

## **Leslie Dyke**

**Isle of Wight County Press 19 July 1947**

### **BORSTAL LAD'S DEATH.**

#### **ALLEGED BLOW CAUSED INTERNAL INJURIES**

#### **INQUEST ADJOURNED**

The unremitting medical skill and attention given to an orphan inmate of the Borstal Institution at Camp Hill, following internal injuries received from an alleged blow in the stomach struck by another inmate, was a feature of the evidence at the opening of an inquest at the County Hospital, Ryde, on Monday. The deceased was Leslie Dyke, aged 19, a native of Liverpool, who died at the hospital late on Friday night. The Coroner (Mr. R. E. A. Webster) sat with a jury, of which Mr. H. R. Brown was the foreman, and there were also present Mr. H. J. Taylor (governor of the institution) and Police Inspector Rugman and Det.-Sergt. Shield. Also in court was another borstal lad, named Moore, who was alleged to have struck Dyke. He was told by the Coroner that if he chose he could ask questions, though he advised him not to do so.

Dr. Richard Russell Prewer, medical officer at H.M. Borstal Institution, said Dyke was received there at the end of January. He had rather unfortunate home surroundings. In fact, he had no real home life and he had reason to believe that both his parents were dead. Witness saw that he had very poor physique and discovered that he had a congenital disease of the heart. His right ear was also chronically diseased and his general physical condition much below the average of lads admitted. On that account he passed him only for what was called grade two labour, which meant that he was not allowed to take part in games or in any violent exercise. - In reply to the Coroner, witness said it would be obvious to anyone that Dyke was of poor physique and as far as his mental condition went he had a history of gross hysteria. About a year before admission to Camp Hill he came to London and was admitted to St. Bartholomew's Hospital suffering from loss of memory. At that time he was believed to be an epileptic and was eventually removed by the Public Assistance authorities to a home for epileptics near Liverpool, but the sight of others having fits scared him and he ran away. He had a deformed chest, which might have been due to rickets, but he was of average intelligence. Shortly after coming to Camp Hill he was discovered one morning in his room in a state of stupor, but after being given treatment in the institution hospital he came round and stated that he could remember nothing since going to bed the previous night. Dyke settled down very well after that, took part in the general activities of the place so far as his physical abilities allowed, and put on 6lb. in weight. Witness was not on duty at the time of the alleged incident, but visited the County Hospital at 11 p.m. on the day of Dyke's death. He saw that he was gravely ill and that his heart was probably failing. He left deceased with Officer Comden and went to have a medical conference with Dr. Storey and, on being recalled, they found Dyke very much worse. Witness recommended injections of morphine to abate the extreme restlessness and violence, and although this treatment was given the condition continued until a moment before he died.

Dr. Marshall Andrew Booth Fenton, medical officer of H.M. Prison, Parkhurst, said he took duty at times when D. Prewer was absent. At about 8.30 p.m. on July 6th he was called to the institution and saw Dyke lying on his bed in his cell. He was holding his abdomen,

writhing and groaning. From the nature of groaning witness was of opinion that he might have a perforation of the gut, and on examining him he found considerable rigidity and increased sensitiveness in the left upper part of the stomach just below the ribs. He saw no bruising of the abdomen, but slight bruising of the upper lip. Dyke told him he had been struck in the belly, and Officer Laws explained that he had sent Dyke's assailant to another part of the institution and let Dyke return to his job in the pantry, but a few minutes later Dyke collapsed and was taken to his cell, where he vomited. Witness concluded that there was some abdominal condition, probably a rupture, so he took him to the County Hospital in his car. Dr. Fenton explained that why he used his car and not an ambulance was firstly, because it was quicker, and secondly that in a case of severe abdominal disorder, as he suspected, a sitting-up position was the best. He was present with Dr. Wilson Harlow when he made an immediate exploratory operation and found no pathological condition.- Answering the Coroner, Dr. Fenton said they were looking for a rupture of the gut, and though a few glands were noted they were irrelevant to the condition. It was not surprising to find a bruise coming out several days afterwards.

