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31st JANUARY, 1972

First two cases were not attended by myself in person.

CASE 1 : GERALD DONAGHY, 27, MEENAN SQUARE,

Entry Wound (L) abdomen.

Exit No exit wound. The bullet remained within the posterior chest wall. The bullet penetrated the aorta and the inferior vena cava.

CASE 2 : MICHAEL McDAID, 22, TYRCONNEL STREET.

Entry Wound (L) cheek, which fractured the left mandible and shattered several of the cervical vertebrae.

Exit Wound Below the right scapula.

CASE 3 : JOHN YOUNG, 120, WESTWAY, CREGGAN.

Entry Wound At the inner angle of the (L) eye

Exit Wound Below the (L) scapula at the level of the seventh rib. There was evidence of subarachnoid haemorrhage and petechial areas of bruising throughout the brain. The atlas, axis, and upper cervical vertebrae were all shattered.

CASE 4 : WILLIAM NASH, 62, DUNMORE GARDENS, CREGGAN.

Entry Wound 1 cm. hole in the (R) upper chest between the third and fourth ribs, and $4\frac{1}{2}$ cms. to the right of the mid line.

Exit Wound 4 cm. hole, below the (R) twelfth rib at the level of the 2nd lumbar vertebra and $4\frac{1}{2}$ cms. to the right of the mid line. There was a massive haemorrhage within the thoracic cavity. The bullet penetrated the (R) atrium of the heart and the inferior vena cava. There was a hole in the diaphragm, 3 cms in diameter. The liver was penetrated with resultant extensive damage. The (R) psoas muscle was penetrated.

CASE 5 : JOHN FRANCIS DUDDY, CENTRAL DRIVE, CREGGAN.

Entry Wound Circ. hole over the lateral aspect of the (R) shoulder near the upper border of the (R) deltoid muscle. A probe is not easily passed into the wound.

Exit Wound A jagged hole 7 cms. X 4 cms. at the level of the mid third of the left clavicle.

$2\frac{1}{4}$ pints of blood were withdrawn from the (R) thoracic cavity.

1 pint of blood was withdrawn from the (L) thoracic cavity.

The trachea and oesophagus were divided below the cricoid.

One inch above the arch of the aorta, the left carotid and (L) subclavian arteries were divided.

There was a gaping hole in the second (R) rib adjacent to the costal muscle, and the inner border of the (R) scapula was fractured. The bullet would appear to have tracked from the (R) shoulder across the second thoracic vertebra, half severing the vertebral body and was there deflected upwards again towards the exit wound at the (L) clavicle. The angle was not entirely satisfactory in the position that the arm was apparently placed.

CASE 6 : JACK WRAY, 29, DRUMCLIFFE AVENUE.

There was a cleanly cut laceration above the outer third of the (L) eyebrow 1 cm. in length, and surrounded by an area of abrasion. There were superficial abrasions around the (R) elbow, above the (R) wrist, above the (R) iliac crest and over both knees. There were two entry bullet wounds in the back.

Wound (1) An elliptical hole 7mm X 5mm on the (R) side of the back $4\frac{1}{2}$ cms. from the mid line and 4 cms. below the scapula. The angle was upwards and towards the mid line.

Wound (2) A circular hole on the (R) side of the back 7mm. in diameter situated 7 cms. below and $2\frac{1}{2}$ cms. to the (r) of wound one. The left margin of the hole was undercut. The right margin of the hole was shelved outwards.

Wound (3) There was a gaping hole on the top of the left shoulder about 3 cms. in length, and just above the left scapula. This would seem to be an exit wound which was associated with wound one and indicated that the bullet tracked upwards and forwards.

Wound (4) This was a ragged circular hole on the (L) side about 11 mms. in diameter centred $5\frac{1}{2}$ cms. below the left scapula and 14 cms. from the mid line. This wound was associated with wound two by a track which appeared to pass through the subcutaneous tissues from (R) to (L) and at an angle of about 15 degrees upwards. On exploration of this track it was seen that the bullet penetrated muscle, the spinous processes of thoracic vertebrae, and the rib cage on the (L) side where damaged lung tissue was exposed.

