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HER MAJESTY'S CORONER FOR SOUTH YORKSHIRE  
(WEST DISTRICT)

INQUESTS INTO THE DEATHS OF THE  
VICTIMS OF THE HILLSBOROUGH FOOTBALL  
STADIUM DISASTER  
ON THE 15TH APRIL, 1989

---

INQUEST INTO THE DEATH OF  
LEE NICOL

Before

DR. S.L. POPPER, LL.B., B.MED.Sci., BM, BS, MRCP

(Her Majesty's Coroner)

At

The Medico-Legal Centre,  
Watery Street,  
Sheffield.

On

1st May 1990

TRANSCRIPT OF PROCEEDINGS

From the Notes of J.L. Harpham, Ltd.,  
Official Shorthand Writers,  
55, Queen Street, Sheffield S1 2DX

APPEARANCES:

MR. D. FRASER	Hillsborough Solicitors' Group Steering Committee
MR. S. SMITH	Medical and Dental Union of Scotland (Representing Dr. A. Forrest)
MR. CALLAGHAN	Trent Regional Health Authority and South Yorkshire Metropolitan Ambulance Service
MR. GREGORY	Sheffield City Council
MISS THORPE	Eastwood & Partners
MISS A. ADDLEMAN	Police Federation of England and Wales
MR. P. ISAACS	Chief Superintendent D. Duckenfield
MS. B. NORCLIFFE and MR. P. METCALF	Chief Constable, South Yorkshire Constabulary
MR. S. CATCHPOLE and MR. JACKSON	Sheffield Wednesday Football Club

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1st May 1990

INQUEST INTO THE DEATH OF LEE NICOL

MR. FRASER: Good morning, sir. The first evidence you will hear this morning, sir, relates to Lee Nicol. Lee's mum is in Court with a social worker and friend and the firm which represents her is a member of my Group and I, therefore, appear on the usual basis as their agent, sir.

THE CORONER: Good morning, Mrs. Nicol. I am sorry we had the interlude before we came to your son's Inquest but it is obviously important in everyone's interests that points be made as soon as possible. It doesn't affect you directly in any way and forgive me that we dealt with it first.

If I can just describe for you what we intend to do so that you can have an idea of the procedure, in a moment I am going to read to you what I then did on I think the 19th April when I opened the Inquest. I will read that to you and when I have read that to you I am going to tell you what the blood alcohol levels were because although Lee did not, in fact, die on the day when most people did, the alcohol levels were subsequently measured and we know what they were so I will tell you so that you know and so that the Jury know. Then we will listen to Dr. Holt, who is the Pathologist, who will give us her account of the pathology and Dr. Appleyard is in Court. You probably know Dr. Appleyard but we don't and Dr. Appleyard is going to tell us a little bit about the clinical aspect of Lee. When he has finished we will have the presenting Officer who will present a summary of the rest of the evidence and possibly overlap with some of what we have heard. Finally, Inspector Layton will come and describe, first of all, the visual evidence and demonstrate on these plans what he has been talking about. When you hear Inspector Layton you may think I am a bit confused and I don't know what is going on because he is referring to all these plans, numbers and so on. It will become clearer as soon as he walks round to these plans.

Apart from Dr. Holt and Dr. Appleyard, everybody has already taken the Oath and so they won't be resworn but you will hear the Oath or Affirmation, depending upon their wishes, in respect of those two people. Is that clear?  
(indicating agreement)

This then is the resumed Inquest which I opened on 19th April and on that occasion Neil Anthony Parkin, Acting Coroner's Officer, said:

"The body which is the subject of this Inquest has been identified to PC 3135 Burnlees of the South Yorkshire

DR. SHIRLEY HOLT

A

Police as that of Lee Nicol by Patricia Frances Nicol, his mother. He was 14 years of age, having been born on 3rd January 1975 at Liverpool. He lived with his parents at [redacted] Bootle, Merseyside. He was a schoolboy. He died at the Northern General Hospital on 18th April 1989 following an incident at Hillsborough Football Club on 15th April 1989. PC Burnlees has identified the same body to Dr. Holt. It is the family wish that his body should be cremated."

