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### DE DOOD VAN DAVID KELLY

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##### Hutton Inquiry

##### **Report of the Inquiry into the Circumstances Surrounding the Death of Dr David Kelly C.M.G.**

by Lord Hutton – 28 January 2004

##### **[...] CHAPTER 5 - The search for Dr Kelly and the finding of his body**

128. Dr Kelly did not return from his walk and Mrs Kelly, who was joined by two of her daughters during the course of the evening (her third daughter being in Scotland) became increasingly worried about him. Mrs Kelly's two daughters went out separately in their cars to look for their father on the roads and lanes along which he might have been walking, but when they had found no trace of him they rang the police about 12.20am on Friday 18 July.

129. The Thames Valley Police began an immediate search for Dr Kelly and the search operation was carried out with great efficiency. A police dog was used to assist in the search and a police helicopter with heat seeking equipment was called in. Assistant Chief Constable Michael Page was informed that Dr Kelly was missing at 3.09am and he arranged a meeting of key personnel at Abingdon Police Station at 5.15am. By 7.30am 40 police officers were engaged in the search and Assistant Chief Constable Page was advised by two police specialists in the location of missing persons that Harrowdown Hill, which was an area where Dr Kelly had often walked, was an area to which particular attention should be given in the search. Assistant Chief Constable Page then directed that the area of Harrowdown Hill should be searched and members of the South East Berks Emergency Volunteers and the Lowland Search Dogs Association, who had joined the search, were deployed to Harrowdown Hill.

130. Two of the volunteers taking part in the search were Ms Louise Holmes, with her trained search dog, and Mr Paul Chapman. They worked together as a team and began their search about 8am and after a time they went into the wood on Harrowdown Hill from the east side. The dog picked up a scent and Ms Holmes followed him. Ms Holmes saw the dog go to the bottom of a tree and he then ran back to her barking to indicate that he had found something. She then went in the direction from which the dog had come and she saw a body slumped against the bottom of a tree. She shouted to Mr Chapman, who was behind her, to ring control to tell them that something had been found and she went closer to see if there was any first aid which she could administer. She saw the body of a man at the base of the tree with his head and shoulders slumped back against it. His legs were straight in front of him, his right arm was at his side and his left arm had a lot of blood on it and was bent back in a strange position. It was apparent to her that the man was dead and there was nothing she could do to help him. The person matched the description of Dr Kelly which she had previously been given by the police. Ms Holmes then went back to Mr Chapman retracing the route by which she had come into the wood although there was no definite path or track by which she had approached the tree.

131. Mr Chapman had been unable to contact control so he made a 999 call to speak to Abingdon Police Station and arranged to walk back to where he and Ms Holmes had parked their car in order to meet the police officers who were coming to meet them. On the way back to their car they met three other police officers who themselves had been engaged in searching the area and Mr Chapman told them that they had found the body. Mr Chapman then took one of the police officers, Detective Constable Coe, to show him

where the body was. Mr Chapman showed Detective Constable Coe the body lying on its back and Detective Constable Coe said that the body was approximately 75 yards in from the edge of the wood. Detective Constable Coe saw that there was blood around the left wrist and he saw a knife, like a pruning knife, and a watch on the left side of the body. He also saw a small water bottle. He remained about seven or eight feet away from the body and stayed in that position for about 25 or 30 minutes until two other police officers arrived who made a taped off common approach path to be used by everyone who came to the place where the body was lying. Two members of an ambulance crew, Ms Vanessa Hunt and Mr David Bartlett arrived at the scene about 9.55am. They checked the body for signs of life and found none. They then placed four electrodes on the chest to verify that life was extinct and the monitor showed that there was no cardiac output and that life was extinct. They then disconnected the four electrodes from the heart monitor and left them on the chest and they themselves left the scene.

### **The investigations into the death of Dr Kelly**

132. Assistant Chief Constable Page was informed at 9.20am that the body had been found. In his evidence he described the actions which he took and which were taken by others on his instructions as follows:

[3 September, page 26, line 8]

Q. What happened after that information had come to your attention?

A. Well, from my perspective I appointed a senior investigating officer, a man who would, if you like, carry out the technical issues around the investigation. I met fairly quickly with my Chief Constable and we decided what levels of resourcing and what levels of investigation we should apply to these circumstances.

Q. The fact that a body had been discovered, what sort of inquiry did you launch at the start?

A. We determined from the outset because of the attendant circumstances that we would apply the highest standards of investigation to this particular set of circumstances as was possible. I would not say I launched a murder investigation but the investigation was of that standard.

Q. We have heard how a common access path was established yesterday.

A. Yes.

Q. And the fingertip searching was carried out. Did forensic pathologists become involved?

A. Yes. We were very anxious, from the outset, to ensure the most thorough possible examination of the scene. I spoke to the Oxfordshire coroner, Mr Gardiner, and we agreed between us that we would use a Home Office pathologist, which is a very highly trained pathologist. It was also agreed with the senior investigating officer that we would use forensic biologists who are able to look at the scene and, in particular, blood splashes and make certain determinations from those in relation to what may have happened. As you say, a common approach path had been established; and it was determined that for that common approach path and for a distance of 10 metres either side and for a radius of 10 metres around Dr Kelly's body that we would carry out a fingertip search. It was also agreed that Dr Kelly's body would be left in situ so that the pathologist and the biologists could visit the scene with the body in situ to make their own assessment of the scene, which is not always the case but in this case we decided it would be wise to do so.

Q. Why was that, just to ensure -

A. Just to ensure that they could look at the environment and the surroundings and take in the full picture.

133. The detailed examinations which were carried out on the body at the place where it was found and of the area surrounding the body in the wood were as follows. Police search teams led by Police Constable Franklin and Police Constable Sawyer conducted a thorough fingertip search of the common approach path of the area surrounding the body and of the area on either side of the approach path. After the body had been moved they also conducted a fingertip search of the ground on which the body had been lying. This search lasted from 12.50pm to 4.45pm and the search of the ground on which the body had lain lasted from 7.24pm to 7.45pm. Nothing of significance was found in the searches and Constable Sawyer said:

[2 September, page 56, line 25]

When I first saw Dr Kelly I was very aware of the serious nature of the search and I was looking for signs of perhaps a struggle; but all the vegetation that was surrounding Dr Kelly's body was standing upright and there were no signs of any form of struggle at all.

134. Dr Nicholas Hunt, a Home Office accredited forensic pathologist arrived at the place where the body was lying at 12.10 pm and at 12.35pm he confirmed that the body was dead. He then waited whilst the police carried out a fingertip search of the common approach path and he then began a thorough investigation of the body at 2.10pm. After this examination of the body at the scene and after a post mortem examination Dr Hunt furnished a detailed post mortem report dated 25 July 2003 to the Oxfordshire coroner and at the Inquiry he gave evidence in accordance with his findings set out in that report.

135. Dr Kelly was right handed. In a statement furnished to the Inquiry Police Constable Roberts stated:

On Saturday 19th July 2003, I was on duty performing the role of Family Liaison Officer for Thames Valley Police.

On this date I spoke to Sian KELLY, the daughter of Dr David KELLY who confirmed that her father was right handed.

136. In the course of his evidence Dr Hunt gave (inter alia) the following evidence:

[16 September, page 9, line 14]

A. He was wearing a green Barbour type wax jacket and the zip and the buttons at the front had been undone. Within the bellows pocket on the lower part of the jacket there was a mobile telephone and a pair of bi-focal spectacles. There was a key fob and, perhaps more significantly, a total of three blister packs of a drug called Coproxamol. Each of those packs would originally have contained 10 tablets, a total of 30 potentially available.

Q. And how many tablets were left in those packs?

A. There was one left.

LORD HUTTON: Did you actually take those blister packs out? Did you discover them in the pocket yourself?

A. Yes, as part of the search, my Lord.

.....

