CORONERS ACT (NORTHERN IRELAND) 1959

Deposition of Witness taken on WEDNESDAY the 24TH day of MAY 2004, at inquest touching the death of CONOR MITCHELL, before me MR J L LECKEY Coroner for the District of GREATER BELFAST as follows to wit:-

The Deposition of DR BRIAN HERRON

of who being sworn upon his oath, saith

On the instruction of HM Coroner J L Leckey LLM, I Dr Brian Herron, Department of Neuropathology, Institute of Pathology, Grosvenor Road, Belfast, Northern Ireland, made a post mortem examination of the body of Conor Mitchell aged 15 years. I now produce my report as Exhibit C \(\cdot\).

I would put Corebral Paloy at last II of the course of death. I found has evidence of rook at autopsy. I would still us se curfilled of identifying an underlying course of the closelying course of the closelying course.

TAKEN before me this 25TH MAY 2004

Coroner for the District of Greater Belfast

CM - Coroner 087-013-074

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on

day

, at inquest touching the death of , before me

Coroner for the District of

as follows to wit:-

The Deposition of DA BRIAN HERRON

(Address) who being sworn upon h & oath, saith P.T.O.

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months as well of over seconds. Symphosis
Leadache, vomiting collapse or sergios.
Seque und generally speaking noan an
applier sergire. My friding do me
exclude Coner having a writing track
infection, I find it very unlikely that there
us a vival infection inthe train. There
was us anderce of frauma caretral policy because his caretral policy thanks more
weart the ver epilophie, & therefore more
prone to perquis.
·
TAKEN before me this 25th day of May 2004,
Coroner for the District of Stocker Jelky

CORONERS ACT (Northern Ireland) 1959

CONTINUATION OF DEPOSITION - ANN HENDERSON TO CRAN HERDEN.

I would put Cerebral Palsy at Part II of the cause of death. I found no evidence of rash at autopsy. I would still not be confident of identifying an underlying cause of the cerebral oedema

CM - Coroner 087-013-077

CORONERS ACT (Northern Ireland) 1959

CONTINUATION DEPOSITION OF Dr. Brian Herron

Mr. Millar: The porencapholic cyst do indicate severe structural brain damage but may not always result in seriously impaired brain functions. Conor had a very abnormal brain and would have made it vulnerable to insult. Epilepsy may mean a lower threshold for brain damages, I would not have been able to make an estimate of Conor's life expectancy. An epileptic attack may not result in identifiable brain damage. Cerebral oedema can occur within seconds. One of the final seizures could have caused the brain damage and found at autopsy. Normally a pathologist would seem inflammation in the brain. Here was seen in this case and I found no evidence of a viral infection. Unlike cell count pointed to infection through not specifically viral infection. A viral infection was unlikely as was a primary infection of the brain. I found a small amount of suborachnoid blood but I did not attach much significance to it.

Mr. McKillop Cerebral oedema causes coming. It can develop over weeks or months as well as over seconds. Symptoms: headache, vomiting, collapse or seizures. Seizure would generally speaking mean an epileptic seizure. My finds do not exclude Conor having a urinary tract infection. I find it very unlikely that there was a viral infection in the brain. There was no evidence of trauma. He was epileptic because of his cerebral palsy and therefore more prone to seizures.

CM - Coroner 087-013-078