Dr. Edward Michael Darmady, pathologist, said he made a post mortem examination on Saturday and found that Dyke had congenital heart disease and a chronic otitis media of the ear. Dr. Harlow told him then that he had noticed ruptured muscle fibre in the abdominal wall when he was making his incision. He found the small bowel was greatly enlarged and traced this to the large bowel, which was kinked in such a way that fluid could not pass. There was quite extreme bruising in the wall of the gut. The bruise appeared to have been created some time previously and might have been caused by the injuries of which he had been told. He thought it extremely unlikely to have been caused at the operation. In his opinion death was due to the obstruction to the small intestine as a result of adhesions caused by bruising of the small intestine, and, secondly, it might have been partially accelerated by the fact that deceased had congenital heart disease.- Replying to the Foreman, Dr. Darmady said he did not think the condition could have been caused at a time earlier than the alleged assault.

Photographs of the affected part of deceased's intestines taken by P.C. McCormack were handed to the jury.

Dr. Brian H. Storey, house surgeon at the County Hospital, said deceased was admitted on July 6th and at 11.40 p.m. he was operated on by Dr. Harlow, witness being present with Drs. Harvey and Fenton. On returning to the ward deceased was in reasonably good condition and made normal progress until July 10th, when witness was informed by the Sister that he had vomited a considerable amount of fluid. As his condition became worse witness sent for the governor and Dr. Prewer and a special nurse arrived. The Coroner asked how Dyke conducted himself in the ward, and Dr. Storey replied that after the patient died it had come to his knowledge from other patients that on several occasions Dyke got out of bed and took extra drinks from other patients' lockers and on one occasion he was seen to be smoking. Dyke appeared to be a rather dour person, rather difficult to get to know and uncooperative. His conduct generally would have a delirious effect upon his condition. Witness added that before Dyke's death he was given oxygen and heart stimulants. Replying to the Foreman, Dr. Storey said it appeared that Dyke drank a lot of water and orangeade and the quantity he took illicitly might have been the cause of his vomiting. Witness did not think a person could vomit so violently as to cause injuries to the intestines.

The Coroner intimated that he proposed to adjourn the Inquest to enable further inquiries to be made, and he asked the jury not to discuss the case as they might get a wrong angle on it. He had taken the medical evidence at length and would be calling a Sister to show that deceased did not cooperate in the ward, and it was quite likely that he was under some mental stress. The boy Moore admitted striking the blow.

The funeral took place at Carisbrooke Cemetery on Tuesday, the Rev. H. G. Wearn (chaplain) officiating in the presence of the governor, two matrons, and a party of deceased's fellow inmates. Mr. H. W. Parnell, of Newport, made the arrangements.

### **Isle of Wight County Press - 30 August 1947**

#### **ADJOURNED INQUEST ON BORSTAL BOY.**

#### **CONFLICT OF MEDICAL EVIDENCE.**

#### **JURY'S SUGGESTION TO PRISON AUTHORITIES.**

There was a conflict of medical evidence at the resumed inquiry into the death of a Camp Hill Borstal boy, Leslie Dyke, 19, a native of Liverpool, who died at the County Hospital on July 11th, following, it was alleged, a blow struck by another Borstal boy, John Thomas Moore. The Coroner (Mr. R. E. A. Webster) had the assistance of a jury, of whom Mr. H. R. Brown was the foreman, and Supt. V. E. Stanley and Det. Sergt. Shield represented the police. Also present were the Deputy Governor of the Borstal Institution (Mr. Walker), medical officers of the institution at Camp Hill, and Sir Godfrey Baring (a visiting magistrate).

The Coroner said that since the last hearing it had been necessary for him to take certain action, and he had also received a report from Dr. Wilson Harlow which raised another aspect of the medical side of the case, and they would have to listen to some conflict of evidence on the medical side.

