

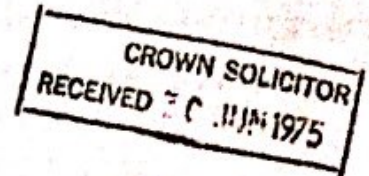
Dr DENIS LEIGH

152 HARLEY STREET, WIN 1HM
TEL: 939 0065 & 1837

20th June, 1975.
(Dictated June 11th).

DL/JEH

S. Noel Rea, Esq.,
Chief Crown Solicitor's Office,
Royal Courts of Justice, (Ulster),
Belfast BT1 3JY.



IN CONFIDENCE.

Dear Mr. Rea,

Re: Sean McKenna.

I am sending you my report on the above man.

It was extremely lucky indeed for me that there were certainly some days between my examination of him and his death. It would have been pretty hard if he had died during the examination, for that is not unknown and I was only recently talking to a psychiatrist who, whilst taking group therapy, had one of the patients drop dead in the group - a most unpleasant experience.

If there are any further points about the report, I would be very happy to discuss anything with you, as you know.

Yours sincerely,

Denis Leigh, M.D., F.R.C.P.

*P.S. Thank you for his press cutting.
They make interesting reading.*

I re-examined the above man at St. John of God Hospital on 3.6.75, at the request of the Crown Solicitor. The appointment had been scheduled for 10.00 hours, but, owing to the interposing of another case, I had to keep Mr. McKenna waiting until 11.10. I made a point of going down personally to explain to him what had happened and suggested that he might like to go out for a cup of coffee whilst he was waiting.

The interview began at 11.10 hours and continued until 12.50 hours and was conducted in a friendly manner. As Mr. McKenna knew who I was, I told him that I had been asked to re-examine him, so that perhaps he would care to tell me what his present state was. He replied:

"Well, at times I'm reasonable. I couldn't say I'm as well as I'd like to be. My biggest problem, I've still got the headaches - this last fortnight I have a pain behind my eyes at night in the darkness now - at least when I get into bed it seems to - but..... Not smoking as heavy as I was. I tell you what, if I get any shock I get a pain in my chest - right across my chest - my heart seems to jump - my arms seem to go limp - my arms just hang. These cursed nightmares and once I get a nightmare, the next day I'm scarcely fit to walk about. That's a general run down."

Here he paused and then continued - "One side of my face all crooked, the right side, before Christmas, Bell's Palsy - it was very strange how it came on, people approaching me seemed to be cut off above the waist - the top wasn't in existence at all - then they would come into focus again. That particular thing was very frightening. Others had their faces distorted - one side of their face was distorted. It was about a week I discovered my own - I thought it was a stroke, I really did. After that I just was not fit to walk - I had no power."

(p 2 history)

blood pressure 180/110. He looked ill and certainly quite a changed man from the dapper individual I had examined about one year previously. I advised Mr. McKenna that as a doctor and not as an expert examining on behalf of the Crown, I would advise him to go to see his family doctor to arrange for a further ECG and to re-consider his medication for, if Mr. McKenna's account was correct, then it did not seem to me that he was getting adequate medication for his angina.

I accompanied him from the Consultation Room to the front door and told him once again that he ought to see his family doctor.

OPINION: Mr. McKenna is now suffering from severe angina and a moderate hypertension. He has clearly gone downhill physically since I last saw him. On reading all the medical records, I note that prior to interrogation it was recorded by the doctor who examined him on admission to the Interrogation Centre on 11.8.71 that he suffered from mild heart trouble and that, in fact, I had asked him about this and he had told me that he had suffered from pain in the chest. I checked this matter through with Mr. McKenna and he confirmed that it was the same kind of pain, although of a much milder character than he had been getting recently. It is clear, therefore, that at the time of admission to the Detention Centre he was already suffering from angina pectoris, and that this angina has increased in severity. In addition, he complained to me of a number of psychiatric symptoms mainly of an anxious and fearful nature. He had suffered from an attack of facial palsy some time in December, 1974, but has had no other illness experiences since I last examined him.

Angina pectoris is by many considered to be a psychosomatic disorder; it is a symptom of underlying heart disorder and is always associated with the risk of sudden death. It seems that Mr. McKenna

was suffering from angina before he was interrogated and I think it would be hard to show

- a). that it was wise to proceed with the interrogation, and
- b). that the interrogation did not have the effect of worsening his angina.

With regard to his other psychiatric symptoms, I think that one will probably have to regard them as being the result of the so-called 'deep interrogation' procedures.

Denis Leigh, M.D., F.R.C.P.
The Bethlem Royal and the Maudsley
Hospitals

20th June, 1975.

P.S. I read on my return journey from Norway on Monday, the 9th of June that Mr. McKenna had been buried on Sunday, the 8th of June and I imagine that his death was the result of an acute cardiac failure. His death was not unexpected and as will be seen I had advised the man to consult his family doctor for his heart condition so that he could obtain more adequate treatment, for, if what he told me was true about his medication, then he did not seem to be receiving adequate medication, although I have no objective information regarding his medical treatment.