

CHAPTER TWELVE

Shipman's Unlawful Activities: The Market Street Years

- 12.1 In this Chapter, I shall give a chronological account of Shipman's years as a sole practitioner between January 1992 and his arrest in September 1998. Shipman moved to new premises at Market Street, Hyde on 24th August 1992. Between then and his arrest, Shipman killed 143 patients. It is plainly not practicable for me to summarise the facts of each of these cases in this narrative. I shall do so only where the circumstances mark a turning point in Shipman's conduct or are in some other way unusual. For the majority of cases, the reader must refer to the individual decisions in Volumes Three to Six.
- 12.2 In Chapter Eleven, I sought to illustrate the development of Shipman's criminal behaviour during the Donneybrook years and the various methods he used to cover up his conduct. These methods were to be repeated time and time again during his time at Market Street. There are many cases in which Shipman made false entries in the medical records, told lies on cremation forms, lied to relatives, claimed to have arrived to find patients dead when they were not, claimed to find patients 'breathing their last' when they were not, claimed that patients had refused to be admitted to hospital when they had not and claimed to have summoned an ambulance when he had not. In this Chapter, I shall explain how Shipman obtained large quantities of diamorphine and demonstrate the relationship between his drug supplies and the pattern of killings. I shall also refer to particular groups of deaths and point to some trends in Shipman's methods of concealing his crimes.

1992

- 12.3 From 1st January 1992, Shipman was a sole practitioner working from rooms within Donneybrook House. He remained there until his new premises in Market Street were ready in August 1992. Although I suspect that he might have been responsible for the death of Mrs Annie Powers on 10th January 1992, I have not found that he killed any other patient during this period of almost eight months. However, it does appear that he obtained some diamorphine by illicit means. The only transaction involving Shipman recorded in the Norwest Co-op Pharmacy controlled drugs register during this period was the dispensing of two 30mg ampoules of diamorphine on 16th March 1992. These were prescribed in the name of a male patient who subsequently transferred to another doctor and has since died. The Inquiry has not investigated his death, which was plainly unconnected with Shipman. However, the patient's medical records have been obtained and reveal no record that he was prescribed diamorphine in March 1992, nor any condition which would have justified such a prescription. It seems therefore that Shipman obtained the drugs for his own purposes.
- 12.4 Shipman's new premises at 21 Market Street were immediately adjacent to the Norwest Co-op Pharmacy. There was a ceremonial opening of the surgery with a good deal of publicity. Only a few weeks later, on 7th October, Shipman killed Mrs Monica Sparkes. Mrs Sparkes was 72 and lived alone. For some weeks before her death she had been 'bad on her feet' and had had a number of falls. As a result, her daughter-in-law,

Mrs Avril Sparkes, asked Shipman to visit and, on 21st September, he directed an increased dose of Stemetil, which Mrs Sparkes took for vertigo. On 6th October, Mrs Sparkes was well and, when her son visited, was ironing in preparation for a holiday in the Lake District. She was expecting Shipman to call the following day. At about lunchtime on 7th October, Mr Phyllis Holt, Mrs Sparkes' sister-in-law, telephoned her but the call was answered by Shipman, who told her that Mrs Sparkes had had a slight stroke. He said he had called for an ambulance but, as there was an emergency at Manchester Airport, there were no ambulances available. Indeed, there had been an incident at the airport that day although the Inquiry's investigations suggest that this would not have resulted in there being no ambulances to deal with other emergencies. Whether Shipman knew of the airport incident because he had requested an ambulance for Mrs Sparkes or for some other reason is not clear. Shipman also told Mrs Sparkes' sister-in-law that he had told Mrs Sparkes to lie on the bed and await his return. He said he had to go to the surgery. Members of Mrs Sparkes' family then tried to contact her by telephone but there was no reply. It is clear that Shipman had killed Mrs Sparkes during his visit to her home. Shipman returned to Mrs Sparkes' home at about 3.30pm and then telephoned her sister-in-law, Mrs Dorothy Sparkes, to say that he had found her dead. He certified that the death was due to a stroke. In the medical record, Shipman said only that Mrs Sparkes had had a stroke and that he had called an ambulance to take her to Tameside General Hospital. In short, Shipman had resumed killing in much the same way as he had killed before.