#### **Doctors Differ.**

Dr. F. Wilson Harlow, of Lynwood, St. John's Park, Ryde, said he performed an exploratory operation on Dyke on July 6th in the presence of Dr. Fenton and Dr. Storey, the latter assisting him. They had two possibilities in mind, a ruptured gut or internal haemorrhage, but found neither and nothing abnormal. Later he visited Dyke in the ward and he progressed satisfactorily until July 10th, when conditions of heart failure and distension of the bowel were evident. Suitable treatment was given, but he went rapidly downhill and died the next day. He subsequently gave the case considerable thought, and on July 16th made a report, which he sent to the police. In this Dr. Harlow stated that as the case involved a number of comparatively rare pathological conditions, which only after due consideration and the use of reference books could be correctly interpreted, he would like to withdraw his previous statement and substitute it for the following: "At about 8 p.m. on Sunday July 6th this boy was struck by another Borstal inmate and received, among other injuries, blows in the abdomen. He was brought to the County Hospital by Dr. Fenton, as Dr. Fenton considered there was probably some internal injury as the result of the attack. An operation was performed some four hours later, but except for signs of injury to the abdominal wall nothing else abnormal was found, though I entirely agree with Dr. Fenton

that the operation was essential. His progress was satisfactory until Thursday July 10th, when there was evidence of heart failure and also the development of a condition known as paralytic ileus (a condition of a dilation of the bowel which might complicate any abdominal operation). In my previous report I did not stress sufficiently the importance of the heart condition, which I now think was the primary factor in the case throughout. The boy had suffered from congenital heart disease since birth, and his previous history of mental dullness, syncopal attacks, epileptic attacks, and attacks of unconsciousness may, and probably were, due to this congenital heart lesion. In short, the deceased boy's heart, though normally compensated, was not capable of any reserve effort, and when called upon for this was incapable of responding satisfactorily. In these cases thrombosis (clotting of the blood within the vessels, usually the veins) is also common, especially where cyanosis develops when the heart for any reason is uncompensated. He died rapidly, due, I think, to the fact that his death was primarily cardiac, though accelerated admittedly by the paralytic ileus. My interpretation of the areas of "bruising" found at the post mortem is that they were areas of thrombosis of the intestine, the result of his heart condition, as it does not seem to be possible that any man, however strong, could inflict such injuries to a conscious person with his fists only. To sum up, I consider that the primary cause of death was heart failure, and that the results of the attack, as found at the operation and the post mortem, could not have been evident or occurred in anyone but an individual suffering from congenital heart disease, which was causing, and had in the past caused, considerable disability."

In reply to the Coroner Dr. Harlow said his evidence rather differed from the evidence of Dr. Darmady because he had the advantage of seeing the patient alive. It was naturally more difficult for a person to examine for results afterwards, whether it was a post mortem or accident, and be able to reconstruct the whole story the same as one who had seen the whole thing happen.- Answering the foreman Dr. Harlow said that had the deceased been a normally healthy person he would, in his opinion, have recovered.

The Coroner here recalled Dr. Edward Michael Darmady, pathologist at the County Hospital, who, in his previous evidence, said he found that death was due to an obstruction of the small intestine resulting from adhesions and apparently accelerated by congenital heart disease and excessive pressure on the wall of the gut, and might have been caused by the blow which, it had been reported to him, had been struck.- In his reply to Dr. Harlow, Dr. Darmady said he had seen Dr. Harlow's two statements and after very careful consideration, he felt unable to accept his explanation for the "bruises" for the following reasons: (1) Medical witnesses had given evidence that the heart condition was fully compensated at the time of the accident and up to the morning of July 10th, but the first symptoms of obstruction (vomiting) to the gut started on July 6th. (2) Thrombosis or clotting of the blood within the blood vessels, such as was suggested, occurred as the result of stagnation of blood owing to the failure of the heart to pump the blood round the circulation. This led to congestion of the organs, and occurred in long standing decompensated heart disease. If this had happened in this case the liver, spleen, and kidneys would be increased in weight and congestion observed. The weight of these organs were within normal limits in this case, and there was no evidence of congestion. (3) If thrombosis had occurred to cause the size of the "bruise" seen a clot of blood should have been found in the blood vessel leading to the "bruises" but the specimen had been specially dissected and showed that no such clot was present. (4) The microscopic section of the area close to the specimen presented should have shown a complete destruction of all layers of the bowel, but it was not seen; instead a localised healing clot of blood was found within the