Examination of the rib cage revealed an elongated oval hole associated with the exit wound in the (L) shoulder. Ribs 4-8 on the (L) side showed extensive comminuted fractures.

Lungs: There was patchy bruising of the lower lobe of the (R) lung. There was extensive laceration of the (L) lung which contained many fragments of bone. There was an extensive haemopneumothorax on the (L) side, associated with multiple rib fractures, and extensive laceration of the (L) lung.

CASE 7 : MICHAEL KELLY, 9, DUNREE GARDENS, CREGGAN

ABDOMEN : There was an oval shaped wound in the (L) paraumbilical region approximately 2" to the left of the umbilicus and measuring 28 mms X 16 mms, with the long axis downwards. There was omental tissue showing through the wound.

The abdominal cavity contained about two pints of fluid blood and clot. There was a small amount of fluid in both pleural cavities. There were three lacerations of the upper jejunum, and a laceration of the mesentery of the sigmoid colon. There were lacerations of the (L) common iliac artery and vein. There was a rough hole in the (L) side of the sacro-lumbar cartilage. A copper coated lead bullet was recovered from the third sacral vertebra. The bullet was deeply lodged in the vertebra. It contained rifling marks, but was not significantly damaged. It was probably a .303 calibre bullet.

CASE 8 : WILLIAM MCKINNEY, 62, WESTWAY, CREGGAN.

Entry Wound : A circular hole, 6 mms in diameter, in the mid dorsal region on the (R) side of the back, 9 cms below the (R) scapula and 13 cms from the mid line.

Exit Wound A jagged hole in the (L) mid axillary region. The bullet tracked from (R) to (L) across the body and from behind slightly forward.

There was a further entry bullet wound in the palmer surface of the left wrist, and a jagged exit wound on the dorsal surface of the left wrist. These wounds could possibly be in a direct line with the chest wounds, if the (L) arm had been flexed at the elbow and the forearm slightly raised, when the bullet struck.

Abdomen There were lacerations of the liver and spleen. The bowel was almost completely severed at the splenic flexure. There were gaping holes in both the anterior and posterior walls of the stomach.

Thorax The pleural cavities each contained about one pint of fluid blood. There was a large tear (about a handsbreath in size) through the (L) side of the diaphragm.

Rib Cage There was a circular hole 1 cm. in diameter on the posterior surface of the (R) side of the rib cage, corresponding with the entry wound.

There was a ragged gaping hole 7 cms. X 4 cms. on the (L) side at the level of the 6th and 7th ribs, about the anterior axillary line, corresponding with the exit hole.

CASE 9 : BERNARD McGUIGAN, 20, INISCARN CRES., OEGGAN.

Entry Wound A circular hole 7mms. in diameter in the (L) occipital region, approximately 3" posterior to the (L) ear. On probing it could be seen that the wound was tracking upwards and forwards.

Exit Wound There was a gaping laceration in the (R) orbital space, 5 cms X 3 cms. centred on the (R) lower eyelid, and which exposed the interior of the skull and the bruised margin of the (R) upper eyelid, below which the remnants of the collapsed eyeball could be seen.

Xray showed several fragmented pieces of metal (about forty in number) throughout the interior of the skull space, and showing gross pathological damage to the skull structure. There were several gross fractures of the skull vault.

Examination of the brain showed an extensive laceration of brain tissue with a number of bone fragments within the brain tissue. The cerebellum was almost completely disintegrated. The base of the skull showed severe comminuted fractures and the bullet track could be seen through the (L) cerebellar fossa.

CASE 10 : GERALD McKINNEY, 5, KNOCKDARA HOUSE, WATERSIDE.

Entry Wound A circular hole 7 mms. in diameter in the (L) side of the chest, approximately on the (L) mid axillary line.

Exit Wound A jagged laceration on the (L) side of the chest approximately on the posterior axillary line.

