case, probably the most famous for all of us.

The occasion was an exhumation, and the disinterment was unusually well attended in spite of the unsocial hour. We met in the Roman Catholic cemetery of the Royal Borough of Kensington at Gunnersbury Lane on 18 May 1953, at the usual exhumation hour of 5.30 a.m.; those who arrange these affairs, and doubtless sleep through them, have always assumed that if timed at the crack of dawn an exhumation will be a quiet, private affair. To make doubly sure, and because this was a *cause célèbre*, the authorities had erected barricades, closed the cemetery to unauthorized persons, and sent a patrol of thirty constables to keep out the public and the Press. In spite of these precautions hordes of newspaper reporters and photographers with telescopic cameras lined the raised Bath Road embankment as the coffin was lifted; and, as usual, many early risers found time to stop and stare on their way past the cemetery railings in the hope of a glimpse of what was, admittedly, no ordinary exhumation. It had been asked for by the defence lawyers, not the prosecution; the prisoner protested his guilt, not his innocence; and another man had already been hanged for the double murder three years before.

I represented the accused, and the Attorney General had nominated Camps to carry out the post-mortem examination. Teare was with us because he had carried out the original autopsies in December 1949. A fourth doctor, not a pathologist but a psychiatrist, Jack Abbott Hobson, was present in the background for the defence.

We looked down into a pit nearly five feet deep, for the

headstone had been lifted and most of the earth removed before we arrived. The coffin was the top of six in a common grave. The lid was cleaned and the plate exposed and photographed by the police. Then the coffin was freed at the sides and lifted out. The undertaker, the mortuary superintendent, and the gravedigger solemnly identified the plate. It said there were two bodies in the coffin: 'Beryl Evans, aged 19 years' and her daughter, mis-spelt 'Jeraldine', of 14 months. We were pleased to see that the wood, which was one-inch elm boarding and kerfed, was in good condition, with the lid only slightly warped. I consented to a slight raising of the lid to allow the escape of gases before the coffin was removed from the cemetery. Then my Jean Scott-Dunn and I escaped from all those prying eyes and cameras to breakfast at the de Vere Hotel in Kensington.

We reassembled at 8.15 in Kensington Mortuary, where we were joined by L. C. Nickolls, Director of the Metropolitan Police Laboratory, and two Chief Inspectors: George Salter, the Scotland Yard liaison officer, and George Jennings, who had identified the bodies at the original autopsies and was going to try to do the same again. Jennings was the officer who had taken down Timothy John Evans's confession and charged him with murdering his wife and daughter.

Evans was convicted only of the murder of his daughter, though most of the evidence was directed to prove that he had murdered his wife. The reason for this paradox is that English criminal law procedure does not allow a person to be tried for more than one murder at a time but may allow evidence of murders other than the one for which he is tried. When there are two or more indictments, the prosecution chooses which to take first. The case against Evans was much stronger for the murder of Beryl, and she had been killed first; but the prosecution chose to proceed with the murder of the child because it carried no danger of a provocation-and-manslaughter defence. The two crimes were considered a single transaction, and after a legal

wrangle the judge allowed all the evidence concerning the murder of the wife. Everyone involved – prosecution, defence, the judge and later the three learned judges of the Court of Criminal Appeal – accepted that both murders had been committed by the same person, and it seemed indisputable at the time; but another judge, Brabin, reviewing the evidence sixteen years later, was to conclude this assumption was probably false. There is a common belief that the Brabin Inquiry found that Evans did not kill his wife. As a matter of fact it found that he probably did.

Evans had been convicted of the murder of his daughter Geraldine on 13 January 1950, after a trial at which he refuted his confession to the murder of both Beryl and Geraldine and accused the chief witness against him, John Reginald Halliday Christie, of having committed both murders himself. Christie had had opportunities as he lived in the same house, but as he had no apparent motive the Crown counsel dismissed the accusations as ‘bosh’. The jury concurred and Evans was executed.

Three years later the remains of six more female bodies were found in the same house. Two had died several years before Beryl and Geraldine, the other four afterwards. When Christie was caught, wandering on the Thames Embankment near Putney Bridge, he admitted he had killed them all. Later he confessed also to the murder of Beryl Evans, and that was where I came in.

There was no mystery about Christie’s motive for murder, which had been thought non-existent at the trial of Evans. Camps and Nickolls discovered this before his arrest. Two of the bodies were only skeletons that had been buried in the garden about ten years before; but the other four had been dead only a few months and, by chance, had been stored in cool dry surroundings (Christie’s kitchen alcove) with some air movement, almost perfect conditions for preservation. All were more or less clothed, but none wore knickers. In the most recently dead

(about twenty days) Camps found whitish material exuding from the vulva and inside the vagina. He took vaginal swabs from all four bodies, and under the microscope three of these showed the presence of spermatozoa. The exception was Christie's wife.

The exhumation of Beryl and Geraldine Evans had as yet nothing to do with the Evans case, which was officially filed as solved. Christie's lawyers had decided his only possible defence was insanity, and they thought seven murders might seem slightly madder than six. Christie was sane enough to appreciate this opinion, which he paraphrased for the prison chaplain: 'the more the merrier' was the way he put it to that shocked clergyman.

It seemed hardly likely that a relatively small addition to Christie's score could make any difference to the verdict at his forthcoming trial, but the reason for the extraordinary public interest in the exhumation had little to do with Christie. If he had killed Beryl, Evans had not, and therefore might well not have killed Geraldine either. (Christie had not confessed to the murder of the child, but reticence would be understandable: there could be no extra merriment in the destruction of a girl so far from nubility.) So we knew, when the lid came off that coffin, that we were looking for evidence that might prove an innocent man had been hanged.

Christie was, in the psychiatrist Hobson's words, a 'pathological liar'. He also affected to be a strict moralist, and each of his confessions included a spurious justification for the crime. He pretended the murder of his wife was a mercy killing; in two other cases he said his victim had started a fight; finally he said Beryl Evans had asked him to help her to commit suicide.

Christie's four most recent victims had all been killed by strangling with a ligature, and he said he had used the same method on the two that time had reduced to skeletons. In

three of the four bodies Camps had examined (Mrs Christie was the exception) he had observed clear signs of carbon monoxide poisoning which had been confirmed by examination of the blood with a spectroscope. Vaginal swabs from the same three bodies proved that sexual intercourse had taken place at about – one can never be sure whether it was before, during, or after – the time of death.