B

I wrote to you - you probably don't remember - on 27th April. You have signed the form and you confirm I have all the names correctly spelt, there were no other names. In other words, all the details were right. You confirm that dad's name is Donald Alfred and your name is Patricia Frances. His one error on this is to do with the date of death and that we will be hearing in a moment about that. As I say, the blood alcohol was actually measured in the case of Lee, not by Dr. Forrest but by somebody else at the Northern General (Dr. Holt will confirm this) and the result was negative.

C

DR. SHIRLEY HOLT - SWORN  
By THE CORONER:

D

Q. Good morning, Dr. Holt. Dr. Holt, would you be good enough to describe yourself on this occasion fully with qualifications and position? - A. My name is Shirley Holt. My qualifications are MB, CHB, MD. I am a Consultant Histopathologist at the Northern General Hospital.

E

Q. Dr. Holt, the first thing I think we need to deal with is that you are dealing with the post mortem in relation to a youngster known as Lee Nicol, is that right? - A. Yes.

Q. You have heard he was identified to you by an Officer, Mr. Burnlees, is that correct? - A. Yes, that is correct, yes.

F

Q. In your post mortem report, if you would deal with the time of death first, you have actually shown it as 18.4.89? - A. Yes.

Q. Do you feel that is, in fact, correct? - A. Yes, this is the time that the organs were removed for transplantation. I have discussed this with Dr. Neil Appleyard who was treating the patient at the time and we feel that a more correct date of death is the 17th of the 4th 1989, 2000 hours when brain death was declared.

G

Q. In other words, the timing of organ transplantation. Do you need the notes? Dr. Holt ought to have the notes in case she wants to refer to them. I think the organ transplantation took place at about 2 am? - A. Yes.

H

- A** Q. On the 18th? - A. Yes, that is correct.
- Q. But the brain stem criteria were confirmed on the...? -  
A. On the 17th.
- Q. At 2000 hours, yes. Are you quite satisfied, Dr. Holt, that the correct timing of death in a situation such as this is a time when the brain stem death criteria are satisfied rather than a time when the organs are taken out? - A. Yes, that is correct.
- B** Q. That is the way that the practice is in England, isn't it? -  
A. That is correct, yes.
- Q. If you will now turn to the post mortem proper, can you give us the cause of death and then take me to the relevant parts of the post mortem findings to support it please? -  
A. The cause of death was cerebral anoxia due to traumatic asphyxia, acute bronchitis and bronchopneumonia contributed.
- Q. That is under 2? - A. That is under Part 2.
- D** Q. Can you help me now what it (a) means and (b) what you did and why you come to that conclusion? - A. At the time of the accident there was obviously a crushing effect and the contents of the stomach were inhaled. This, of course, cut off the oxygen supply to the brain and permanently damaged the brain at that time resulting in brain death. Following this, the brain, of course, does swell. This is the cerebral anoxia, cerebral swelling. Also the inhalation of the stomach contents is highly irritant and this facilitated the development of a chest infection, acute bronchitis and bronchopneumonia.
- E** Q. I think you did actually have a look at the brain as one would normally do? - A. That is correct, yes.
- Q. I believe that you took the view, having seen it, that that brain had been damaged for quite some time? - A. I took the view that having examined the brain thoroughly microscopically and histologically that the brain had been damaged at the time of the traumatic event, yes, at the time when the gastric contents were inhaled.
- F** Q. If that is so, despite all efforts, nothing could have been done to retrieve the situation? - A. I am afraid not, no.
- G** Q. Because it doesn't repair, does it, the brain cells? - A. It is irreparable.
- Q. No natural disease? - A. None in the remaining organs after transplantation.

**H**

DR. SHIRLEY HOLT

A

Q. Obviously you could not see them all because they had been transplanted? - A. Absolutely no remaining disease at all..