[16 September, page 12, line 5]

Q. Did you notice anything about the face?

A. His face appeared, firstly, rather pale but there was also what looked like vomit running from the right corner of the mouth and also from the left corner of the mouth and streaking the face.

Q. What would that appear to indicate?

A. It suggested that he had tried to vomit whilst he was lying on his back and it had trickled down.

.....

[16 September, page 12, line 22]

Q. Did you investigate the scene next to the body?

A. Yes.

Q. And what did that show?

A. There was a Barbour flat-type cap with some blood on the lining and the peak near his left shoulder and upper arm. In the region of his left hand lying on the grass there was a black resin strapped wristwatch, a digital watch, which was also bloodstained.

Q. Was the watch face up or face down?

A. It was face down.

Q. What about next to the watch?

A. Lying next to that was a pruning knife or gardener's knife.

A. Can you describe what type of pruning knife it was?

A. The make was a Sandvig knife. It was one with a little hook or lip towards the tip of the blade. It is a fairly standard gardeners' type knife.

Q. Were there any bloodstains on that knife?

A. Yes, over both the handle and the blade.

Q. Was there any blood beneath the knife?

A. Yes, there was. There was blood around the area of the knife.

Q. How close to the knife was the blood?

A. It was around the knife and underneath it.

Q. Did you notice a bottle of water?

A. Yes, there was a bottle of Evian water, half a litre.

Q. Was there any water in that bottle?

A. Yes, there was some remaining water. I do not recall what volume exactly.

Q. Can you remember precisely where the bottle was in relation to the bottle? (sic)

A. Yes, it was lying propped against some broken branches to the left and about a foot away from his left elbow.

Q. And did you notice anything in particular about the bottle?

A. Yes, there was some smeared blood over both the bottle itself and the bottle top.

Q. Did that indicate anything to you?

A. It indicated that he had been bleeding whilst at least placing the bottle in its final position. He may already have been bleeding whilst he was drinking from it, but that is less certain.

Q. Was there any other bloodstaining that you noticed in the area?

A. There was. There was an area of bloodstaining to his left side running across the undergrowth and the soil and I estimated it was over an area of 2 to 3 feet in maximum length."

.....

[16 September, page 15, line 13]

Q. Did you notice any signs of visible injury to the body while you were there?

A. Yes. At the scene I could see that there were at least five what I would call incised wounds or cuts to his left wrist over the what is anatomically the front of the wrist, but that is the creased area of the wrist.

Q. Were there any other visible signs of injury to the body?

A. No, there was nothing at the scene.

137. At 7.19pm Dr Hunt ended his examination of the body at the scene where it was found and the body was moved to the John Radcliffe Hospital in Oxford where Dr Hunt commenced a post mortem examination at 9.20pm. The examination concluded at 12.15am on 19 July. In describing what he found on his post mortem examination Dr Hunt gave (inter alia) the following evidence:

[16 September, page 17, line 1]

Q. On this further examination, did you find any signs of injury to the body that you have not already mentioned?

A. I did. I was able to note in detail the injuries over his left wrist in particular.

Q. You have made a report, a post-mortem examination report?

A. Yes.

Q. Would you just like to read from the significant parts of that in relation to the injuries you found?

A. Certainly. There was a series of incised wounds, cuts, of varying depth over the front of the left wrist and they extended in total over about 8 by 5 centimetres on the front of the wrist. The largest of the wounds and the deepest lay towards the top end or the elbow end of that complex of injuries and it showed a series of notches and some crushing of its edges. That wound had actually severed an artery on the little finger aspect of the front of the wrist, called the ulnar artery. The other main artery on the wrist on the thumb aspect was intact. There were a number of other incisions of varying depth and many smaller scratch-like injuries over the wrist. The appearance that they gave was of what are called tentative or hesitation marks, which are commonly seen prior to a deep cut being made into somebody's skin if they are making the incision themselves.

.....

[16 September, page 19, line 5]

Q. Did you see any signs of what are called defensive injuries?

A. No, there were no signs of defensive injuries; and by that I mean injuries that occur as a result of somebody trying to parry blows from a weapon or trying to grasp a weapon.

Q. What injuries would you normally expect to see of that type?

A. If somebody is being attacked with a bladed weapon, like a knife, then cuts on the palm of the hand or over the fingers where they are trying to grasp the knife, or cuts or even stabs on the outer part of the arm as they try to parry a blow.

138. In his evidence Dr Hunt stated that he had sent a sample of the stomach contents to a forensic toxicologist, Dr Alexander Allan, and he received a toxicology report back from Dr Allan. He described what this report showed as follows:

[16 September, page 21, line 13]

Q. In summary what did it show?

A. It showed the presence of two compounds in particular. One of them is a drug called dextropropoxyphene. That is an opiate-type drug, it is a mild painkiller, and that was present at a concentration of one microgramme per millilitre in the blood.

Q. Did it show anything, this report, in summary?

A. Yes, it did. It showed the presence of paracetamol.

Q. The concentration of that?

A. 97 milligrammes per millilitre.

Q. Where was that present in the body?

A. It was also present in the stomach contents, as well as the blood.

139. With reference to the estimated time of death Dr Hunt's evidence was as follows:

[16 September, page 22, line 8]

Q. Were you able to estimate the time of death?

A. Yes, within certain limits, using a particular technique based upon the rectal temperature.

Q. What time of death did you estimate as a result of that?

A. The estimate is that death is likely to have occurred some 18 to 27 hours prior to taking the rectal temperature, and that that time range was somewhere between quarter past 4 on 17th July and quarter past 1 on the morning of the 18th July.

Q. You took the rectal temperature at what time?

A. That was taken at quarter past 7 in the evening of the 18th.

140. In his evidence Dr Hunt summarised his conclusions as a result of his examinations as follows:

[16 September, page 22, line 22]

I found that Dr Kelly was an apparently adequately nourished man in whom there was no evidence of natural disease that could of itself have caused death directly at the macroscopic or naked eye level. He had evidence of a significant incised wound to his left wrist, in the depths of which his left ulnar artery had been completely severed. That wound was in the context of multiple incised wounds over the front of his left wrist of varying length and depth. The arterial injury had resulted in the loss of a significant volume of blood as noted at the scene. The complex of incised wounds over the left wrist is entirely consistent with having been inflicted by a bladed weapon, most likely candidate for which would have been a knife. Furthermore, the knife present at the scene would be a suitable candidate for causing such injuries.

The orientation and arrangement of the wounds over the left wrist are typical of self inflicted injury. Also typical of this was the presence of small so-called tentative or hesitation marks. The fact that his watch appeared to have been removed deliberately in order to facilitate access to the wrist. The removal of the watch in that way and indeed the removal of the spectacles are features pointing towards this being an act of self harm.

Other features at the scene which would tend to support this impression include the relatively passive distribution of the blood, the neat way in which the water bottle and its top were placed, the lack of obvious signs of trampling of the undergrowth or damage to the clothing. To my mind, the location of the death is also of interest in this respect because it was clearly a very pleasant and relatively private spot of the type that is sometimes chosen by people intent upon self harm.

Q. Is that something you have found from your past experience?

A. Yes, and knowledge of the literature. Many of the injuries over the left wrist show evidence of a well developed vital reaction which suggests that they had been inflicted over a reasonable period of time, minutes, though, rather than seconds or many hours before death.

LORD HUTTON: What do you mean by a "vital reaction"?

A. A vital reaction, my Lord, is the body's response to an area of damage. It manifests itself chiefly in the form of reddening and swelling around the area.

LORD HUTTON: I interrupted you. You were at 9 and you are coming on to 10, I think.

A. Thank you, my Lord. There is a total lack of classical defence wounds against sharp weapon attack. Such wounds are typically seen in the palm aspects of the hands or over the outer aspects of the forearms. It was noted that he has a significant degree of coronary artery disease and this may have played some small part in the rapidity of death but not the major part in the cause of death.