Christie's first confession to the murder of Beryl Evans – made to his solicitor, Roy Arthur of Clifton's, in Brixton Prison – followed the same pattern: gassing to unconsciousness, followed by strangling with a ligature and sexual intercourse. When he repeated his confession to Dr Hobson, Christie said he was not sure which of the latter occurred first. Clifton's had supplied me with a copy of Teare's original autopsy reports and asked me if I thought there was anything in the medical evidence that supported his confession.

The strongest item was that Beryl (and Geraldine too) had been strangled with a ligature, Christie's invariable technique. Most stranglers use their bare hands. On the other hand Teare's report showed that Beryl had been beaten up before death: a black eye and a bruised upper lip suggested punches on the face, and there were more bruises on her thigh and leg. These injuries were alien to Christie's style of murder. Teare had also noted two marks on the posterior wall of the vagina – one an old scar, and beside it a small bruise which, Teare said at the magistrates' court, 'could have been caused by an attempt at forced intercourse or in a struggle'. Later he thought it had more probably been a self-inflicted injury caused by a syringe that Beryl seemed to have been using to try to abort herself (she was four months pregnant). Her body was found fully clothed except that she wore no knickers, but Teare did not take a vaginal swab for laboratory examination. 'Had he done so, he would almost certainly have found traces of Christie's spermatozoa,' Ludovic Kennedy wrote in his best-selling *Ten Rillington Place*; and I doubt

if a more reckless over-statement can be found in all the millions of words written about the Evans-Christie case.

Teare's report was most revealing in something it did not say. If Christie had gassed Beryl, her skin and tissues would have been cherry-pink. This characteristic sign of carbon-monoxide poisoning could not possibly have been overlooked by a pathologist of Teare's care and experience in a case of obvious murder. Camps had observed it very clearly on three other bodies, two of which had then been dead about two months. Beryl's body, almost equally preserved, had been dead less than a month at Teare's autopsy. Moreover, with characteristic thoroughness Teare had made a routine laboratory test for carbon monoxide and found none.

I would not in any case have expected to be able to find a residue of carbon monoxide in a body that had been buried more than three years, but there was another reason for the exhumation. When the police searched that notorious house where Evans and Christie had lived they found a two-ounce tobacco tin containing four separate tufts of human pubic hair. They had been teased out, forming ringlets, each of which occupied a corner of the tin. They were all interlocking so that they were held in what Mr Justice Brabin described as an 'artistic display'. Clifton's gave me to understand that Christie acknowledged ownership of these trophies and had said he had taken one from the body of Beryl Evans.

Kensington Mortuary, built in 1883, was typical of the kind of premises we had all three been campaigning to have scrapped. The post-mortem room was walled with glazed white tiles and had two operating tables, each lighted by a 500-watt bulb overhead. The lighting was adequate: a detail of some importance, as it was in this room, with exactly the same lighting, that Teare had performed the original Evans autopsies and that Camps had examined the bodies of Christie's last four victims.

A whitish mould hung down in stalactites from the inside of the coffin lid. The shroud was overgrown with the same mould, but the bodies were clearly outlined underneath. The child lay on top of the mother, who was on a bed of brown damp sawdust. We waited for Chief Inspector Jennings to see if he could identify the bodies for the second time in the same mortuary. This proved unexpectedly easy, for, to everyone's surprise, both bodies had been marvelously well preserved for identification purposes, by the formation of adipocere.

Adipocere is seldom well developed in bodies buried in coffins, which seem to decompose more rapidly than those without, but it had been favoured by some unusual conditions: the cold weather at the time of death, the position of the bodies in the outside washhouse, and the effect of the rather wet common grave and the well-drained sandy soil.

At the first autopsy the child's body had been described as almost black with post-mortem changes: now it was whitish-yellow. Camps lifted out the little body and stripped off a second thin shroud, and we saw that the mother's body was equally well preserved, and of the same whitish-yellow colour, except for an area on both thighs, which was pink.

Cherry-pink!

'I want specimens of the thigh tissue for carbon-monoxide analysis,' I told Camps.

'Yes, of course I'd like you to do that,' Teare said to me immediately.

He was cool and unflurried, and clearly confident that my tests would prove negative. It was a tense moment, but the only person flustered was Camps.

'I'm in charge here,' he said tersely. 'I'm going to do this my way.' It was pure bluster, and I could only think he was irritated by our agreeing on the matter before he could say a word. He would have preferred us to argue and ask him for a ruling. 'I'll deliver all the specimens to Nickolls, and

you can examine them at Scotland Yard,' he added in a truculent tone.

I had, of course, a right to examine anything I wished for the defence, but I said nothing, and the moment of tension passed. As Camps continued the autopsy I noticed that the cherry-pink colour was beginning to fade. It had evidently been preserved by the contact with the body of the child and was disappearing on exposure to the air. I thought Teare probably had good reason not to worry: it looked like nothing more sinister than 'post-mortem pink'. The tests would show.

The hair on Beryl's abdomen and pubis was in a normal condition, and appeared complete except for a small portion that had adhered to the shroud. I could not see any sign of a tuft having been cut out – but there was no trace either of the removal of a sample by Teare at the first autopsy. I asked him how much he had taken. 'Just a pinch': he held a few hairs between his thumb and forefinger to demonstrate. I showed Camps the area of abdominal wall I wanted for further examination, and asked also for a sample of the debris containing hairs that had sloughed out of the skin.

Camps reopened the body by cutting Teare's sutures. The organs were remarkably well preserved. The lungs, although dehydrated, were easily recognizable.

They were pink, cherry-pink, just like the area over the thighs.

Again the colour disappeared on exposure to air.

The heart and other organs gave clear evidence that Beryl had died, as Teare had said, of asphyxia. Then, most remarkable of all, came the uterus, vagina and vulva all in one piece, complete with pubic hair, just as Teare had removed it for examination three years before. We could measure the uterus and see that it had been in a pregnant state. I inspected the vagina and cervical canal and saw the two small marks on the posterior vaginal wall which Teare identified as the scar and the bruise he had noted at the

original autopsy. The pubic hair gave no evidence that a tuft had been cut away.

Four teeth in the garden had not been proved to belong to either skeleton, and so we had arranged for Beryl's jaws and teeth to be sent with them to Bernard Sims, the lecturer in Dental Pathology at the London Hospital. I looked at Beryl's teeth and saw the crowns were cherry-pink. We had all seen 'pink teeth' in cases where no question of carbon monoxide had arisen, but of course this too called for analysis.

