

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