Given the finding of blister packs of Coproxamol tablets within the coat pocket and the vomitus around the ground, it is an entirely reasonable supposition that he may have consumed a quantity of these tablets either on the way to or at the scene itself.

Q. What did the toxicology report suggest?

A. That he had consumed a significant quantity of the tablets.

Q. I am not going to trouble you with the details of the toxicology report. Was there anything else in addition to the toxicology samples that you noticed?

A. (Pause). Really the only other thing in addition to that was the coronary artery disease that could have had a part in the rapidity of death in these circumstances.

Q. You have mentioned the minor injury to the inner aspect of the lip.

A. Yes.

Q. Moving on from that, you mentioned the abrasions to the head. Would you like to resume your summary at that point?

A. Yes. The minor injuries or abrasions over the head are entirely consistent with scraping against rough undergrowth such as small twigs, branches and stones which were present at the scene.

LORD HUTTON: Did you give any consideration or do anything in relation to the possibility of Dr Kelly having been overpowered by any substance?

A. Yes, indeed, my Lord. The substances which one thinks of, as a pathologist, in these terms are volatile chemicals. Perhaps chloroform is a classic example. So in order to investigate that-

LORD HUTTON: you need not go into the detail but if you state it in a general way.

A. I retained a lung and also blood samples until the toxicology was complete.

LORD HUTTON: And the purpose of that toxicology being?

A. To examine for any signs of a volatile chemical in the blood or, failing that, in the lungs.

LORD HUTTON: Yes, I see. Thank you.

Yes, Mr Knox.

MR KNOX: If you move on to conclusion 18.

A. Certainly. The minor reddened lesions on the lower limbs are typical of areas of minor hair follicle irritation or skin irritation, so they were not injuries in particular. They were not puncture wounds.

Q. Conclusion 19?

A. I had undertaken subcutaneous dissection of the arms and the legs and there is no positive evidence of restraint-type injury.

Q. Conclusion 20?

A. There is no positive pathological evidence that this man had been subjected to a sustained violent assault prior to his death.

LORD HUTTON: Just going back to your previous observation, a restraint-type injury of someone who has been held by the arms and the legs.

A. Yes, my Lord. Yes, particularly around the areas of the ankles and the wrists.

LORD HUTTON: Yes. Yes. Thank you.

MR KNOX: Conclusion 21?

A. There was no positive pathological evidence to indicate that he has been subjected to compression of the neck, such as by manual strangulation, ligature strangulation or the use of an arm hold.

Q. And next?

A. There is no evidence from the post-mortem examination or my observations at the scene to indicate that the deceased had been dragged or otherwise transported to the location where his body was found.

141. Dr Hunt summarised his opinion as to the major factor involved in Dr Kelly's death as follows:

[16 September, page 28, line 5]

Q. And in summary, what is your opinion as to the major factor involved in Dr Kelly's death?

A. It is the haemorrhage as a result of the incised wounds to his left wrist.

Q. If that had not occurred, would Dr Kelly have died?

A. He may not have done at this time, with that level of dextropropoxyphene.

Q. What role, if any, did the coronary disease play?

A. As with the drug dextropropoxyphene, it would have hastened death rather than caused it, as such.

Q. So how would you summarise, in brief, your conclusions as to the cause of death?

A. In the formulation, the cause of death is given as 1(a) haemorrhage due to 1(b) incised wounds of the left wrist. Under part 2 of the formulation of the medical cause of death, Coproxamol ingestion and coronary artery atherosclerosis.

Q. You have already dealt with this, I think, but could you confirm whether, as far as you could tell on the examination, there was any sign of third party involvement in Dr Kelly's death?

A. No, there was no pathological evidence to indicate the involvement of a third party in Dr Kelly's death. Rather, the features are quite typical, I would say, of self inflicted injury if one ignores all the other features of the case.

142. A forensic biologist, Mr Roy Green, arrived at the scene where the body was lying at 2pm on 18 July. He examined the scene with particular reference to the blood staining in the area. The relevant parts of his evidence are as follows:

[3 September, page 144, line 9]

Q. Did you examine the vegetation around the body?

A. Yes.

Q. Did you form any conclusions from that examination?

A. Well, the blood staining that was highest from the ground was approximately 50 centimetres above the ground. This was above the position where Dr Kelly's left wrist was, but most of the stainings were 33 centimetres, which is approximately a foot above the ground. It was all fairly low level stuff.

Q. What does that mean?

A. It meant that because the injury - most of the injuries would have taken place while Dr Kelly was sitting down or lying down.

Q. Right. When you first saw the body, what position was it in?

A. He was on his back with the left wrist curled back in this sort of manner (Indicates).

Q. Did you make any other relevant discoveries while you were looking around the area?

A. There was an obvious large contact bloodstain on the knee of the jeans.

Q. What do you mean by a "contact bloodstain"?

A. A contact stain is what you will observe if an item has come into contact with a bloodstained surface, as opposed to blood spots and splashes when blood splashes on to an item.

Q. Which means at some stage his left wrist must have been in contact with his trousers?

A. No, what I am saying, at some stage he has knelt - I believe he has knelt in a pool of blood at some stage and this obviously is after he has been injured.

Q. Any other findings?

A. There were smears of blood on the Evian bottle and on the cap.

Q. And what did that indicate to you?

A. Well, that would indicate to me that Dr Kelly was already injured when he used the Evian bottle. As an explanation, my Lord -

LORD HUTTON: Yes.

A. - when people are injured and losing blood they will become thirsty.

MR DINGEMANS: They become?

A. Thirsty, as they are losing all that fluid.

Q. You thought he is likely to have had a drink then?

A. Yes.

Q. What else did you find?

A. There was a bloodstain on the right sleeve of the Barbour jacket. At the time that was a bit - slightly unusual, in that if someone is cutting their wrist you wonder how, if you are moving across like this, how you get blood sort of here (Indicates). But if the knife was held and it went like that, with the injury passing across the sleeve, that is a possible explanation. Another possible explanation is in leaning across to get the Evian bottle that the two areas may have crossed.

Q. Had crossed?

A. Yes.

Q. We know, in fact, the wrist which was cut was the left wrist, is that right?

A. That is correct.

Q. And we know that Dr Kelly was right handed.

A. I was not aware of that, but yes.

Q. Were those all your relevant findings?

A. The jeans, as I have talked about, with this large contact stain, did not appear to have any larger downward drops on them. There were a few stains and so forth but it did not have any staining that would suggest to me that his injuries, or his major injuries if you like, were caused while he was standing up, and there was not any - there did not appear to be any blood underneath where he was found, and the body was later moved which all suggested those injuries were caused while he was sat or lying down.

143. Dr Alexander Allan, a forensic toxicologist, was sent blood and urine samples and stomach contents taken from the body of Dr Kelly in the course of Dr Hunt's post mortem examination which he then analysed. Dr Allan found paracetamol and dextropropoxyphene in the samples and stomach contents. He described paracetamol and dextropropoxyphene as follows:

[3 September, page 8, line 2]

The two components, paracetamol and dextropropoxyphene, are the active components of a substance called Coproxamol which is a prescription only medicine containing 325 milligrammes of paracetamol and 32.5 milligrammes of dextropropoxyphene.

Q. What sort of ailments would that be prescribed for?

A. Mild to moderate pain, typically a bad back or period pain, something like that. And the concentrations of both drugs represent quite a large overdose of Coproxamol.

Q. What does the dextropropoxyphene cause if it is taken in overdose?

A. Dextropropoxyphene is an opioid analgesic drug which causes effects typical of opiate drugs in overdose, effects such as drowsiness, sedation and ultimately coma, respiratory depression and heart failure and dextropropoxyphene is known particularly in certain circumstances to cause disruption of the rhythm of the heart and it can cause death by that process in some cases of overdose.