The material that we had earmarked for laboratory examination was placed in sixteen jars, each sealed by Salter, carefully labelled. I approved the re-burial of the body on behalf of the defence, and it was put back in the coffin with Geraldine and interred the same evening. Nickolls and I made a joint examination of the materials at the Metropolitan Police Laboratory, with the Lab liaison officer, Chief Inspector Salter, looking on. As Nickolls was sure to be called by the prosecution at Christie's trial, and I had been engaged by the defence, I was careful not to give anything away; and under the surface of our common professional interest this good friend of mine was equally withdrawn from me.

L. C. Nickolls - 'Elsie' to those who penetrated his veneer of sharp wit and caustic barbed comment - had succeeded Holden as Director of the Laboratory in 1951. I had already worked with him on several cases before he mentioned to me casually, on a train back to London from a West Country poisoning trial, 'I don't suppose you know, but I got my first job in the Civil Service as a result of a testimonial by our family doctor, a GP called Dr Simpson of Brighton.' There was a twinkle in his eye, for he knew Dr G. H. Simpson was my father.

Nickolls had already proved his worth as a Director of a Midlands Home Office laboratory, and at the Scotland Yard labs he was a winner: a good organizer and a natural 'chief', quick to perceive the right types for an efficient lab

staff and tireless in trying to improve the standard of equipment. It was certainly not his fault that we had to examine Beryl Evans's pubic hair and Christie's trophies with a comparator microscope that compared unfavourably with the instrument in my own lab at Guy's.

We had first gone over the material from the autopsy again with a hand lens to see if the pubic hair had been defaced in any way. I concluded that while Teare could well have plucked a few hairs, in the way he had shown me, without it being evident even at the time, a specimen the size of Christie's trophies could not have been removed without leaving a visible mark. The cut ends of hair would still be showing if it had been cut, and if it had been plucked (to be trimmed afterwards) the area would show on the skin.

Taking a representative sample of Beryl's pubic hair, we compared it with each of the four tufts in Christie's tobacco tin. Three of these were entirely different. The fourth, however, was identical in colour, thickness, and general microscopic structure. The hair was mid-brown and of a very common type, and equally identical specimens could have been found on about 15 to 20 per cent of the population – literally millions.

We examined each of the identical specimens in greater detail, to see if there was perhaps an unsuspected difference; and we found that most of the hairs in Christie's trophy had been cut at both ends. In each case one cut was recent, and had presumably been made by Christie when he took the hairs from the body; the cut at the other end had rounded off and was about six months old. The hairs in the sample from Beryl's body were uncut.

There were a few exceptions, but the ends of these were rounded, while old cut ends of those from the tobacco tin were quite heavily frayed.

The conclusion was inescapable: the hairs in the tobacco tin could not have been taken from Beryl's body at the time of her death.

Next we examined the parts of Beryl's body on which we

had seen the distinct pink coloration. There was no blood left, so we ground up some of the muscle tissues with a little water, and filtered it in a Buchner funnel. If carboxy-haemoglobin was present the filtrate would be strongly pink. It was practically colourless and had no traces of carbon monoxide.

The dental experts who examined the 'pink teeth' reached a similar conclusion.

Nickolls of course gave me what Camps had refused: material from the exhumation to examine in my own laboratories at Guy's. I repeated the tests we had made together, with the same results: the tests were only repeated in order that the defence should feel satisfied that they were 'independent'.

'I am obliged to say that not only has exhumation proved unrewarding,' I concluded my report to Clifton's, 'but to some extent (in the failure to match hair samples) providing evidence which goes to dissociate any sample of hair found in the possession of Christie from the hair of Mrs Evans. I hope Counsel will appreciate that, under the circumstances, I can offer no useful assistance to the defence . . . with reference to the deaths of Beryl or Geraldine Evans.' I also expressed the opinion there was nothing in Teare's original autopsy that appeared to have been overlooked.

Clifton's wrote asking me if there could have been carbon monoxide in Beryl's body when she died. I replied that if there had been it was very probable it would no longer have been detectable at the exhumation, three and a half years later, but that it would have been evident a month after death, when Teare performed his autopsy. 'No one could reasonably suggest that a pathologist of Dr Teare's ability and experience could possibly have overlooked coal-gas poisoning in a case of such a nature,' I added. 'One is always on the watch for more than presents itself as the main issue in crime investigation.'

This at least was one matter on which Camps and I were agreed; Teare could not have missed carbon monoxide if it had been there.

Three days after I posted this additional report to Clifton's, they asked the police to take a statement from their client in Brixton Prison. They could, of course, have done this any time since his arrest, more than two months earlier, but presumably they wanted him to know the results of the exhumation before he committed himself on his alleged murder of Beryl Evans. I think his statement shows he had tried hard to avoid saying anything that might be discredited by my report or by Teare's original autopsy report which I had endorsed:

She begged of me to help her go through with it, meaning to help her to commit suicide. She said she would do anything if I would help her. I think she was referring to letting me be intimate with her . . . I got on my knees but found I was not physically capable of having intercourse with her owing to the fact that I had fibrositis in my back and enteritis. We were both fully dressed. I turned the gas tap on and as near as I can make out, I held it close to her face. When she became unconscious I turned the tap off. I was going to try again to have intercourse with her but it was impossible. I couldn't bend over. I think that's when I strangled her. I think it was with a stocking I found in the room. The gas wasn't on very long, not much over a minute, I think. Perhaps one or two minutes.

It was rather different from his 'confession' to his solicitor and his psychiatrist. The time of the gassing had been reduced to minimize the post-mortem evidence; for the same reason sexual intercourse had been reduced to an attempt, the intention being left intact; and not a word about 'scalping' Beryl's pubic hairs. On the contrary. Christie added a postscript to his statement:

The pubic hair found in the tin at 10 Rillington Place came from the three women in the alcove and from my wife. I feel certain of this, but I can't remember when or how I took it.

Christie, who purported to be hopelessly confused, especially about times and dates, could also be remarkably precise and alert. Three days later he wrote: 'There is the possibility that as the gas tap was only used for a very short time (1 to 1½ minutes), after a month (app.) there may not have been signs in the body.' What he did not know was that a minute or two was hardly long enough to make Beryl unconscious, and that a dose large enough to cause loss of consciousness would also cause a visible saturation in the blood.

Christie was tried for the murder of his wife only, and the prosecution did not lead any evidence about his other ghastly crimes. The defence made up for this, and in the witness box Christie repeated his confession to killing Beryl Evans. I was in court, at his solicitor's request, but I was not called to give evidence. If I had gone into the box I could only have supported Nickolls's opinion that none of the tufts in the tobacco tin could have been taken from Beryl Evans's body at the time of her death. Yet the opinion was rebutted, to everyone's surprise, by Dr Hobson, the psychiatrist who had watched the exhumation and the subsequent autopsies.