The track of the bullet was from left to right across and through the thoracic cavity, travelling slightly upwards and slightly backwards.

The pericardial sac was normal.

There was extensive laceration of both lungs.

There was a transverse fracture of the body of the sternum at the level of the third and fourth ribs, which was probably caused by a attempts at resuscitation following death.

There was a slight amount of blood in the abdominal cavity.

CASE 11 : KEVIN McELHINNEY, 44, PHILLIP STREET.

Entry Wound A circular hole 3 mms. in diameter on the inner side of the (L) buttock, 2 cms. from the anus. The (L) posterior margin was bordered by abrasions 3 mms. wide. The wound bled profusely on probing, and was seen to track upwards and forwards into the abdomen, with a forward inclination of approximately 45 degrees and a slight deviation to the left.

Exit Wound A lacerated oval hole 7 cms X 4 cms on the left flank over the (L) lower ribs, 13 cms above the top of the iliac crest. The long axis of the wound was vertical, and exposed lacerated muscle and a fractured rib. $2\frac{1}{2}$ cms. above this wound there was a circular laceration 4 mms. in diameter. A further 8 cms. above this laceration was a further circular laceration 4 mms. in diameter. A further $3\frac{1}{2}$ cms. above this laceration was yet another circular laceration 5 mms. X 4 mms.

The (L) pleural cavity contained 2 czs. of blood.

The pericardial sac was normal. The diaphragm was intact.

The abdominal cavity contained a minimum of one pint of fluid blood and clot.

The bullet penetrated the (L) external iliac artery and also penetrated the bladder, the sigmoid colon and ileum.

CASE 12 : PATRICK DOHERTY, 15, HAMILTON STREET.

Entry Wound There was a circular hole 7 mms. in diameter in the lower back, on the upper surface of the (R) buttock, 13 cms. from the mid line of the back.

Exit Wound There was an elliptical wound on the left side of the chest 5 cms. X 3 cms, and located 10 cms. below and 5 cms. behind the (L) nipple. The axis of the wound was downwards and forward, and was bordered by an area of abrasion around the anterior axillary line at the level of the 8th and 9th ribs.

The two wounds were connected by a track which passed from right to left and upwards of an angle of 45 degrees, and from back to front at an angle of about 33 degrees to the coronal plane.

The left side of the diaphragm was penetrated by a tear about the size of a handsbreath. Two pints of blood were removed from the abdominal cavity. The inferior vena cava and the aorta were severed across at the renal level. There was a ragged hole through the pelvis at the level of the sacrum. There was an area of ragged laceration at the lower outer margin of the left lung.

CASE 13 : HUGH GILMOUR, 23, GARVAN PLACE.

Left Forearm Entry Wound : There was a circular hole 7 mms. in diameter on the extensor surface of the left forearm.

Exit Wound : There was a jagged exit wound on the flexor surface of the (L) forearm.

Trunk Entry Wound There was an elliptical wound 20 mms. X 12 mms. on the (R) side of the chest, with the long axis of the wound being downward and forward, centred 14 cms. below, and 7 cms. behind the (R) nipple, approximately on the mid axillary line.

Exit Wound : There was a gaping wound in the (L) lower chest 6 cms X 5 cms, and located 13 cms below the left nipple, approximate to the anterior axillary line. The wound was plugged by protruding bowel and omentum.

Three pints of fluid blood were removed from the pleural cavity. Half pint of fluid blood was removed from the abdominal cavity.

The pericardial sac was normal.

There was a laceration on the (R) side of the diaphragm approximately three fingers in size.

The stomach was torn wide open.

There was some laceration to the lower end of both lungs.

There was extensive disruption and laceration of both lobes of the liver.

(It has been suggested that the four wounds mentioned would be in direct line, if the left forearm were flexed at the elbow with the palm facing the lower abdomen. I would not agree with this supposition as the track of the bullet in the forearm is indicated as being from left to right, whereas, the bullet track through the abdomen is indicated as travelling from right to left across the trunk).

SIGNED:-

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(J. R. McCLEAN LRCP(S). L.M.)

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