Q. And what about paracetamol, what does that do?

A. Paracetamol does not cause drowsiness or sedation in overdose, but if enough is taken it can cause damage to the liver.

Q. If enough? I think you mean if too much is taken.

A. If too much is taken. I beg your pardon.

Q. What about the concentrations you have mentioned that you found in the blood? What did that indicate?

A. They are much higher than therapeutic use. Typically therapeutic use would represent one tenth of these concentrations. They clearly represent an overdose. But they are somewhat lower than what I would normally expect to encounter in cases of death due to an overdose of Coproxamol.

Q. What would you expect to see in the usual case where dextropropoxyphene has resulted in death? What types of proportions or concentrations would you normally expect to see?

A. There are two surveys reported I am aware of. One reports a concentration of 2.8 microgrammes per millilitre of blood of dextropropoxyphene in a series of fatal overdose cases. Another one reports an average concentration of 4.7 microgrammes per millilitre of blood. You can say that they are several fold larger than the level I found of 1.

Q. What about the paracetamol concentration you found?

A. Again, it is higher than would be expected for therapeutic use, approximately 5 or 10 times higher. But it is much lower or lower than would be expected for paracetamol fatalities normally unless there was other factors of drugs involved.

Q. What sort of level would you normal (sic) expect for paracetamol fatalities?

A. I think if you can get the blood reasonably shortly after the incident and the person does not die slowly in hospital due to liver failure, perhaps typically 3 to 400 microgrammes per millilitre of blood.

Q. About four times as much in other words?

A. Yes.

Q. Putting it in short terms, you would expect there to be about four times as much paracetamol and two and a half to four times as much dextropropoxyphene?

A. Two, three, four times as much paracetamol and two, three, four times as much dextropropoxyphene in the average overdose case, which results in fatalities.

Q. You have mentioned that it seemed that a number of Coproxamol drugs were taken. Was it possible, from your examination, to estimate how many tablets must have been taken?

A. It is not possible to do that, because of the complex nature of the behaviour of the drugs in the body. I understand that Dr Kelly may have vomited so he would have lost some stomach contents then. There was still some left in the stomach and presumably still some left in the gastrointestinal tracts. What I can say is that it is consistent with say 29/30 tablets but it could be consistent with other scenarios as well.

144. Dr Allan also said in his evidence that the only way in which paracetamol and dextropropoxyphene could be found in Dr Kelly's blood was by him taking tablets containing them which he would have to ingest.

145. In relation to an examination of Dr Kelly's body Assistant Chief Constable Page said in evidence:  
[23 September, page 201, line 1]

Q. We heard about investigations that have been carried out in the post-mortem and toxicology reports.

A. Yes.

Q. And the pathologist said that Dr Kelly's lung had been removed for tests. Have you discussed that matter with the toxicologist?

A. I have discussed that matter with the toxicologist. The lung was not subjected to tests, and the rationale given to my team by the toxicologist is that the blood was tested for an entire range of substances including volatile substances and stupefying substances. No trace whatsoever was found and therefore they considered that examining the lung would not be relevant because if it was not in the blood, it would not be in the lung.

146. Very understandably the police did not show the knife found beside Dr Kelly's body to his widow and daughters but the police showed them a photograph of that knife. It is clear that the knife found beside the body was a knife which Dr Kelly had owned since boyhood and which he kept in a desk in his study, but which was found to be missing from his desk after his death. In her evidence Mrs Kelly said:

[1 September, page 53, line 22]

Q. We have heard about the circumstances of Dr Kelly's death and the fact that a knife was used. Were you shown the knife at all?

A. We were not shown the knife; we were shown a photocopy of I presume the knife which we recognised as a knife he had had for many years and kept in his drawer.

Q. It was a knife he had had what, from childhood?

A. From childhood I believe. I think probably from the Boy Scouts.

And in a statement furnished to the Inquiry Police Constable Roberts stated:

The knife found in possession of Dr David Kelly is a knife the twins, Rachel and Ellen recognise (from pictures shown by Family Liaison Officers). It would not be unusual to be in his possession as a walker. They have seen it on their walks with him. He would have kept it in his study drawer with a collection of



small pocket knives (he did like gadgets) and the space in the study drawer where a knife was clearly missing from the neat row of knives is where they believe it would [have] lived and been removed from.

147. It also appears probable that the Coproxamol tablets which Dr Kelly took just before his death came from a store of those tablets which Mrs Kelly, who suffered from arthritis, kept in their home. In a statement furnished to the Inquiry Detective Constable Eldridge stated:

At 1000hrs on Thursday 7th AUGUST 2003 I was on duty at Long Hanborough Incident Room when I removed from secure storage the following items for examination:—

1. Exhibit SK/2 CO-PROXAMOL BOX AND STRIP OF TEN TABLETS taken from Janice KELLY
2. Exhibit NCH/17/2 CO-PROXAMOL BLISTER PACKETS FRONT BOTTOM BELLOWS POCKET these had been removed from Dr KELLY'S coat pocket by the Pathologist

On examining both items I saw that they were identical. They were marked M & A Pharmacy Ltd and had the wording CO-PROXAMOL PL/4077/0174 written on the foil side of each of the blister type packs.

I can say that enquiries have been made with M & A PHARMACHEM who are the manufacturers of CO-PROXAMOL. The batch number shown on the tablets in our possession was checked with a view to tracing the chemist that these tablets had been purchased from. I can say that this batch number relates to approximately 1.6 million packets of tablets that will have been distributed to various chemists throughout the country.

148. In relation to the question whether Dr Kelly took his own life the opinion of Dr Hunt was as follows:

[16 September, page 23, line 14]

The orientation and arrangement of the wounds over the left wrist are typical of self inflicted injury. Also typical of this was the presence of small so-called tentative or hesitation marks. The fact that his watch appeared to have been removed whilst blood was already flowing suggest that it had been removed deliberately in order to facilitate access to the wrist. The removal of the watch in that way and indeed the removal of the spectacles are features pointing towards this being an act of self harm.

Other features at the scene which would tend to support this impression include the relatively passive distribution of the blood, the neat way in which the water bottle and its top were placed, the lack of obvious signs of trampling of the undergrowth or damage to the clothing. To my mind, the location of the death is also of interest in this respect because it was clearly a very pleasant and relatively private spot of the type that is sometimes chosen by people intent upon self harm.

Q. Is that something you have found from your past experience?

A. Yes, and knowledge of the literature.

149. Professor Keith Hawton was requested by the Inquiry to give evidence in relation to the death of Dr Kelly. Professor Hawton is an eminent expert on the subject of suicide and is the Professor of Psychiatry at Oxford University and is the Director of the Centre for Suicide Research in the University Department of Psychiatry in Oxford. He stated in his evidence that the majority of those who commit suicide do not leave a suicide note or message. He further stated:

[2 September, page 101, line 25]

Q. Did you form any assessment of whether Dr Kelly's death was consistent with suicide?

A. I think all the information we have about his death and the circumstances of his death strongly point to his death having been by suicide.

Q. And what would you say drives you to that conclusion?

A. Well, the first thing is the site in which the death occurred. We have heard that it occurred in an isolated spot on Harrowdown Hill. In fact it was, as I think you have been told, in woodland about 40 or 50 yards off the track taken by ramblers. The site is well protected from the view of other people.

Q. Have you been to the site?

A. I have visited the site, yes.

Q. And what did you notice there then?

A. Well, I noticed, first of all - what struck me was it is a very peaceful spot, a rather beautiful spot and we know that it was a favourite - it was in the area of a favourite walk of Dr Kelly with his family.

Q. What other factors have you considered relevant?

A. The nature of his injuries is very consistent with an act of self cutting. The doctor - I have read Dr Hunt's report, who is the Home Office forensic pathologist. I have also seen the photographs of the injuries to Dr Kelly's body; and the nature of the injuries to his wrist are very consistent with suicide.