Hobson, who was Consultant Physician in Psychological Medicine at the Middlesex Hospital, had been called to give evidence about Christie's state of mind in support of the insanity plea, and this took up some considerable time. Right at the end of his evidence Derek Curtis-Bennett asked him about the tuft from the tobacco tin that resembled Beryl's pubic hairs. 'Can you tell us how, if they are Mrs Evans's, both ends became cut?'

'Yes,' said Hobson. 'Very many women trim the hairs

actually on the sex parts, on the vulva . . . it is particularly common in pregnancy, particularly in pregnancies which are unwanted, and with wives of unsympathetic husbands.' (This was not at all my experience in a wide variety of autopsy cases.) 'I think again,' Hobson went on, 'an abnormal person, the sort of person who would collect gruesome trophies like this, would be much more likely to collect hairs from the sex organ itself than from the abdomen.' Nickolls and I had found correspondence of one coil of hairs in the tobacco tin with Beryl's pubic hairs; therefore, Hobson said finally, 'it is still not impossible that those in the tin were the hairs of Mrs Evans.'

Hobson had not been present at the laboratory examinations or he would not have assumed that we had failed to inspect the ends of the vulval as well as pubic hairs. But his remarks apparently took the prosecution by surprise: the Attorney General scarcely cross-examined him on them, except to suggest they were 'pure speculation', which Hobson denied. In his closing speech the Attorney General conceded that the hair in the tin could have been Beryl's. He could afford to do so. Whether Christie had killed Beryl was of such little importance in this trial that Hobson himself had not even mentioned the possibility when giving evidence about Christie's mental state. Pinning a seventh murder on Christie would not affect the answer to the only question at issue, which was whether or not he had been insane according to the McNaghten Rules. In spite of Hobson's pleas the jury decided Christie had not been insane, and he was found guilty of murder and sentenced to death.

But had he killed Beryl Evans? The question that mattered so little at Christie's trial assumed immense importance outside the court. Suddenly British justice itself was put on trial. Members of Parliament, the public, and the Press demanded an official investigation. The Home Secretary appointed a senior QC, John Scott Henderson, to carry out an inquiry in private.

Scott Henderson asked Nickolls about Hobson's vulval-hair theory, and Nickolls gave two reasons against it. He said the hairs in the tobacco tin were long and coarse and therefore pubic, rather than short and fine; and the only cut hairs we had found on Beryl – which Nickolls said were vulval – were rounded at the ends and not frayed like those in the tobacco tin. Had I been asked to give evidence (I merely had to attest to my report to Clifton's) I would have supported Nickolls entirely on the second point. We had found no hairs on Beryl with frayed ends like those in Christie's trophy. I would also have said I did not think pubic and vulval hairs could be distinguished all that easily.

Hobson said the fact that some of Beryl's vulval hairs had been cut supported his theory, and he also told Scott Henderson he thought Teare could have missed the signs of carbon monoxide at Beryl's original autopsy. The fact that it had been detected in the three bodies from Christie's kitchen alcove was, Hobson thought, 'due to Camps's brilliance'. This seemed a remarkable judgment by a psychiatrist, especially as Camps, by no means modest about his abilities, had said Teare could not have missed it. Hobson added the suggestion that if Beryl had inhaled gas for only a minute or two, as Christie had said, 'the struggle which followed would have resulted in deep breathing, which itself would have washed out all traces of carbon monoxide from her body'. As a matter of fact the effect of a struggle would have been the opposite: she (and also Christie) would have inhaled more gas.

Scott Henderson preferred the opinion of three pathologists to that of a psychiatrist on both the pubic hair and the carbon monoxide. After interviewing Christie himself in prison he concluded that his confession to the murder of Beryl was false and that there could be no doubt that Evans had killed both his wife and his child. He published his report on the day set for Christie's execution, on which date Christie was duly hanged.

That was still not the end of the affair. Fifteen years

later, after continued pressure, the case was re-heard in public, at the Royal Courts of Justice, by Mr Justice Brabin, a quiet scholarly man of great patience. The main hearings took place on a total of thirty-two days, spread over several months. The Evans family were represented by counsel (Sebag Shaw, QC); so were Teare, Camps, Hobson and the Metropolitan Police. I was not. We all repeated our evidence, and again the three pathologists concerned were in complete agreement. Mr Justice Brabin accepted our opinions, rejected Hobson's theories, and dismissed Christie's 'confession' to the murder of Beryl as false. His final conclusion was, however, quite unexpected. *'More probably than not,'* he said, *'Evans had killed Beryl but Christie had killed Geraldine.'*

If so, Evans had been executed for the wrong murder. He was thereupon given a posthumous free pardon and his body was exhumed, not for a second autopsy but for reburial outside Pentonville Prison.

A Member of Parliament who objected to the free pardon pointed out that Mr Justice Brabin had confirmed Evans's guilt in the murder of his wife. The Home Secretary replied that Evans had been pardoned because it was for the murder of the child that he had been tried and hanged. If the prosecution had chosen to proceed with the charge of killing his wife, as Evans's defenders thought it should have done, and if he had then been convicted and executed, as was likely, presumably no pardon would have been forthcoming, and his remains would still lie under a prison yard.

'One wonders about the possibilities of there being two stranglers living in the same tiny premises,' Derek Curtis-Bennett said in his defence of Christie; and disbelief in this coincidence was the whole basis of the widespread public belief that Evans might be innocent. Nobody questioned his conviction until the bodies of Christie's victims were found. But the Brabin report upheld the coincidence,

and it never seemed to me very far-fetched. Coincidences are far more common in life than in fiction.

In her Introduction to *The Trials of Evans and Christie*, F. Tennyson Jesse pointed out that Christie's last three victims, each of whom he met only in London, had all been treated for venereal disease in the same hospital at Southampton. Another coincidence, although he did not call it that, was revealed by Ludovic Kennedy in his book *Ten Rillington Place*. He was the first to publish a bizarre extract from the brief to Evans's counsel, referring to the pre-trial hearing at the magistrates' court:

The evidence given by Dr Teare appears to be open to the comment that his expert opinion travelled beyond justifiable inference from his examination of the corpse, in so far as he purports to suggest that there might have been an attempt at sexual penetration after death. The case is sufficiently horrible without disgusting surmises of this nature being introduced into the minds of the jury.