Q. I suppose it would not be unreasonable to assume if an organ has been taken for transplantation and put into somebody else, as presumably was done, that those organs would have been substantially healthy? - A. To my knowledge they were.

B

Q. I did mention the blood alcohol and you have got the file in front of you. Could you just have a look? - A. Yes, blood alcohol, this was done on a specimen taken at the time the patient was admitted. Obviously at the post mortem the patient had been in hospital four days. No alcohol was detected.

C

Q. So in other words that was the true reading relatively close? - A. Yes.

Q. Of course, the level wasn't estimated until he died. I think it was at your initiative, was it not? - A. Yes.

Q. But on an earlier sample which had been preserved, as is normal practice? - A. That is correct, yes.

D

THE CORONER: Mr. Fraser, any questions?

Cross-Examined by MR. FRASER:

E

Q. Dr. Holt, we have heard over the last days the effect of severe crushing and the restriction of oxygen into the blood stream. I am right in thinking that Lee would have been crushed and lost consciousness very quickly? - A. Almost immediately.

Q. And that the valiant attempts to help him which superseded would have all have been done when he was unconscious? -  
A. That is correct, yes.

F

Q. He would have known nothing after the initial crushing? -  
A. Nothing at all.

MR. CATCHPOLE: No questions.

MR. LIMB: No questions.

G

THE CORONER: Is it likely that your clients would wish to speak to Dr. Holt?

MR. FRASER: Yes, sir.

Q. THE CORONER: Dr. Holt, would you be good enough to stay to the end of this Inquest? - A. Yes.

Q. And then spend a few minutes as necessary with the family? -

H



A

A. Yes, of course. I will leave the notes here.

DR. TERENCE NEIL APPLEYARD - SWORN  
By THE CORONER:

B

Q. Dr. Appleyard, would you be kind enough to give us your full name, qualifications and position in the Northern General Hospital? - A. I am Dr. Neil Appleyard. My qualifications are MB, CHB, DA, FFARCS, and I am Consultant Anaesthetist in charge of the Intensive Care Unit at the Northern General Hospital.

Q. Terence Neil I think you said, didn't you? - A. Yes.

C

Q. Dr. Appleyard, this youngster, Lee Nicol, came under your care, is that right? - A. Yes.

D

Q. It will be perfectly in order for you to look at the notes if you wish to do so. Could you just very briefly tell me a little bit about his progress within the hospital? - A. I first saw him on the Saturday about half past four. I examined him on the Unit and then he was intubated. A tube was put down into his lungs to help the breathing. He was attempting to breathe but there was obviously severe brain damage and from then on we decided to treat him as we would normally with somebody who has got cerebral hypoxia and we would try to prevent brain swelling. This would involve drying the patient out, limiting the amount of fluid, paralysing, and ventilating to a low level of carbon dioxide to try and reduce the swelling and then review the situation about every twelve to twenty-four hours. This is basically what we did.

E

Q. You were attempting to do? - A. Yes.

Q. I think I am right in saying one of the things you check is a dilation of pupils, isn't it? - A. Yes.

F

Q. There was some point when his pupils appeared to react slightly? - A. They did to start with, yes.

Q. But that ceased? - A. That ceased.

Q. Would I be right in thinking although you did what you could, as you have described, your fears for him were profound? Would that be right? - A. Yes.

G

Q. What happened then? At some point you must have come to the conclusion, although he was being ventilated and appeared to be breathing, the damage was irretrievable, is that right? -

A. This was on the Sunday really, when we reversed the paralysis, when he was making no attempt at breathing, his pupils were then fixed and it was evident then the brain damage was much more severe than we first thought.

H

DR. TERENCE NEIL APPELYARD

A

Q. At that point you presumably thought you might have to check for brain stem death, is that right? - A. Yes.

B

Q. I do not think we need go into a detailed description of brain stem death but am I right in thinking that what that means, because the ladies and gentlemen of the Jury won't necessarily understand it, is a method of establishing whether the brain has been so damaged, or at least that part of the brain which controls respiration, that it could not function without external support? - A. Yes, patients who fulfil those criteria do not survive.