Q. Why do you say that? We have heard from some of the ambulance personnel who did not themselves see very much blood. We have heard from others who did see more blood. What is relevant here?

A. Well I am referring here particularly to the nature of the cutting which perhaps I would prefer not to describe in detail.

Q. Right.

A. But it -

Q. Perhaps you can just explain why you do not want to describe these matters in detail.

A. Well, one of the concerns I have is that there is now good evidence that reporting and portrayal of detailed methods of suicide in the media can actually sometimes facilitate suicide in other people.

Q. So it is perfectly obvious there are lots of members of the press here. If you had to say anything to them about the reporting of your evidence today, what would it be?

A. I think with regard to the specific method of suicide, I would prefer that that was kept as general as possible.

Q. For those reasons?

A. Yes.

Q. You have talked about the cutting. What else do you consider to have been consistent with suicide?

A. Well, the situation or the circumstances in which Dr Kelly's body was found are consistent, in that he had apparently removed - his glasses were found by his body in a way - in a manner suggesting that they had been taken off by him, as was his cap; his watch had been taken off, was removed from the body.

Q. What does that indicate?

A. It suggests that he removed the watch to give him better access to be able to carry out the cutting.

Q. And was there anything else that you saw from the pathologist's report that assisted you in your conclusion?

A. Well, the instrument that was used, which I have seen a photograph of, and the family, as you know, I think, have been shown a copy of a similar instrument, a large penknife - I will call it a penknife, but it is a rather primitive style of penknife - is very similar to one that he had in his drawer in his study, and it was one I think you heard yesterday he had had since his childhood.

Q. Yes.

A. When considering something like this, one obviously has to think about whether there could have been some other person or persons involved in the act, and the circumstances suggest that this was not the case.

Q. What, whether some third parties were involved in Dr Kelly's death?

A. Yes.

Q. And what circumstances do you consider show that there were not?

A. Well, there were no signs of violence on his body other than the obvious injury to his wrist that would be in keeping with his having been involved in some sort of struggle or a violent act. There was no sign I understand of trampling down of vegetation and undergrowth in the area around his body. So that makes it highly unlikely that others could have been or were involved.

Q. We are going to hear from a toxicologist. Have you had a chance to read that report?

A. I have.

Q. Does that assist you in your determinations?

A. Well, we know that evidence was found in Dr Kelly's body and also on his person of him having consumed some particular medication.

Q. Right. And what medication was that?

A. That is Coproxamol.

Q. And why does that assist in your determination?

A. Well, it in itself is quite a dangerous medication taken in overdose because it can have particular effects on both breathing and also on the heart rhythm.

LORD HUTTON: Just going back to the knife, Professor Hawton, you said it was very similar to one in his drawer. Now, we have been told, for very understandable reasons, that Mrs Kelly was not shown the knife. But when you say "very similar", are you drawing the inference that in fact it was probably a knife that had been in his drawer, is that what why you say "very similar"?

A. Yes, I am my Lord.

LORD HUTTON: Yes, quite. Thank you very much. Yes.

MR DINGEMANS: We were dealing with the toxicologist's report. What do you understand the position to be in relation to that Coproxamol?

A. Well, I understand that the evidence found from blood levels and from the contents of Dr Kelly's - in Dr Kelly's stomach suggests that he had absorbed - he had taken approximately 30 tablets - I am sorry, the number of tablets is based on the number that were missing from the sheets he had with him.

Q. Right.

A. But that he had consumed well in excess of a therapeutic dose of Coproxamol and given the blood levels and the relatively small amounts in his stomach, although he had vomited, I believe you have heard evidence he has vomited, but this would suggest he had consumed Coproxamol some time before death.

Q. Does that assist you in determining whether or not any third party was involved?

A. Well, for a third party to have been involved in the taking of the Coproxamol would, I imagine, have involved a struggle. I mean if somebody was forced to take a substantial number of tablets, it is difficult to believe there would not have been signs of a struggle.

Q. That is a factor you have borne in mind?

A. Yes.

Q. Did you come, then, to any overall conclusion about whether or not Dr Kelly had committed suicide?

A. I think that taking all the evidence together, it is well nigh certain that he committed suicide.

150. In his evidence Assistant Chief Constable Page stated:

[23 September, page 195, line 13]

Can you just briefly outline to his Lordship the lines of inquiry that you set out when confronted with the discovery of Dr Kelly's body?

A. Yes, certainly. Very early on in the inquiry one sets up a series of hypotheses which one tries then to knock down. For the sake of completeness the first of these would be: was the death natural or accidental? In this case it is fairly obvious that was not the case. The next question is: was it murder? I think as I pointed out in my last evidence, the examination of the scene and the supporting forensic evidence made me confident that actually there was no third party involved at the scene of the crime and therefore, to all intents and purposes, murder can be ruled out. One is then left with the option that Dr Kelly killed himself.

LORD HUTTON: Sorry, may I just ask you Mr Page, you say no third party was involved at the scene of the crime. Did you consider the possibility that Dr Kelly might have been overpowered and killed elsewhere and his body then taken to the wooded area where it was found?

A. Yes, my Lord; and I think, again, upon examination of the pathologist's evidence and of the biologist's evidence, it is pretty clear to me that Dr Kelly died at the scene.

LORD HUTTON: Yes. Thank you.

MR DINGEMANS: You were going on to say having ruled out natural causes, having ruled out murder.

A. One is left with the fact that Dr Kelly killed himself. My duty in that respect is to establish to the best of my satisfaction that there was no criminal dimension to Dr Kelly's death.

Q. Have you found any evidence suggesting that there was a criminal element?

A. Based on the extensive inquiries that we have undertaken thus far, I can find no evidence to suggest any criminal dimension to Dr Kelly's death.

Q. Can you give his Lordship, and everyone else, some idea of how many people you have interviewed in the course of your inquiries?

A. Yes, certainly. We have made contact with somewhere in the region of 500 individuals during the course of our inquiry.

Q. How many statements have you taken?

A. We have taken 300 statements and we have seized in excess of 700 documents in addition to the computer files I referred to when I gave evidence last time.

LORD HUTTON: Mr Page, could you just elaborate just a little on what you mean by no criminal dimension?

A. Well, again, my Lord, I would - I suppose being a police officer and I am inherently suspicious and I would look at the circumstances and ask myself a range of questions as to why Dr Kelly would have taken his own life.

LORD HUTTON: Yes.

A. And very early on in the inquiry, based on early discussions with the inquiry it seemed entirely out of character for Dr Kelly to take that move. Therefore, my view of whether there was a criminal dimension to this would centre around: was he being blackmailed? Was he being put under some other criminal behaviour that would have prompted him to take this action?

LORD HUTTON: Thank you for that, I just wanted you to elaborate that. And you have excluded that in your inquiries?

A. We have carried out extensive inquiries and based on those inquiries, I can find no evidence that he was being blackmailed or indeed any other evidence of any other criminal dimension.

151. Those who try cases relating to a death or injury (whether caused by crime or accident) know that entirely honest witnesses often give evidence as to what they saw at the scene which differs as to details. In the evidence which I heard from those who saw Dr Kelly's body in the wood there were differences as to

points of detail, such as the number of police officers at the scene and whether they were all in uniform, the amount of blood at the scene, and whether the body was lying on the ground or slumped against the tree. I have seen a photograph of Dr Kelly's body in the wood which shows that most of his body was lying on the ground but that his head was slumped against the base of the tree - therefore a witness could say either that the body was lying on the ground or slumped against the tree. These differences do not cause me to doubt that no third party was involved in Dr Kelly's death.