The defence counsel, Malcolm Morris, QC, agreed. 'If Evans was guilty, it made things worse,' he explained afterwards. 'It could not, on such facts as I then knew, possibly assist the defence.' Morris, of course, had no idea at that time that the man Evans accused of the murders was a homicidal necrophile.

'Here was the vital, the missing link between Evans's claim that Christie had done it, and the reason why he had done it,' Ludovic Kennedy commented. 'Here, so to speak, were Christie's fingerprints . . . in the light of what we know now, it pins the crime fairly and squarely on Christie.'

It does nothing of the kind, as Mr Justice Brabin made clear, because Teare never said what was attributed to him. In the magistrates' court he repeated what he had written in his autopsy report on Beryl: 'There is an old scar in the posterior wall of the vagina and beside this is a little *ante-*

mortem bruising.' The Latin phrase *ante-mortem* is rarely used outside the medical profession, but *post-mortem* is part of the English language. When we do not hear a sentence completely we automatically fill in the blank from what we assume to be the sense, and familiar words are more likely to suggest themselves than the esoteric. Baillie Saunders, the solicitor's clerk who drafted the brief to counsel, was over eighty when he listened to Teare's evidence before the magistrate, an age when it is not unusual to be a little hard of hearing. So the misunderstanding is easily explained: the coincidence was eerie.

Christie never boasted of his murders but seems to have been reluctant to remember them. In his statement to the police on arrest he admitted the four they told him they had discovered but said nothing about the two skeletons in the garden. Only when he was asked later did he admit responsibility for these too. He had been in custody almost a month before he first 'confessed' to the murder of Beryl Evans.

'Do you remember whether or not you killed anybody else other than those seven people?' his counsel asked him at his trial.

'I do not remember. If somebody said I did, well, I must have done.'

When he was in custody he was asked, among other things, if he might have killed Christine Butcher, the seven-year-old girl, strangled with a ligature near Windsor Castle, whose body I had examined. He thought he had not, but only because he had not been to Windsor. Scott Henderson also asked him if he might have killed other people, and again he was non-committal.

One piece of evidence suggests he had at least one other victim, perhaps four.

In the postscript to his last statement to the police Christie said the pubic hair in the tobacco tin had come from the four bodies found in his house. Nickolls checked this

and found that one of the trophies could have come from Mrs Christie, whose hair was of the same common colour and type, but none could have belonged to any of the three women found in the kitchen alcove.

Two of the other three trophies were also of common types, and Nickolls thought they might have belonged, respectively, to the skeletons in the garden, according to the descriptions of the women and some head hair that had been found. One of these two trophies was the tuft with the frayed ends that we had found otherwise identical with Beryl Evans's pubic hair.

It seems odd that Christie should have said hair came from the bodies in the alcove if in fact it had come from those now reduced to skeletons; not very likely that in his last four murders the only trophy he took was from the one woman with whom he did not have perimortal sexual intercourse; and even more odd that one of his trophies had definitely not come from any of the unfortunate women known to have been involved.

CHAPTER 19

The Innocence of Dr Bodkin Adams

Doctors are in a particularly good position to commit murder and escape detection. Their patients, sometimes their own fading wives, more often mere ageing nuisances, are in their sole hands. 'Dangerous drugs' and powerful poisons lie in their professional bags or in the surgery. No one is watching or questioning them, and a change in symptoms, a sudden 'grave turn for the worse' or even death is for them alone to interpret. They can authorize the disposal of a dead body by passing the necessary death certificate to the Registrar of Deaths, who has no power to interfere unless there is some statutory shortcoming in the way the certificate is filled out, or death appears due to accident or violence of some kind, or the wording is so vague or unintelligible that the Registrar has to seek the help of the Coroner.

Are there many doctor murderers? Have whispers or frank allegations ever resulted in exhumations and the discovery of crime? Or are doctors above suspicion?

No one can know, but if doctors do take the law into their own hands, the facts are only likely to emerge by chance, through whisperings of suspicion or, rarely, through carelessness in disposal of the dead body, as when Dr Buck Ruxton threw the remains of his wife and her maid Mary Rogerson in an open ravine at Moffat in Dumfriesshire.

Dr Crippen lied stupidly about his wife's 'disappearance', paraded Ethel le Neve in her jewellery, and then tried to escape the clutching hand of the law by his historic dash by liner to America, with his girlfriend dressed as a boy. Sheer stupidity.

Dr Neill Cream had the impudence to publish scurrilous

letters, print misleading circulars, and eventually complain to Sergeant McIntyre of Scotland Yard about the investigation into the deaths of his prostitute victims by strychnine: he could have remained silent.

Dr Lawson walked into a private school to poison his crippled brother-in-law with aconite in a piece of cake and was caught when the chemist supplying the poison read the account of the murder. Dr Clements, Palmer the Staffordshire horse-racing doctor, Dr Pritchard, Dr Smethurst, Dr Waite, Dr Webster – all but the last used poison and might well have escaped but for faulty planning or behaviour, or some mere chance.

But there are 70,000 doctors in England and Wales alone, so a mere handful of professional murders in fifty years speaks generally very highly of their moral fibre, or the ease with which they can conceal crime.

There is another area where doctors are at risk of suspicion over the deaths of their patients. When patients are suffering intolerable discomfort from inevitably fatal cancer or have lapsed into permanent coma from brain injury or tumour, it is lawful for a doctor to use pain-killing narcotic drugs to ease the process of dying. It is not euthanasia, but a humane and understanding professional service.

Now of course this can be misinterpreted in a more sinister way. Pain-killing and hypnotic drugs can not only put people to sleep: they can kill if they are overdone; and the area between painless sleep and death is a no-man's-land without very sharp definitions. Some patients welcome gentle nursing out of their intolerable existence; others may have no choice in the matter.

Dr John Bodkin Adams, a portly bespectacled Irishman of sixty, had practised medicine for years in Eastbourne, and had many elderly patients on his list. Some were on sleeping pills or capsules, some needed more powerful narcotic drugs like morphia or heroin, and some were eking out a month-to-month existence in Eastbourne's comfort-

able nursing homes. Dr Adams did not hold himself out as a particularly distinguished diagnostician, he was just an ordinary doctor seeing to his patients' minor ailments and guaranteeing them a comfortable existence and a good night's sleep. Did it ever cross his mind to kill any of his old ladies? Would any benefit have come from it? Was there a legacy persuasive enough to tempt a successful doctor to crime? Would an elderly Rolls-Royce or a canteen of cutlery in an antique chest be likely to turn the head of a professional man in a good way of living?