Q. They are deemed, in fact, under the guidelines to be dead when I think two tests have been carried out? - A. Yes.

C

Q. That is the conventional way of doing it? - A. Yes.

Q. Is there any need for the tests to be separated by any length of time? - A. No, as long as the tests are done by two separate physicians. In this case, in Lee's case, the separation was about two hours.

D

Q. I think I am also right in saying that you already knew from the card or from Mrs. Nicol that Lee had actually indicated if anything were to happen to him he would wish his organs to be donated. That is an extraordinary thing for a fourteen year old to do and a more extraordinary coincidence that it should become needed? - A. Yes.

E

Q. But you knew that at some point? - A. Yes.

Q. Would I be right in thinking the transplantation teams, if I can use that word, have nothing whatever to do with establishing brain stem criteria? - A. No.

Q. That is a matter for you to decide? - A. They never are involved in anything to do with it. They have to remain totally independent.

F

Q. Obviously you notify them there may be a potential donor but it is your decision as to whether that donor is dead? -

A. Yes.

G

Q. Again to make it absolutely clear because people may find this difficult, once the criteria have been established, and we do not need to go into how you do it, that person is then dead? - A. Yes.

Q. Even though you might look at him and think perhaps he is still breathing because the machine is working? - A. Yes.

H

Q. These criteria, and I think you were telling me there were two done, can you tell me the times when they were done? -

A

A. The first one was done at 1640 and the second one, which I did, was at 1800 hours.

Q. That would have been on Sunday, 17th? - A. Yes, which I think is a Monday.

B

Q. I beg your pardon, Monday, 17th? - A. Yes.

THE CORONER: Have you understood all this that we have talked about? We don't want to go into all the legal technicalities. I just want to make sure you have understood. There is nothing else you want Dr. Appleyard to explain on that? (no response) Mr. Fraser, is there anything else?

C

MR. FRASER: I have no questions, thank you.

MR. CATCHPOLE: No thank you, sir.

MR. LIMB: No, thank you, sir.

D

Q. THE CORONER: Perhaps I would just ask you one question. Having known about Lee's wishes and mum's consent, were any organs taken for transplantation? -

A. Yes.

Q. Is it correct it is standard practice in the United Kingdom that one never tells the donor family who the donees are? -

A. We don't give the name of the donee but we do tell them whether it was male or female and who got what, which organ.

E

Q. Is it right, is it, that the organs were, in fact, used for other people? - A. Yes.

Q. I think you used heart, lungs and? - A. The heart, in fact, was used. The lungs weren't used but the heart valves were used. The heart was too small to fit into any recipient in need of a heart at that time and so the valves were taken out and used subsequently.

F

Q. Did you use any other organs? - A. The kidneys.

Q. Those were used as well? - A. They were used, yes.

Q. So other people now owe their wellbeing to Lee? - A. An awful lot, yes.

G

Q. And, of course, to his mum. Thank you? - A. Yes.

H

THE CORONER: Nothing else arising out of that, is there? Dr. Appleyard, thank you very much indeed. Is there any reason why, Mr. Fraser, Dr. Appleyard should stay. Dr. Holt is going to stay because she is going to talk to

P.I. MATTHEW ROBERT SAWERS

A Mrs. Nicol but is there any reason why I can't release Dr. Appleyard?

MR. FRASER: No, I think Mrs. Nicol would a word with him.

B Q. THE CORONER: Do you mind holding on? - A. Yes.

POLICE INSPECTOR MATTHEW ROBERT SAWERS - Called

By THE CORONER:

C Q. Yes? - A. Matthew Robert Sawers, sir, Inspector with the West Midlands Police. I am already sworn, sir.