layers of coats. (5) In his second statement Dr. Harlow had stated that "paralytic ileus" paralysis as a post operative complication might have been a factor. In cases coming to post mortem there was usually a complete relaxation of the gut throughout and, if kinking occurred, adhesions might form from one position of the gut to the next, but the gut below was still distended. In this case the gut below was normal in size. He was therefore, unable to accept Mr. Harlow's suggestion that this was due to thrombosis from the congenital heart disease. He thought it more likely that the "bruises" shown in the photograph were caused by the alleged blow for the following reasons: The microscopic examination of the gut showed a localised and healing bruise in the gut wall. This could only be caused by a blow from outside. The degree of healing was such that it convinced him that it must have been present for more than three days. Such clotting as there was within the veins was purely local in conjunction with the "bruise." That such bruises could be caused by external violence had been shown by experiments on animals and by seamen subjected to depth charge attacks. The conditions were, of course, more scarce, but were comparable because of violence of the indirect type ... In his opinion, therefore, the "bruises" became attached to one another about July 8th with subsequent obstruction and vomiting. From what he had heard of the evidence it seemed that the injuries found were consistent with their having been caused by the alleged blow.

Dr. Harlow said he could not agree that one could compare a blow with the fist with the heavy impact caused by a depth charge, and he still did not think that anyone could deliver a blow heavy enough to cause extensive bruising of the gut. In cases of thrombosis they got extravagation of the blood into the tissues which formed the bruise.- Dr. Darmady replied that to have produced that the bowel must be congested that would produce extravagation.

The Coroner told the jury that they had all the medical evidence before them and, in short, Dr. Harlow held to his opinion that death was due to heart trouble, whereas Dr. Darmady thought it was due to the bruise. He was very grateful to both doctors for giving them such a lucid explanation in the interests of medical truth.

### **Alleged Attack Described.**

John Kenneth Madden, 17, an inmate of the Borstal Institution, said he acted as pantry orderly. At about 8.5 p.m. on July 6th witness went into the hall where meals were being served. Dyke, as assistant pantry orderly, was serving out bread. He was standing on one side of the counter and Moore was on the other. Moore asked Dyke if there was any bread for him and Dyke replied "There is no bread for you, you had it this morning." Moore said he did not have it, and the next thing witness saw was the two struggling over the counter and Moore strike Dyke once. Dyke did not strike Moore but backed away into the pantry. The blow he saw struck was on the side of Dyke's face. Witness saw no more as he went into the kitchen. A short time afterwards he saw Dyke, who appeared to be all right, and Moore sat down at the supper table. Later he saw two lads helping Dyke to his room. As he was taking the cans back to the kitchen he saw Moore going round the counter.

Trevor Charles Lawes, house officer at Camp Hill, said that at 8 p.m. on July 6th the inmates were collecting supper. Fifteen minutes later Dyke reported to him that Moore had entered the scullery and struck him. He did not say where or what the trouble was about. Dyke was carrying out his duty in refusing Moore bread, as he had had his proper ration with an exercising party. Witness sent for Moore and told him of the complaint, and he said that Dyke would not give him bread. Witness told Moore that he had had his ration for the day, and a little later the lads shook hands. About 8.30 p.m. witness again went to the

pantry and found Dyke lying on the table groaning. He summoned two boys to assist him to his room where he vomited, and witness called the medical officer.- The Coroner told Moore that he was not obliged to give evidence, and in view of the nature of the evidence given he advised him not to, although he could do so if he chose - Moore said he had no wish to give evidence.

### **No Evidence to Warrant Blame.**

Addressing the jury the Coroner said Dyke's medical history showed him to be a weakling. As to the medical evidence he suggested they should accept that of Dr. Darmady, who had demonstrated to them that it was a bruise for the simple reason that he found a healing clot within the intestine, which could not have been present had the gut been mortified by thrombosis. As to how the bruise was caused they had no evidence, and there was no evidence to assist them in assigning any blame. In all probability Moore did strike Dyke in the stomach, but there was no evidence of it.

The jury, after a short absence, recorded a verdict that the cause of death was bruising of the intestine, and there was insufficient evidence to show how it was caused. They added a rider that in their opinion an officer should be present at the issue of food. - The Coroner said he thought it was the only possible verdict they could return and their rider would be forwarded to the proper authority.

Transcription by Kate MacDonell for the Friends of Newport and Carisbrooke Cemeteries,  
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