You would not think so, but in 1956 a mere whisper on the seafront deck chairs of Eastbourne grew into a *bruit* and then exploded into a scandal that achieved arresting treatment, first in France, in *Paris Match*, and finally on the front pages of the English national newspapers. What had been happening to Dr Bodkin Adams's wealthy old ladies? Was it safe to go into a nursing home in Eastbourne? What were the police doing about it? Hints of crime grew into virtual allegations of murder.

'Something must be done about it,' they said, and eventually gossip and rumour, fanned by the newspapers, forced the Sussex Police to investigate, and then to call for help from Scotland Yard. Detective Superintendent Herbert Hannam, a very unusual sort of policeman, was sent to make inquiries. Well dressed, possibly slightly conceited, confident, certainly well aware of his powers and not without experience (though hardly of this kind of scandal) Hannam set out to get to the bottom of the affair.

The next event, in July, was a call to the pathologist Francis Camps to perform an autopsy on the body of Mrs Gertrude Hullett, a rich widow who had died in her mansion at the top of Beachy Head. Camps, who normally prided himself on his speed, spent a long time in the mortuary, but without finding any evidence helpful to the police. Hannam, still suspicious of Dr Bodkin Adams, asked for the exhumation of two of his other patients; whereupon Dr Adams, a subscribing member of the Medical Defence

Union, got in touch with the secretary and asked for help. The MDU undertook to handle the affair on his behalf and, if it became necessary, to employ a skilled lawyer in his defence. Harsh rumours of 'wicked old doctor', 'satanic streak' and 'calumny' revolving round his head could from now on be left to his legal advisers. He might not sleep well, but at least he was not alone.

The first step taken by the MDU was to ask me to 'watch' the exhumations, which, in the event, did no more harm to Dr Bodkin Adams than the autopsy on Mrs Hullett. Only one of the two bodies was in good enough condition to enable Camps and me to agree on the cause of death, which was cerebral thrombosis, *precisely what the doctor had certified*. No analysis for the drugs he had prescribed was fruitful, owing to the lapse of several years between death and exhumation.

Hannam persevered, and in December he arrested Dr Bodkin Adams and charged him with the murder of yet another patient, also a rich widow, Mrs Edith Alice Morell.

On the face of it the case looked hard to prove. There was no body (an obvious handicap in a case of alleged poisoning) as Mrs Morell had been cremated, at her own request. She had died six years before. She was eighty-one, and half paralysed by a stroke, after which she had been given from six to twelve months to live, only to survive another two and a half years under the care of the doctor now charged with her murder. She had left an estate of £157,000, out of which the doctor received an elderly Rolls-Royce and a chest containing silver valued at £275 . . . hardly a rich legacy.

However, the Crown was able to convince the magistrates that there was a *prima facie* case against him. Records of his prescriptions of morphia and heroin were produced: nurses testified that the drugs prescribed had been administered, even when the patient was in a continuous coma, and that she had shown signs of opiate poisoning; and a very distinguished physician said the drugs

could only have been given with the intention of killing her.

The expert was Dr Arthur Douthwaite, a Senior Physician at my own hospital, Guy's, where he also taught therapeutics. The MDU naturally wanted to find out all they could about him, and I had to tell them he was a much respected expert in his field, Editor of the famous *Hale-White's Materia Medica*, and a fine doctor of outstanding merits and principles. I had known him first as a teacher, when I was a student, and later as a fellow-member of the staff and a personal friend. But in this affair we were on opposite sides, and the MDU were determined to find out anything that might undermine the value of his evidence against Dr Bodkin Adams. I was able to tell them that, far from being opposed to the administration of heroin, he had, in fact, led a deputation to the Home Office asking that no ban should be placed on its manufacture or use in England. I suggested also that we should inspect the order book for hard drugs in a private London clinic used by Dr Douthwaite, and this showed that he had considerable recourse to both morphia and heroin for his own patients. I prepared charts to demonstrate this fact: happily we never had to confront him with them.

The case was heard at the Old Bailey, and to defend Dr Bodkin Adams the MDU chose one of the most skilful and persuasive lawyers the English Bar had: Geoffrey Lawrence, QC, later Mr Justice Lawrence. Opposing him, following an established tradition in cases where murder by poison is alleged, was the Attorney General himself, Sir Reginald Manningham-Buller: they were then of entirely different qualities, though each, of course, of outstanding repute. The first important witnesses were the four nurses who had attended Mrs Morell . . . four very ordinary nurses for whom this must have been a terrifying ordeal.

Nurse Helen Stronach, the first of these, said that during her tours of duty the evening routine was unchanged: at 9 p.m. she gave Mrs Morell $\frac{1}{4}$ grain of morphia, and at 11

p.m., when she was still dozey and half asleep, the doctor came and gave the patient another injection, but what it was the nurse did not know.

Lawrence asked her if she had written all this down in the nurses' report book. 'Yes, every time we gave an injection we wrote it down - what it was, and the time, and signed our names.'

'Everything that happened of significance in the patient's illness would have to go down in the book; everything that was of any importance?' Lawrence suggested in his lightest voice.

Nurse Stronach was unsuspecting. 'We reported everything,' she said stolidly.

'So that if only we had those reports now we could see the truth of exactly what happened night by night and day by day when you were there?'

'Yes. But you have our word for it.'

Lawrence's face relaxed. It was just the answer he wanted; for he had more than her word: he had the books.

He produced them suddenly, like a conjurer pulling a rabbit out of a top hat, and asked Nurse Stronach to identify them. She just stared at them unbelievably. Normally such books were destroyed after the patient's death. The Attorney General was equally astonished, and dismayed, as Lawrence began to read out quietly the entries that Nurse Stronach had to admit she had made. 'We have now been through the whole of your records for that time,' he concluded, 'and we have not found a single instance where you gave that injection of one-quarter grain of morphia by itself you were talking about. And you recorded only one or two visits by the doctor, and then we find you know exactly what injection was given.'

Nurse Stronach had nothing to say: Lawrence had effectively destroyed her credibility.

The second nurse, Sister Mason-Ellis, was in a happier position than Nurse Stronach. The report books were now out in the open, and the Attorney General was careful not

to lead any evidence that contradicted them. In cross-examination Geoffrey Lawrence read out her report of the afternoon before Mrs Morell's death. "Awake but quiet. Half a glass of milk and brandy 3 drachms taken." It is quite obvious from that report that she was not in a coma?