Q. Could you then, Inspector Sawers, take me through the summary? - A. Yes. At about 1000 hours on Saturday, 15th April 1989, Mrs. Patricia Frances Nicol saw her son, Lee Nicol, leave home intending to Sheffield. He was to travel with friends to watch the FA Cup Semi Final football match at Hillsborough Stadium.

D Austin Grimmant (15 years) and Alan Gerard Trees (also 15 years) met Lee and went to Lime Street railway station, Liverpool, where they travelled on the 1135 hours train to Sheffield. They arrived in Sheffield at about 1315 hours and went directly to the stadium by a special bus service from the station.

E They entered the stadium via the turnstiles at Leppings Lane without having to queue and stood together in Enclosure 3 near to the front perimeter fencing and close to the dividing fence with Enclosure 2.

F As the match started there was a surge which relented and left Austin and Lee close together at the front of the terraces. A few seconds later there was a further surge and Austin saw Lee fall to the floor and another spectator fall on top of him.

G After a few minutes Austin was pulled over the fence into Enclosure 2 by spectators. Spectators from Enclosure 3 lifted Lee over the fence into Enclosure 2 and he was carried on to the pitch by Police Constable Marsh and Police Constable Jenkinson who attempted resuscitation. The Officers were assisted in their efforts by Dr. Michael Hutson, a spectator at the match, and Cathleen Wells of the St. Johns Ambulance. Although Dr. Hutson felt that Lee was clinically dead he continued resuscitation.

H Lee was put on a stretcher and wheeled across the pitch by Police Constable Marsh and John Kevin Flack, an ambulanceman. He was conveyed to the Northern General

D.I. M. LAYTON

A Hospital in an ambulance driven by Mr. David Wilson. Mr. Flack and Police Constable Marsh continued resuscitation.

B Upon arrival at the hospital Lee received immediate treatment. Nurse Patricia Jamieson, Drs. Walker, Glendening, Miles Davidson and Fang Yee Lam outline the treatment given. Lee was transferred to an intensive therapy unit and Dr. Terence Appleyard outlines further treatment given.

At 1850 hours on Monday, 17th April 1989, Dr. Appleyard examined Lee and certified life extinct.

C At 1150 hours on Tuesday, 18th April, Mrs. Pat Nicol identified the body of her son to Woman Police Constable Burnlees at the Chapel of Rest at the Northern General Hospital.

On 18th April 1989, following identification by Police Constable Burnlees, Dr. Shirley Holt carried out an autopsy and submitted a report giving cause of death.

D It is clear from the evidence of Austin Grimmant and Alan Trees that Lee entered the stadium via the Leppings Lane turnstiles with a ticket well before the schedule kick off time.

E Q. I will just ask you this question. Am I right in thinking that, in fact, it is clear Lee went to the Northern General and no other hospital, just the Northern General? - A. That is absolutely clear, sir, yes.

THE CORONER: Mr. Fraser.

MR. FRASER: No questions, sir, thank you.

MR. CATCHPOLE: No questions, sir.

F MR. LIMB: No questions, sir.

DETECTIVE INSPECTOR MICHAEL LAYTON - Called:

By THE CORONER:

G Q. Yes. - A. Sir, Michael Layton, Detective Inspector, West Midlands Police. An examination of video film and photographic evidence has been made and Lee has been identified in Enclosure No. 3 and also on the pitch.

Mrs. Nicol has viewed visual evidence and she has confirmed the identifications of her son.

H

A

D. I. M. LAYTON

On a photograph referenced MWL11/35A Lee is shown being passed over the fence from Enclosure No. 3 into Enclosure No. 2. That photograph, sir, is timed at 1512.

B

PC Marsh has indicated on a plan of the ground the position that he first came into contact with Lee and that plan, sir, is referenced KRM1.

On a photograph referenced RJPA/8, PC Marsh and PC Jenkinson are shown carrying Lee on to the pitch and the Officers have confirmed that identification.

C

On a photograph referenced NGN1/63 this shows the Officer on the pitch with PC Marsh carrying - I am sorry, sir, that doesn't quite make sense to me that paragraph. Can you just give me a moment?