1993

- 12.5 Shipman resumed a regular pattern of killing in February 1993 and it is hard to resist the inference that there must have been a connection between this resumption and what he perceived to be the constraints imposed by practice at the Donneybrook Surgery. For several months in this year, Shipman's pattern of killing can be closely related to his supply of diamorphine. Between February and August, he issued fourteen prescriptions for a single 30mg ampoule of diamorphine, a most unusual amount to be prescribed for therapeutic purposes, but a dose that would be lethal for an opiate-naïve patient. Six of the prescriptions were dispensed within a few days after the death of the patient in whose name they were issued and four on the day of the death itself. The two live patients in whose names prescriptions were dispensed say that they never received them. None of the medical notes of the patients concerned record the administration of diamorphine, although three (those of Miss Mary Andrew, Mrs Edna Llewellyn and Mrs Amy Whitehead) refer to the intravenous administration of 10mg morphine sulphate or morphine on the day of death. Those cases will be discussed further below.
- 12.6 It is now clear that, during 1993, Shipman was using 30mg ampoules of diamorphine to kill and was replenishing his stock as and when necessary. On 22nd February 1993, for example, he obtained two ampoules of diamorphine in the names of Mr Harold Freeman who died on 20th February and Mrs Louisa Radford who died a natural death on 22nd February. Two days after obtaining those ampoules, on 24th February, Shipman killed Mrs Olive Heginbotham and Mrs Hilda Couzens.

- 12.7 His actions in respect of these two patients were very similar. He visited both during the afternoon and killed them. On his return to the surgery, he gave instructions to the receptionist to make arrangements for each to be visited at home by a consultant geriatrician from Tameside General Hospital. Both appointments must have been later cancelled. Mrs Couzens' body was found during the evening of 24th February. By about noon the next day, 25th February, Mrs Heginbotham's death had not been discovered. Shipman went to the house, knocked at a neighbour's door and asked for a key. The neighbour did not have a key but accompanied Shipman to Mrs Heginbotham's house, where, by looking through a window, Shipman claimed to be able to tell that she had died. Shipman then departed, leaving the neighbour to deal with the situation. Shipman later claimed that Mrs Heginbotham had died during the early hours of the morning but the evidence shows that she had died before dark on the previous day. Shipman replaced his stock of diamorphine by obtaining a 30mg ampoule in the name of Mrs Heginbotham on 25th February and a further ampoule on 26th February in the name of a patient who is still alive.
- 12.8 On 22nd March 1993, Shipman killed Mrs Amy Whitehead and obtained a 30mg ampoule of diamorphine in her name. On 8th April, he killed Miss Mary Andrew and obtained a further ampoule of diamorphine in her name four days later. On 17th April, he obtained an ampoule in the name of Mrs Sarah Ashworth and killed her. It is not clear whether the killing occurred before or after the obtaining of the drug. On 26th April, he killed Mrs Fanny Nichols and, on 27th April, he killed Mrs Marjorie Parker. On that day, 27th April, he obtained an ampoule in the name of each of those two women. He killed Mrs Nellie Mullen on 2nd May and Mrs Edna Llewellyn on 4th May. On 5th May, he obtained an ampoule in the name of each of those two women. On 12th May, he killed Mrs Emily Morgan, and on 13th May he killed Mrs Violet Bird. On 20th May, he obtained an ampoule in the name of Mr Ernest Ralphs. He killed Mrs Jose Richards on 22nd July. On 14th August, he obtained another ampoule in the name of Mr Ralphs and killed Mrs Edith Calverley three days later on 17th August. On 27th August, he obtained another ampoule in the name of a patient who is still alive.
- 12.9 With the 14 ampoules he obtained between February and August 1993, Shipman killed 13 patients during the same period. I think it possible that the fourteenth ampoule was used in an attempt to kill Mrs Mary Smith on 31st August 1993. If that was an attempt, it failed. Shipman was disturbed while visiting Mrs Smith at home. Her step-daughters arrived unexpectedly at her flat. Shipman was leaning over Mrs Smith, who was unconscious. Mrs Smith slept deeply until the following morning, when she awoke, with no apparent ill effects. I felt unable to reach a definite conclusion about what had happened. It is possible that Shipman was injecting her and intended to kill her but had to stop the process before completion, as the step-daughters arrived, with the result that Mrs Smith did not receive a lethal dose. It may well be that this incident gave him rather a fright, as he did not kill again until December 1993.
- 12.10 In some of the 1993 cases, Shipman admitted, either in the medical records or orally to relatives, that he had given the deceased a small dose of morphine or diamorphine. In the case of Mrs Amy Whitehead, Shipman was asked to visit on the morning of 22nd March, as Mrs Whitehead had stomach trouble and had started to suffer from