'Well,' said Sister Mason-Ellis, unwisely hedging, 'not according to my report.'

Counsel raised his eyebrows to simulate surprise. Had she not agreed that the reports were where the truth was to be found? 'You do not want to go back on that now, do you?'

'Not at all.'

'So when you wrote "awake", she must have been awake?'

'She must have been.'

'Therefore she could not possibly be in a coma.' Another 'kill'.

Nurse Randall, who came next, was to have been one of the Crown's star witnesses, for she had been with Mrs Morell during the last hours of her life. In his opening speech the Attorney-General had promised Nurse Randall would describe this period in detail. 'The night nurse will tell you Mrs Morell was very weak, except for occasional spasms. She was in a coma. At 10 p.m. the doctor came and himself filled a 5 cc syringe with a preparation.' The Attorney-General held up a 5 cc syringe to show how big it was. 'The doctor gave this syringe to the night nurse and told her to inject the contents into the unconscious woman. She did so. The doctor took the empty syringe and refilled it with a similar quantity - far too large a quantity on each occasion to be morphine or heroin - and told the nurse to give the second injection to the patient if she did not become quieter. The nurse did not like giving another large injection from this unusually large syringe, whatever it was, and later in the evening she telephoned the doctor. She received her instructions and it was her duty to obey them.'

She gave the second injection. Mrs Morell gradually became quiet, and at 2 a.m. she died. Why were those large injections given to an unconscious woman on the doctor's orders? The prosecution cannot tell you what they were . . .' Manningham-Buller sounded confident enough.

Lawrence was again well primed. The night nurse's written report was there before she came into the witness box. The Attorney General did not ask her to repeat the evidence she had given at the lower court, for her written report told a very different story. 'Patient very weak and restless. 9.30 p.m., *paraldehyde* 5 cc given intravenously by the doctor. 11.30 p.m., very restless, no sleep. 12.30 a.m., restless and talkative and very shaky. 12.45 a.m., seems a little quiet; appears asleep. Respiration 50. 2 a.m., passed away quietly.' No spasms, no injections given by the nurse, no phone calls, one injection by the doctor, when the patient was not unconscious but restless; not with a sinister 'preparation' kept secret from the nurse, not with a lethal dose of powerful morphia or heroin, but a reasonable dose of safe, old-fashioned paraldehyde, which any nurse could recognize a mile off by its revolting smell.

Nurse Randall, the night nurse, still said in her evidence that she had telephoned the doctor and given a second injection, but Geoffrey Lawrence made short work of that. Why wasn't it in her report? Why give the injection when the patient was not restless but quieter and seemed asleep? 'Your memory isn't very trustworthy?' 'It appears not to be.'

Unwisely, in view of the cross-examination to come, the Attorney General had led Nurse Randall to describe Mrs Morell's jerky spasms, a common sign of withdrawal from opiate poisoning, in her last hours. 'They were so bad I could not leave her, and they almost jerked her out of bed . . . I had never seen jerks as bad.' But they were not bad enough, Geoffrey Lawrence noted smoothly, to be recorded in her report. 'I wrote that she was very shaky.' Shaky? Was that her word for spasms that almost jerked the

patient out of bed? 'I just don't know. I suppose I wrote it down quickly.'

Answering a question from the judge, Nurse Randall made an effort to help her side. 'I think 4 cc or 5 cc of paraldehyde is a very large dose,' she said. Lawrence was on his feet in a flash. 'Do you know,' he asked her, 'that the British Pharmacopoeia full dose is 120 minims or 8 cc?'

The fourth nurse to give evidence, Sister Bartlett, had shared the last night duty with Nurse Randall. She too bravely repeated some of the evidence she had given at the magistrates' court: the patient had 'twitching spasms, and was semi-comatose.' Geoffrey Lawrence gravely read out her written reports. 'Awake, restless, talkative.' Hardly semi-comatose? And not a spasm or twitch or even a shake.

The Crown had expected the nurses' evidence to be short and not seriously disputed, but with the report books Lawrence had been able to challenge it point by point and largely destroy it, and the process had taken a week. The next important witness was Dr Douthwaite, who had also given evidence at the magistrates' court and had come to the Old Bailey expecting to be asked merely to repeat it. 'The prosecution will call a medical authority,' the Attorney General had promised in his opening speech, 'who will tell you that in their view Mrs Morell could not possibly have survived the administration of the drugs prescribed in her last five days.' But that evidence was no longer good enough, for the nurses' report books showed that Mrs Morell had been given only a small proportion of the drugs prescribed for her at the end. Douthwaite had said he thought Bodkin Adams must have meant murder if he gave his patient 41 grains of morphia and 39 grains of heroin in her last five days, but this was plainly not so. According to the calculations of the Crown's chemist, the discrepancy between prescription and administration in that period was 30 grains of morphia and 22 grains of

heroin. With these drastically revised figures, and with the nurses' recollections replaced by the evidence of their reports, would Dr Douthwaite still say he thought Dr Bodkin Adams was trying to kill his patient? If he wouldn't, the Crown might as well give up.

It is easy to imagine the subtle pressure put on Dr Douthwaite by the prosecution lawyers, their respectful and perhaps unduly persuasive blandishments to induce him to give the evidence they needed to keep the case going. It is difficult, though, to understand why he yielded. The amounts of morphia and heroin actually administered to Mrs Morell, including maximum estimates for 'special injections' given by Dr Bodkin Adams himself, were considerably less than the amounts commonly given by Douthwaite himself in his private clinic, in particular for elderly patients of precisely the kind treated by Bodkin Adams; and this could be proved from my charts.

But Douthwaite showed no sign of any misgivings when he entered the witness box, a striking figure, well over six feet tall, handsome, greying, frank and honest. In style at least he was a model witness, clear and incisive.

'Is there, in your opinion,' the Attorney General asked him, 'any justification for injecting morphia and heroin immediately after a stroke?'

'No justification whatsoever.'

'Is it right or wrong to do so?'

'Wrong. In all circumstances wrong.'

Bespectacled old Bodkin Adams was purple in the face, almost bouncing in his chair in the dock. You could see he'd thought of at least six objections to such a hard rule. Douthwaite did admit that pain might introduce the need - later on, but not otherwise. He really did lay in to old Bodkin Adams. 'Morphia would give rise to addiction . . . to dependence on the doctor . . . people over seventy should not have heroin unless they are suffering from some incurable disease.'

'What conclusion do you draw from the dosage adminis-

tered in the last days?' the Attorney General asked finally. 'What conclusions do you draw as to the intentions with which that dosage must have been prescribed?'