Q. Yes, I think it is referring to Jenkinson? - A. I am sure it is, sir. I just want to be absolutely sure. That is right, sir, yes. If you want me to read it again, sir?

D

Q. Yes? - A. Photograph NGN1/63 shows the Officer on the pitch with PC Marsh carrying out mouth to mouth resuscitation, and, as you say, sir, it is PC Jenkinson.

Photograph referenced PR4/24 shows Dr. Hutson treating Lee on the pitch at 1519 hours and Dr. Hutson has confirmed this identification.

E

Photograph referenced PR4/25 shows Lee being placed on a stretcher by persons including Ambulanceman Flack and that photograph, sir, is timed at 1521.

I should perhaps add this, that in addition to the ambulanceman and the Police Officer there was a third person, an unknown supporter, who also assisted to carry him across the pitch.

F

On a photograph referenced NGN1/89 Lee is shown about to be placed into the ambulance and that is at the Spion Kop end of the pitch.

G

I think it is fair to say, sir, in fact, that Lee was one of those for whom there are a large number of photographs.

Can I refer you to a plan which has been given a reference number KRM1 which is the plan by PC Marsh?

H

Q. That will be C176. - A. You will see on that plan a slight amendment. Originally the Officer thought he had taken Lee through Gate No. 3 whereas, in fact, it was Gate No. 2 and the plan has been amended.

A

Q. That is right and the date of the amendment is 15.2.90, is that right? - A. That is correct. A further plan MWJL111...

Q. 111 or 110? - A. Yes, 110 chronologically, sir, yes.

Q. C175. - A. Then we go to MWJL111.

B

Q. C177. This plan has got eight markings, hasn't it? -  
A. That is right, sir, yes. (moves to plan)

Q. When we come to demonstrate, I don't think there is any need for you to demonstrate all the eight. About three I think just to show us the progression? - A. Yes.

C

THE CORONER: Are you content with that Mrs. Nicol? Do you want to see all the eight points?

MR. FRASER: Mrs. Nicol has seen all of them.

THE CORONER: It is sufficient, ladies and gentlemen, if we see two or three because what you want is the impression.

D

THE WITNESS: If I can refer to KRM1 which is PC Marsh's plan, the point at which he indicates dealing with Lee is actually in this position here (indicating)

Q. The revised one? - A. Yes, sir, the revised one. This is Gate 2 here, this point here (indicating). That is his first contact, as it were. In respect of MWJL110, there are references there to two photographs MWL/35A, which is actually here (indicating) that relates to the point at which Lee is being passed over the dividing fence from Enclosure No. 3 which is this one here (indicating) to Enclosure No. 2.

E

There is a further photograph MWL/36A, which is just on the other side of that fence here (indicating) in Enclosure No. 2.

F

In relation to the plan of the pitch, MWJL111, there is a video identification in this position here (indicating) and basically that shows Lee's progress from Enclosure No. 2 on to the pitch area.

G

There are two photographic identifications which relate to the position at which Lee was actually looked at initially on the pitch, so to speak, and that is this position (indicating).

Q. Can you tell me, is that one of the positions where Dr. Hutson is? - A. It is, sir. If you would just give me a moment. Dr. Hutson is shown on the photograph.

H

A

Q. On the side there? - A. That is in this position here (indicating). Basically, sir, the other photographs refer to Lee's progress across the pitch with the ambulancemen, the Police Officer and the supporter.

B

Q. When he was being carried, in effect? - A. That is right, sir, and that is the position here. One here (indicating), a further one here (indicating), and there is two here. Basically that is where the ambulance was, at the Spion Kop end of the pitch.

Q. It just happens in this particular case there is a great deal of visual evidence of this particular stretcher party?

C

A. That is right, yes. Some of those photographs referred to on the photograph are timed and they do show the progress made.

THE CORONER: Any questions?

MR. FRASER: No, thank you, sir.

D

MR. CATCHPOLE: No, thank you, sir.