diarrhoea in the night. She cannot have been very ill, as she did all her usual household tasks including putting the washing on the line. She also made some lunch. Shipman arrived in the late morning and killed Mrs Whitehead. Shortly before 1pm, he telephoned the home of Mrs Whitehead's son and spoke to his wife. He told her that he had visited Mrs Whitehead and had found her in heart failure. He had given her an injection. He suggested that the son and daughter-in-law should come over but said that they should not rush as, by the time they arrived, Mrs Whitehead would be dead. The daughter-in-law said that they would come immediately but Shipman said that he could not stay; he had to look after the living and not the dead. He agreed a time at which he would meet them at Mrs Whitehead's house. In the medical records, Shipman fabricated an entry to suggest that he found Mrs Whitehead suffering from a coronary thrombosis. He claimed that he had given her an intravenous injection of 10mg morphine sulphate. If Mrs Whitehead had been suffering the severe pain of a heart attack, a modest dose of morphine would have been appropriate, although 10mg would probably be rather a large dose. The injection should be given slowly and stopped when the pain is relieved. Shipman did not say that he had done that. In any event, 10mg morphine would not have killed Mrs Whitehead.

- 12.11 At some time that day, Shipman obtained 30mg diamorphine in Mrs Whitehead's name. It is not possible to discover whether he obtained the diamorphine before he went to Mrs Whitehead's home or afterwards. Shipman was not supposed to carry controlled drugs in his medical bag, as he did not maintain a controlled drugs register. He could legitimately have a controlled drug in his possession which had been prescribed for a particular patient and which he was about to administer. Any controlled drug not administered to the patient should have been destroyed. If Shipman had collected 30mg diamorphine for Mrs Whitehead before he visited her, it would have been very suspicious indeed, as he thought she had only a stomach upset. If he prescribed and collected 30mg diamorphine after he visited her, that too would be suspicious, as he had noted in the medical record that he had administered 10mg morphine sulphate, a dose which would be about one sixth of the amount of opiate which he later collected from the pharmacy. It is clear that Shipman gave Mrs Whitehead much more than 10mg morphine and he almost certainly gave her 30mg diamorphine, which would be a lethal dose.
- 12.12 I mention this case for two reasons. First, it is an example of how startlingly callous Shipman could be when breaking the news of a death. His attitude during the telephone call to Mrs Whitehead's daughter-in-law was shocking. Second, it illustrates why the admission in the notes that Shipman had given a modest dose of opiate should be treated with suspicion. He almost certainly gave much more. The advantage to him of saying that he had given some morphine or diamorphine would be that, if a post-mortem examination were to be called for and if toxicological tests were to be ordered, he would have a ready explanation for the finding of morphine in the body. Also, if the mark of an injection was evident, Shipman would have been able to explain it.
- 12.13 The death of Miss Mary Andrew on 8th April 1993 is strikingly similar to that of Mrs Amy Whitehead. In the morning, she telephoned Shipman's surgery to ask for a visit; she had back pain. During the morning, she was not seriously ill. She was visited by two