This was the crux of the case. Had this elderly seaside doctor merely been handing out rather too heavy sedative doses to his more troublesome senile patients, or . . . ?

The court was dead silent as Dr Douthwaite slowly pronounced the words:

'The only conclusion I can come to is that the intention on 8 November was to terminate her life.' (She had died on 13 November.)

Geoffrey Lawrence knew better than to comment on the enormity of such a sentence – and on a fellow doctor! 'Quel acharnement quand même contre un confrère dans le malheur!', wrote a French journalist in court (they were there from all over Europe).

Instead Lawrence nibbled round the edges. Dr Douthwaite had been wrong in assuming, when he gave evidence at the magistrates' court, that 'for the last three or four days of her life this lady had been in a continuous coma'. It was not so. And had the doctor 'made any inquiries' about the symptoms of her stroke and the treatment she had for it in Cheshire, where her illness had started?

Dr Douthwaite was in trouble. He had not done so. He had said in conference 'it would be interesting to know' but he 'did not regard it as my duty to find out facts of that sort'. He had been told that 'the information was not available'.

Geoffrey Lawrence started the pressure.

'It would be most *important* to know before condemning the doctor's treatment from the start, as you did yesterday, what happened in Cheshire?'

Douthwaite agreed that 'it would be *interesting* to know'.

Slowly counsel produced from under his desk a document. It was another rabbit from the conjurer's top hat: the clinical record from the Cheshire Hospital! What a

body blow for the prosecution! The Medical Defence Union had indeed done its job well.

Lawrence read from the document, which covered the ten days Mrs Morell had spent in the hospital. For every night there was a record of morphia injection. 'Does the field of condemnation that you are spreading from this witness box include Dr Turner of Cheshire for having given the patient morphia after a stroke?'

Dr Douthwaite could hardly change horses. 'If that was the treatment for the stroke, yes.'

'It does?' Lawrence threw up his hands in a despairing gesture. 'Good gracious me!'

The Crown's case was already crumbling. Altogether four doctors had seen the patient, and all had prescribed morphia. Was everybody wrong except Dr Douthwaite, who never saw her?

I could only feel sympathy with this distinguished physician. He had overstated his case, and this was the pay-off. But it was only the beginning of a long ordeal. Hour after hour, as Arthur Douthwaite stood in the witness box, focus of attention, alive to the need to choose every word of reply with the utmost care, Geoffrey Lawrence eroded the main substance of his medical argument. His former absolute certainty became more qualified. 'I don't know what was in the doctor's mind.'

'Did you not before?' rapped out Lawrence. 'When you saw murderous intent?'

No answer.

Tiring during the afternoon, Douthwaite (who later told me it was the most exhausting test of his mind and body he had ever endured) yielded that 'heroin is useful'. He could 'remember a woman of seventy-three who had it prescribed'.

'So it is sometimes prescribed?'

No answer.

My charts were ready for production, to remind Douthwaite how much morphia and heroin he had prescribed

himself, but it was unnecessary to press him on this. The judge plainly felt that Douthwaite had overstated his case. Looking straight at him, he asked:

‘If the doctor (Bodkin Adams) were to go into the witness box and say, “I disagree entirely with his view”, he would be guilty of perjury – he would be saying he held a view which he cannot honestly hold?’

It was an impossible position for any consultant to maintain. As the judge pointed out, he was saying, in fact, that the treatment Bodkin Adams used was not just wrong and dangerous and caused death, but could not have been due to error, ignorance, or incompetence, and must have been due to an attempt to kill.

Although the trial lasted another six days, to become the longest for murder in English criminal history (the trial of Hanratty for the A6 murder, which lasted even longer, came five years later) the case for the Crown was already lost when Dr Douthwaite was at last released. It has often been said that, but for his ill-judged stand on this very important medical issue, Arthur Douthwaite would have been in the lobby, possibly even elected President of the Royal College of Physicians in the following year. I was sure he had been over-persuaded by the Crown’s legal advisers, and when as old friends we talked about it afterwards he told me how chagrined he felt at having been ‘hoisted on a petard’ of his own making. His experience at the hands of Geoffrey Lawrence was a warning to all doctors who go into the witness box that the real strength of any evidence is its reasonableness: it has to be both sound and defensible, and to look so to the jury.

To learn from the experience of others is never quite so telling, but one would have expected the discomfiture of Douthwaite to exercise at least a temporary restraint on any doctor who happened to witness it. Yet the expert witness called by the defence, Dr John Harman, Consulting Physician at St Thomas’s Hospital – who had advised Lawrence on his cross-examination of Douthwaite, with such deadly

effect – also stuck his neck out in much the same way, and with similarly painful results. Describing a morphia convulsion, he gave a most impressive and detailed display, twitching and jerking, eyes bulging and palms thrust out, doubling himself over backwards in the witness box – a dramatic performance that was highly publicized in the evening newspapers; only to admit under cross-examination next day that he had never seen a morphia convulsion in his life!

Dr Bodkin Adams was of course acquitted of the charge of murder. He was tried later under the Drugs Act on a minor charge of 'loose' prescribing of hard drugs, which was a purely technical offence. As a result of his conviction he was somewhat surprisingly struck off the Medical Register, but his name was later restored and he was free to continue to treat rich elderly widows with such quantities of morphia and heroin as he considered appropriate.

One mystery remained. The defence had proved that the amount of morphine and heroin prescribed (and supplied by the chemist) greatly exceeded the amount administered to Mrs Morell: what had happened to the rest?

'There must be some channel existing by which the drugs prescribed were improperly disappearing,' the judge said to the jury in his summing up. 'One knows that dangerous drugs are things in which there is an illicit traffic, and you might think that someone was dealing dishonestly with them, and that someone must either have been the doctor himself or one of the nurses. If you were ever to get so far as to begin to wonder which of those people was most likely, you would in fairness to the doctor have to bear in mind that two of the nurses have told lies about this matter in the witness box. One of them lied about whether the drugs were kept locked or not – that was Nurse Stronach – and one of the others, either Nurse Mason-Ellis or Nurse Randall, lied about their conversation in the train'

(which was on whether the drugs had been kept in a locked cupboard or in an unlocked drawer).

The judge added that he was not accusing any of the nurses of stealing or illegally dealing in the drugs, but only warning the jury against drawing an inference prejudicial to the accused. In the event no one was ever charged. No doubt there was what in the wine, or milk, trade is called 'spillage', but the truth of the matter was never made public.