MR. LIMB: No, thank you, sir.

DR. TERENCE NEIL APPLEYARD - Recalled

By THE CORONER:

E

Q. Dr. Appleyard, I haven't pre-warned you of this so if you feel you cannot answer the question... Could you just come down for one more minute because a thought has occurred to me which applies to Lee and, of course, applies generally and that is this; you have heard about the timing. What was the timing when he was moved 1512 and give me Dr. Hutson's time as well.

F

INSPECTOR LAYTON: It is 1512, and certainly on one of the photographs. Certainly on photograph PR4/24 timed at 1519 Dr. Hutson is shown apparently in the process of attempted resuscitation.

G

Q. You have heard Dr. Hutson took the view that it was too late but he persisted. In fact, he was right, of course, in the event but he did the right thing at the time. What I am interested in is this; we know that Lee came to the hospital and he clearly had a lot of medical input from the numbers of people who were involved. You said he was making spasmodic efforts initially and, in fact, there was a slight response from his pupil at one point and, of course, I take it you were ventilating him with the appropriate amounts of oxygen one could possibly give in the circumstances and yet he died. What I am interested in is that here we have got a lad and in a sense nothing more could be done for him,

H



A  
B  
C  
certainly not in the hospital so far as ventilation was concerned and yet the brain was damaged. Can you explain why that should be? Why it wasn't possible having got air into him at the hospital his brain didn't recover? - A. Once brain cells, the central nervous system, once the cells die there is no recovery and it is a question of the situation of the cells within the brain that die and obviously the numbers that die and I presume the resuscitation that occurred at the ground was able to keep certain parts of his brain just sufficiently alive for him to maintain his own breathing and for one or two neurological signs to be present but then those cells were probably badly damaged and you reach a point where even they start to die and don't recover regardless of what treatment there is.

Q. What I am really trying to drive at that when you get really severe brain damage it may be possible to actually get the person breathing, possibly have the appearance of some improvement and yet in the final analysis things will end terminally if the damage was done at the initial insult? -

A. I am assuming the brain swelling, although we tried obviously to reduce the brain swelling I think it isn't always successful and swelling of the brain causes further damage. There isn't a great deal you can do about it.

Q. Thank you. It is not so much the element for Lee but it is an interesting point in that you happen to be here and I thought I would just ask. - A. Yes.

E  
THE CORONER: Mr. Fraser, is there anything you want to ask?

MR. FRASER: No, thank you, sir.

F  
THE CORONER: Mrs. Nicol, that is all the evidence we are going to take at this stage. Lee is another one of these people who died at Hillsborough who has had a great deal of publicity, as you will know better than I do. Whether that is helpful or not, the only person who can judge is you and so I will say nothing about that.

G  
H  
What I would like to say two things, three things really. First of all, it was, as I said to Dr. Appleyard, extraordinary should have given an indication of what he wanted done with his organs because 14 year olds don't always think of that at the time. Secondly, you felt able at the time to honour his wishes and, as we have already heard, several people are no doubt very thankful to you. They may not know it was you but they are thankful to the person who had the generosity to agree to the organ transplantation and, of course, although it cannot bring your lad back to you that must be a degree of comfort at least.

A

Having said that, I do want you to know that we would have infinitely preferred not to have been here today and not have had to sit and listen to Lee, because the loss for you, although it has given help and perhaps life to others, is irretrievable and irreplaceable and I want you to know that I understand and I try to understand and I am sure the Jury do as well. We are going to rise now just for a moment and proceed to the next Inquest. Dr. Appleyard and Dr. Holt will be available if you want to talk to them.

B

Dr. Appleyard and Dr. Holt, there is no need to stay. One final point, will you take charge of the notes and return them to the archives or will you return them formally?

C

DR. HOLT: I think Dr. Appleyard will return them.

THE CORONER: Could you make sure that Medical Records are positively been informed that they have been returned? Thank you.

D

(The Inquest into the death of Lee Nicol  
was adjourned to a date to be fixed)

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