neighbours, Mrs Judith Page and, later, Mrs Martha Marley, who herself was killed by Shipman in March 1998. Mrs Marley left when Shipman arrived. Not long afterwards, Shipman telephoned Miss Andrew's brother and told him that his sister had died. He said he had given her an injection of morphine and had gone to ask Mrs Page to look after her but he had found that Mrs Page was not at home. He said that, when he returned, Miss Andrew was dead. In the medical records, Shipman claimed that he had found Miss Andrew suffering from a coronary thrombosis and congestive heart failure. He had given her 10mg morphine but she had died. We know from the controlled drugs register at the Norwest Co-op Pharmacy that Shipman obtained 30mg diamorphine in Miss Andrew's name four days after her death. It is clear that he was replacing the 30mg ampoule that he had used on Miss Andrew.

- 12.14 The death of Mrs Edna Llewellyn a month later, on 4th May 1993, is a variation on the same theme. She suffered from heart disease and, on the morning of 4th May, she had an attack of angina. Shipman was called but, by the time he arrived, Mrs Llewellyn was much better. Shipman went into the bedroom and was alone with Mrs Llewellyn. Her daughter-in-law and a friend, who were also in the house, stayed in the living room. After a few minutes, Shipman went to collect something from his car and returned to the bedroom. A few minutes after that, he emerged from the bedroom and announced that Mrs Llewellyn had died of a 'massive' heart attack. In my judgement, he had killed her. In the medical records, Shipman claimed that he had given 10mg morphine intravenously, ostensibly to relieve pain. The following day, he obtained 30mg diamorphine from the Norwest Co-op Pharmacy. Once again, it is apparent that Shipman was carrying opiates in his medical bag. Once again, Shipman replenished his stock by collecting about six times as much drug as that which he claimed to have administered.
- 12.15 Mrs Violet Bird was only 60 at the time of her death on 13th May 1993. The circumstances of her death are similar, although not identical, to those I have just described. Once again, Shipman attributed the death to a heart attack. Once again, he claimed to have given an intravenous injection of opiate, this time 10mg diamorphine, which is twice what he claimed to have given in the other cases. Once again, he obtained 30mg diamorphine shortly after her death. In fact, he did not obtain this until 20th May and he obtained it in the name of Mr Ernest Ralphs, who was still alive. Nonetheless, it is hard to resist the inference that he was replacing the ampoule of diamorphine that he had used to kill Mrs Bird.
- 12.16 The death of Mrs Jose Richards on 22nd July 1993 is also similar to the others. Mrs Richards was 74. She suffered from chronic obstructive airways disease. However, she had no history of heart trouble. Her state of health immediately before the death is not clear, as a crucial date in the medical records has been overwritten and is virtually illegible. It may be that Mrs Richards had suffered an episode of congestive heart failure on the day before her death. On the other hand, Shipman might have fabricated an entry to suggest that. Whatever happened on the day before the death, Shipman visited of his own volition on 22nd July. Mrs Richards spoke to a friend at about 12.15pm and seemed perfectly well. When the friend called at her house at about 1.45pm, she found Shipman there. He announced that Mrs Richards had 'just gone', meaning that she was

dead. He told the friend that he had given Mrs Richards an injection for her pain and that the injection had killed her; he had not realised how frail she had become. He was very matter of fact. He had made himself a cup of tea. Mrs Richards was sitting in her chair. Her dentures had been removed. In the medical records Shipman claimed that he had found Mrs Richards suffering from a heart attack. He had given her an intravenous injection of 10mg diamorphine. Mrs Richards had died half an hour later. Three weeks later, Shipman obtained another 30mg diamorphine in the name of Mr Ernest Ralphs.