### **The evidence of Mr David Broucher**

152. Mr David Broucher, a member of the Diplomatic Service, gave evidence that in February 2003 he was the United Kingdom's Permanent Representative to the Conference on Disarmament in Geneva. He said that he had met Dr Kelly once in connection with his duties. He had not made a minute of the meeting or recorded it in his diary and doing the best that he could he thought that the meeting was in February 2003 in Geneva. He said that he wanted to pick Dr Kelly's brains because he knew that he was a considerable expert on compliance with the biological weapons convention in relation to Iraq. He had a meeting with Dr Kelly for about an hour. They talked about the history of Iraq's biological weapons capability, about Dr Kelly's activities with UNSCOM, about what he thought might be the current state of affairs, and they also talked about Iraq and the biological weapons convention.

153. Mr Broucher was asked:

Q. Did you then go on to discuss the possible use of force in Iraq?

A. We did.

Q. Can you tell us, in your own words, what was said?

A. I said to Dr Kelly that I could not understand why the Iraqis were courting disaster and why they did not cooperate with the weapons inspectors and give up whatever weapons might remain in their arsenal. He said that he had personally urged - he was still in contact with senior Iraqis and he had urged this point on them. Their response had been that if they revealed too much about their state of readiness this might increase the risk that they would be attacked.

Q. Did Dr Kelly say how he was in contact or not?

A. He did not give any details of names or places or times; and I did not ask him that.

Q. Did he say what he had said to those persons that he had contacted?

A. He said that he had tried to reassure them that if they cooperated with the weapons inspectors then they had nothing to fear.

Q. Which, as I understand it, was the position adopted by the United Nations.

A. So I understand, yes.

Q. And did he disclose how he felt about the situation?

A. My impression was that he felt that he was in some personal difficulty or embarrassment over this, because he believed that the invasion might go ahead anyway and that somehow this put him in a morally ambiguous position.

Q. Did he say anything further to you?

A. I drew some inferences from what he said, but I cannot recall the precise words that he used.

Q. What inferences did you draw?

A. Well, I drew the inference that he might be concerned that he would be thought to have lied to some of his contacts in Iraq.

Q. Did you discuss the dossier at all in this conversation?

A. We did discuss the dossier. I raised it because I had had to - it was part of my duties to sell the dossier, if you like, within the United Nations to senior United Nations officials; and I told Dr Kelly that this had not been easy and that they did not find it convincing. He said to me that there had been a lot of pressure to make the dossier as robust as possible; that every judgment in it had been closely fought over; and that it was the best that the JIC could do. I believe that it may have been in this connection that he then went on to explain the point about the readiness of Iraq's biological weapons, the fact they could not use them quickly, and that this was relevant to the point about 45 minutes.

Q. Did you discuss Dr Kelly's position in the Ministry of Defence?

A. He gave me to understand that he - it was only with some reluctance that he was working in the Ministry of Defence. He would have preferred to go back to Porton Down. He felt that when he transferred into the Ministry of Defence they had transferred him at the wrong grade, and so he was concerned that he had been downgraded.

Q. Right. Did you have any other conversation with Dr Kelly that day?

A. As Dr Kelly was leaving I said to him: what will happen if Iraq is invaded? And his reply was, which I took at the time to be a throw away remark - he said: I will probably be found dead in the woods.

Q. You understood it to be a throw away remark. Did you report that remark at the time to anyone?

A. I did not report it at the time to anyone because I did not attribute any particular significance to it. I thought he might have meant that he was at risk of being attacked by the Iraqis in some way.

Q. And you, at the time, considered it to be a sort of general comment one might make at the end of a conversation?

A. Indeed.

Q. Where were you in July this year on about 17th/18th July?

A. I was on leave in Geneva.

Q. And did you hear of Dr Kelly's death at all?

A. I believe I heard about it on the television news.

Q. Right. And did you see a picture of Dr Kelly on the news?

A. Yes.

Q. What was your reaction to that?

A. I recognised him, I realised that I knew him.

Q. And as a result of that what happened?

A. Nothing happened immediately because I was aware that I knew him but it was not until later that I became aware of the circumstances of his death and realised the significance of this remark that he had made to me, seemingly as a throw away line, when we met in February.

Q. Did you contact anyone about your recollection?

A. Yes, I did, not immediately but when the Inquiry began on 1st August it seemed to me that I needed to make known this fact.

Q. Can I take you to CAB/10/9? How did you make this fact known?

A. I sent an e-mail to my colleague, the press officer for biological weapons in the Foreign Office, Patrick Lamb.

Q. And you say to Patrick Lamb: "Is the FCO preparing evidence for the Hutton Inquiry?" We have heard from Mr Lamb: "If so, I may have something relevant to contribute that I have been straining to recover from a very deep memory hole." Is that right, that at the time your impression was that it was a throw away remark, and is it also fair to say that it was deeply buried within your memory?

A. Yes, that is fair to say, and the other facts of the meeting took some time for me to remember; and it took a long time to establish when the meeting took place because it was not noted in my diary.

154. Mr Broucher was clear in his evidence that he had only met Dr Kelly on one occasion. After he had given evidence Dr Kelly's daughter, Miss Rachel Kelly, looked at her father's diary and found that it contained an entry that he had met Mr Broucher in Geneva on 18th February 2002. In her evidence Miss Kelly said:

[1 September, page 97, line 6]

Q. We have heard from your mother this morning. She has given us some of the background. Can I ask you to look at a diary entry for 2002? Before I ask you to look at that, can you just tell me where you found the diary?

A. Yes. The diary was in my father's study -

Q. It is FAM/1/1. If we look at the entry for February, what does it tell us?

A. It mentions specifically a meeting with David Broucher on 18th February 2002, and the interesting thing with my father's diaries is he tended to write entries in them after the event and this would have been a meeting that he actually had because it is in his diary.

Q. It does not look like we have been able to get the diary on the screen, but if I look at the diary that I have in front of me, it says: "Monday 18th February 2002, 9.30, David Broucher, US mis."

A. Yes, US mission.

Q. It gives details of his flights into Geneva the day before.

A. Yes, the day before.

Q. And out of Geneva on 20th February; is that right?

A. Yes, that is correct, on the 20th.

Q. And that is February 2002?

A. It is a year earlier than the date that David Broucher gave as being this year, the conversation he had with my father.

Q. And I think Mr Broucher told us he had only had one meeting with your father.

A. Yes, that is what made me look at it. I actually thought that was the case.

Therefore it appears to be clear that Dr Kelly's one meeting with Mr Broucher was in February 2002 and not in February 2003.

155. In his evidence Professor Hawton said:

[2 September, page 122, line 21]

Q. We have heard evidence from a Mr Broucher, who relayed a comment about Dr Kelly being found "dead in the woods" and he had at the time thought it was a throwaway remark. He had attributed it, if he attributed it at all, to Iraqi agents. Then after hearing of Dr Kelly's suicide he thought perhaps it was something else. Can you assist with that at all?

A. Well, I gained the impression talking to family members about that particular alleged statement that it was not a typical - not that he would say that particularly - communicate that, but it was the sort of throwaway comment he might make. I have also gathered that it is quite possible that it was not made at the time that was initially alleged but possibly a year beforehand.

Q. We have seen now diaries. Mr Broucher thought it was February 2003. He did say it was a deep memory pocket. We have seen diaries which suggest that he has met Mr Broucher in February 2002 and Mr Broucher has said they only met once. So that may mean it is February 2002. Does that assist?

A. I think it is pure coincidence. I do not think it is relevant to understanding Dr Kelly's death.

156. It is a strange coincidence that Dr Kelly was found dead in the woods, but for the reasons which I give in paragraph 157 I am satisfied that Dr Kelly took his own life and that there was no third party involvement in his death.

### **The cause of the death of Dr Kelly**

157. In the light of the evidence which I have heard I am satisfied that Dr Kelly took his own life in the wood at Harrowdown Hill at a time between 4.15pm on 17 July and 1.15am on 18 July 2003 and that the principal cause of death was bleeding from incised wounds to the left wrist which Dr Kelly inflicted on himself with the knife found beside his body. It is probable that the ingestion of an excess amount of Coproxamol tablets coupled with apparently clinically silent coronary artery disease would both have played a part in bringing about death more certainly and more rapidly than would have otherwise been the case. Accordingly the causes of death are:

1a Haemorrhage

1b Incised wounds to the left wrist

2 Coproxamol ingestion and coronary artery atherosclerosis

I am satisfied that no other person was involved in the death of Dr Kelly for the following reasons:

(1) A very careful and lengthy examination of the area where his body was found by police officers and by a forensic biologist found no traces whatever of a struggle or of any involvement by a third party or third parties and a very careful and detailed post mortem examination by Dr Hunt, together with the examination of specimens from the body by a forensic toxicologist, Dr Allan, found no traces or indications whatever of violence or force inflicted on Dr Kelly by a third party or third parties either at the place where his body was found or elsewhere.

(2) The wounds to his wrist were inflicted by a knife which came from Dr Kelly's desk in his study in his home, and which had belonged to him from boyhood.

(3) It is highly unlikely that a third party or third parties could have forced Dr Kelly to swallow a large number of Coproxamol tablets.

These conclusions are strongly supported by the evidence of Professor Hawton, Dr Hunt and Assistant Chief Constable Page.

158. I am further satisfied from the evidence of Professor Hawton that Dr Kelly was not suffering from any significant mental illness at the time he took his own life.

### **The statement issued by the BBC after Dr Kelly's death**

159. On Sunday 20 July the BBC issued the following statement:

The BBC deeply regrets the death of Dr David Kelly. We had the greatest respect for his achievements in Iraq and elsewhere over many years and wish once again to express our condolences to his family.

There has been much speculation about whether Dr Kelly was the source for the *Today* programme report by Andrew Gilligan on May 29th. Having now informed Dr Kelly's family, we can confirm that Dr Kelly was the principal source for both Andrew Gilligan's report and for Susan Watts reports on Newsnight on June 2nd and 4th.

The BBC believes we accurately interpreted and reported the factual information obtained by us during interviews with Dr Kelly.

Over the past few weeks we have been at pains to protect Dr Kelly being identified as the source of these reports. We clearly owed him a duty of confidentiality. Following his death, we now believe, in order to end the continuing speculation, it is important to release this information as swiftly as possible. We did not release it until this morning at the request of Dr Kelly's family.

The BBC will fully co-operate with the Government's inquiry. We will make a full and frank submission to Lord Hutton and will provide full details of all the contacts between Dr Kelly and the two BBC journalists including contemporaneous notes and other materials made by both journalists, independently.

We continue to believe we were right to place Dr Kelly's views in the public domain. However, the BBC is profoundly sorry that his involvement as our source has ended so tragically.

## **BERICHTEN**

### Guardian

#### **Electrodes on chest 'unusual'**

by Chris Tryhorn – 1 August 2003

Heart experts today said it was "unusual" for someone to wear electrode pads while walking following revelations that government scientist David Kelly had four of the special monitors on his chest when his body was found in an Oxfordshire wood.

Dr Kelly - the BBC's source for a report claiming the government altered the contents of a dossier about Iraq - had probably been wearing a 24-hour electro-cardiogram recorder, also known as a Holter monitor, medical experts said.

But it was odd that the pads that are connected to the device had not been removed by doctors and were left attached to his chest, they said.

"If I was in a morgue and his body was presented to me I would have thought it had come out of a coronary care unit or an operating theatre," said Professor Konrad Jamrozik, of Imperial College Hospital London.

"It would be unusual for someone to be walking around wearing these pads," he told the press association.

Another heart specialist, who declined to be named, also said it was "very unusual" for someone to be found wearing the pads.

"It would suggest that at some time he had been connected to a heart monitor in a hospital or, and this is more likely, he had been connected to a 24-hour ECG recorder.

"This is a small device which would record any events in the rhythm and would be returned to a hospital to be analysed."

New details about Dr Kelly's physical condition emerged today when Lord Hutton opened his inquiry into the circumstances surrounding the scientist's death.

Lord Hutton read from an account of the postmortem examination conducted by the pathologist, Nicholas Hunt, the day after Dr Kelly died.

Dr Hunt's report revealed that Dr Kelly had been suffering from coronary artery disease, which would have hastened rather than caused his death.

The pathologist believed the main cause of Dr Kelly's death was bleeding from an incision on his left wrist, Lord Hutton said.

Dr Kelly had also taken off his watch and glasses before his death in an Oxfordshire wood two weeks ago, it was revealed.

"The removal of the watch in this way and the removal of spectacles are features pointing to this being an act of self-harm," the pathologist wrote.

### The Age

#### **Coroner suggests new Kelly probe**

By Peter Fray – 23 January 2004

A British coroner is prepared to open a new inquest into the death of David Kelly, the weapons expert at the centre of claims the Blair Government "sexed up" intelligence on Iraq.

A judicial inquiry, headed by senior judge Lord Hutton, is set to report potentially explosive findings on Dr Kelly's death next Wednesday but Nicholas Gardiner, the Oxfordshire Coroner, believes the inquiry was unable to examine all the evidence, *The Times* reported yesterday.

At least five witnesses refused to release their statements to the Hutton inquiry and police handed Lord Hutton only 70 of the 300 witness statements they took during their inquiries, the newspaper said.

"What their motives might be for not handing over their statements I have no idea but I think I ought to see them," Mr Gardiner told *The Times*.

Mr Gardiner - whose inquest into Dr Kelly's death in July last year was adjourned under a law that allows a public inquiry conducted by a judge to fulfil the function of an inquest - intends to meet senior police officers this week to demand access to documents unseen by Lord Hutton, *The Times* said.

Dr Kelly's body was found near his Oxfordshire home days after he was exposed as the source of a BBC report alleging Britain had "sexed up" intelligence on Iraq and its reported weapons of mass destruction. The Hutton inquiry into his death is expected to severely criticise the BBC and the British Government, which claimed in its September 2002 dossier that Iraq's weapons of mass destruction could be ready to use within 45 minutes.

According to the BBC's *Panorama* program shown on Wednesday night in Britain, Dr Kelly believed Saddam Hussein's arsenal posed an immediate threat to Western interests but could not have been deployed within minutes, as the British Government claimed.

In an interview with the BBC nine months before he died, Dr Kelly said that Saddam's chemical weapons could be "filled and deployed within a matter of days and weeks".

The Hutton inquiry into Dr Kelly's death is expected to severely criticise the BBC and the British Government.

Dr Kelly's previously unseen interview was made in the month after the controversial dossier's publication. Its broadcast by the BBC, a week before the Hutton report, raised questions about why it had not been shown before to defuse the increasingly heated stand-off last year between No. 10 Downing Street and the BBC over Iraq's weapons.

In the interview, Dr Kelly was asked if Saddam's weapons posed an immediate threat. He replied: "Yes they are. Even if they're not actually filled and deployed today, the capability exists to have them deployed within a matter of days and weeks."

The program also strongly criticised BBC bosses for "betting the farm" on the "shaky" story by BBC radio reporter Andrew Gilligan, which was later found to be flawed.

Mr Gilligan's story cited claims by an unnamed senior intelligence source, later identified as Dr Kelly, that No.10 had "sexed up" the Iraq dossier.

- US Senate Intelligence Committee chairman Pat Roberts said there was some concern that Iraqi weapons of mass destruction had gone to Syria and vowed the US would continue searching for such arms in Iraq.

"I think that there is some concern that shipments of WMD went to Syria," Senator Roberts, a leading member of President George Bush's Republican Party, said on Wednesday. He did not elaborate.

Guardian

### **Our doubts about Dr Kelly's suicide**

27 January 2004

As specialist medical professionals, we do not consider the evidence given at the Hutton inquiry has demonstrated that Dr David Kelly committed suicide.

Dr Nicholas Hunt, the forensic pathologist at the Hutton inquiry, concluded that Dr Kelly bled to death from a self-inflicted wound to his left wrist. We view this as highly improbable. Arteries in the wrist are of matchstick thickness and severing them does not lead to life-threatening blood loss. Dr Hunt stated that the only artery that had been cut - the ulnar artery - had been completely transected. Complete transection causes the artery to quickly retract and close down, and this promotes clotting of the blood.

The ambulance team reported that the quantity of blood at the scene was minimal and surprisingly small. It is extremely difficult to lose significant amounts of blood at a pressure below 50-60 systolic in a subject who is compensating by vasoconstricting. To have died from haemorrhage, Dr Kelly would have had to lose about five pints of blood - it is unlikely that he would have lost more than a pint.

Alexander Allan, the forensic toxicologist at the inquiry, considered the amount ingested of Co-Proxamol insufficient to have caused death. Allan could not show that Dr Kelly had ingested the 29 tablets said to be



missing from the packets found. Only a fifth of one tablet was found in his stomach. Although levels of Co-Proxamol in the blood were higher than therapeutic levels, Allan conceded that the blood level of each of the drug's two components was less than a third of what would normally be found in a fatal overdose. We dispute that Dr Kelly could have died from haemorrhage or from Co-Proxamol ingestion or from both. The coroner, Nicholas Gardiner, has spoken recently of resuming the inquest into his death. If it re-opens, as in our opinion it should, a clear need exists to scrutinise more closely Dr Hunt's conclusions as to the cause of death.

David Halpin (Specialist in trauma and orthopaedic surgery); C Stephen Frost (Specialist in diagnostic radiology); Searle Sennett (Specialist in anaesthesiology)

## BBC

### **Tom Mangold**

30 January 2004

On the day the BBC was sent reeling by the conclusions of Lord Hutton's report Tim Sebastian talks to Tom Mangold, the investigative journalist and friend of Dr. David Kelly, about whether Lord Hutton got it right.

Tom Mangold, who was a close friend of Dr. David Kelly, told Tim Sebastian that he thought the apology given by the BBC was "long overdue and should have been made last June. Nobody can defend the indefensible. A BBC story of such significance is either right or wrong. It cannot be partially right."

Tom Mangold thinks that Lord Hutton "just about got it right" and "got as close to the truth as you can get."

He also argued that, despite being in a small minority which included Lord Hutton, he felt that once David Kelly "outed" himself (ie. came forward to his line manager and admitted that he had been speaking to the BBC journalist Andrew Gilligan), then the Ministry of Defence had "no option but to put him forward to the Foreign Affairs Select Committee."

Tom Mangold told Tim Sebastian that the main failures in the compilation of the government's dossier of September 2002, outlining the reasons for going to war, were not a failure of government but "a total failure of intelligence."

He did, however, appear to agree with one of Andrew Gilligan's allegations that Dr. David Kelly himself questioned the validity of the now infamous 45 minute claim included in the dossier:

"David told me he thought the 45 minute claim was risible. He didn't understand what it meant. He didn't understand what it was doing there.

When asked what the consequences of Lord Hutton's findings were for investigative journalism, Tom Mangold said: "If I were a civil servant I would think twice about talking to a journalist and I would think twice about talking to a BBC journalist. I'm afraid that will be one of the bitter legacies that will last for a little while."

But on the central issue of why the government scientist committed suicide, Tom Mangold thinks Dr. Kelly played an important part in his downfall - and he knew it.

"I knew David Kelly very well. He was a very bright man. He had a brain that could boil water. He wasn't a victim. He went into the Gilligan conversation and made a mistake. He went into tiger country without a shotgun. He shouldn't have done it. He knew he shouldn't have done it. It was one of the few mistakes he made in his life."

## Guardian

### **Medical evidence does not support suicide by Kelly**

12 February 2004

Since three of us wrote our letter to the Guardian on January 27, questioning whether Dr Kelly's death was suicide, we have received professional support for our view from vascular surgeon Martin Birnstingl, pathologist Dr Peter Fletcher, and consultant in public health Dr Andrew Rouse. We all agree that it is highly improbable that the primary cause of Dr Kelly's death was haemorrhage from transection of a single ulnar artery, as stated by Brian Hutton in his report.

On February 10, Dr Rouse wrote to the BMJ explaining that he and his colleague, Yaser Adi, had spent 100 hours preparing a report, Hutton, Kelly and the Missing Epidemiology. They concluded that "the identified evidence does not support the view that wrist-slash deaths are common (or indeed possible)". While Professor Chris Milroy, in a letter to the BMJ, responded, "unlikely does not make it impossible", Dr Rouse replied: "Before most of us will be prepared to accept wristslashing ... as a satisfactory and credible explanation for a death, we will also require evidence that such aetiologies are likely; not merely 'possible'." Our criticism of the Hutton report is that its verdict of "suicide" is an inappropriate finding. To bleed to death from a transected artery goes against classical medical teaching, which is that a transected artery retracts, narrows, clots and stops bleeding within minutes. Even if a person continues to bleed, the body compensates for the loss of blood through vasoconstriction (closing down of non-essential arteries). This allows a partially exsanguinated individual to live for many hours, even days.

Professor Milroy expands on the finding of Dr Nicholas Hunt, the forensic pathologist at the Hutton inquiry - that haemorrhage was the main cause of death (possibly finding it inadequate) - and falls back on the toxicology: "The toxicology showed a significant overdose of co-proxamol. The standard text, Baselt, records deaths with concentrations at 1 mg/l, the concentration found in Kelly." But Dr Allan, the toxicologist in the case, considered this nowhere near toxic. Each of the two components was a third of what is normally considered a fatal level. Professor Milroy then talks of "ischaemic heart disease". But Dr Hunt is explicit that Dr Kelly did not suffer a heart attack. Thus, one must assume that no changes attributable to myocardial ischaemia were actually found at autopsy.

We believe the verdict given is in contradiction to medical teaching; is at variance with documented cases of wrist-slash suicides; and does not align itself with the evidence presented at the inquiry. We call for the reopening of the inquest by the coroner, where a jury may be called and evidence taken on oath.

Andrew Rouse (Public health consultant); Searle Sennett (Specialist in anaesthesiology); David Halpin (Specialist in trauma); Stephen Frost (Specialist in radiology); Dr Peter Fletcher (Specialist in pathology); Martin Birnstingl (Specialist in vascular surgery)

## Guardian

### **Fantasists and Dr Kelly**

14 February 2004

Andrew Rouse and colleagues (Letters, February 12) say Hutton was wrong to conclude Dr Kelly took his own life. They do this by ignoring the clear autopsy evidence and yet present no evidence that another party was involved in Dr Kelly's death. They challenge the very idea that slitting the wrists can cause death, ignore the toxic dose of coproxamol present and dismiss Dr Hunt's finding of ischaemic heart disease.

A reading of the evidence shows Dr Kelly had tentative marks to the wrists, typical of self-infliction. He had evidence of ischaemic heart disease, which Dr Hunt said may have played a part and put it in his cause of death. He also said the dextropropoxyphene may have killed him, if he had not haemorrhaged from his wrists. Dextropropoxyphene is a dangerous drug in overdose. It also has direct effects on the heart, a fact pointed out by Dr Allan in his evidence and important in the context of Dr Kelly's heart disease. The concentration recorded in Dr Kelly was in the toxic range, according to several different textbooks (such as Clarke's Analysis of Drugs and Poisons).

I would not recommend Rouse and his colleagues taking 29 tablets of coproxamol. They will end up in my colleague's mortuaries. There is more than enough objective evidence to account for the unfortunate Dr Kelly's self-destruction. The evidence for his murder lies only in the minds of fantasists.

Prof Christopher Milroy (Professor of forensic pathology, University of Sheffield)