- 12.17 According to the available records, after August 1993, Shipman never again prescribed single 30mg ampoules. Whether he changed his method because he was fearful that the unusual pattern of prescribing might be noticed, or whether he simply found a better way of obtaining diamorphine, I do not know. However, in November 1993, Shipman took advantage, for the first time, of a new and more prolific source of diamorphine. Mr Raymond Jones, who was suffering from terminal cancer, began to require large amounts of diamorphine. He was provided with a syringe driver, a device which feeds a regular supply to the patient by means of subcutaneous injection. So far as I have been able to discover, Mr Jones was the first of Shipman's patients to be provided with a syringe driver. There were to be more in the future, as this had become the preferred method of administering analgesics to patients suffering from protracted pain who were unable to take oral medication. Following Mr Jones' death, on 27th November 1993, Shipman took possession of two or three boxes, each containing ten 100mg ampoules of diamorphine. He did not return them to the pharmacy for destruction. I am satisfied that he kept them for his own purposes. From this time onwards, I think that Shipman always had a plentiful supply of diamorphine and it appears that the frequency with which he killed patients increased accordingly. He killed three patients in December 1993, making a total for that year of 16.

1994

- 12.18 Shipman killed two patients in January 1994, one of whom, Miss Joan Harding, died in his surgery. Miss Harding had some history of anxiety and depression. She was a regular attender at Shipman's surgery and it is quite likely that he regarded her as a nuisance. When she went in for her appointment in January 1994, she was complaining of pains in her elbow and back. Shipman noted this and then examined her. According to his note, which is clearly false, he observed signs that Miss Harding had had a heart attack. He claimed to have ordered an ambulance and then he recorded that the patient had collapsed and he had been unable to resuscitate her. He claimed that he and Sister Morgan, the practice nurse, had been present at the death. In fact, Shipman had injected Miss Harding with a lethal dose of opiate. When she was unconscious, he went to fetch Sister Morgan and asked her to help with resuscitation. So far as Sister Morgan was concerned, these were genuine attempts but I am quite sure that, for Shipman, they were a charade. An ambulance was summoned, but not until after Miss Harding was dead. It was cancelled soon after it was ordered.
- 12.19 On 9th February 1994, Shipman killed Mrs Elsie Platt. Later that month, Shipman had a scare. He injected Mrs Renate Overton with diamorphine, intending to kill her. However, she was kept alive by the intervention of a team of paramedics and remained

unconscious until her death 14 months later. This incident could easily have led to an inquiry into his treatment of Mrs Overton but, in the event, did not. During the evening of 18th February 1994, Shipman was called out to see Mrs Overton, who was suffering from an asthma attack. She was a rather demanding patient and Shipman might well have regarded her as a nuisance. Mrs Overton's daughter was in the house but, when she was satisfied that her mother's asthma attack had been successfully treated, she went upstairs to her room, leaving Shipman alone with her mother in the living room. Shipman then injected Mrs Overton with diamorphine. After a short time, he called Mrs Overton's daughter downstairs and staged an emergency. Mrs Overton was unconscious on the floor. Shipman said that Mrs Overton had had a heart attack and had gone into cardiac arrest. The daughter called an ambulance and was then asked to assist in resuscitation. Before long, the ambulance arrived and the paramedics succeeded in starting Mrs Overton's heart. They took her to Tameside General Hospital. She was deeply unconscious and had suffered irreversible brain damage. She lived in a persistent vegetative state for 14 months.

- 12.20 I am quite sure Shipman intended to kill Mrs Overton on 18th February 1994. Whether he underestimated the dose which would be needed to kill her, or whether the vigour of the resuscitation procedures prevented her death, or whether the ambulance paramedics arrived as she was on the point of death and prevented her death by the use of their defibrillator, I do not know. At the time of admission, Shipman told the paramedics and the hospital staff that Mrs Overton had suffered a heart attack at home and that he had given 10mg diamorphine to relieve her pain. In normal circumstances, that might be a reasonable thing to do, although the dose was on the high side. However, these were not normal circumstances, as Mrs Overton was known to be asthmatic and had just had an asthma attack. Staff at the hospital realised that Shipman had given far more opiate than he should have done. Why there was no formal complaint or report is to be investigated in Phase Two of the Inquiry. However, I think Shipman must have felt extremely vulnerable in the days and weeks following this incident. If his apparent negligence were investigated, there must have been a danger that his possession of illicit supplies of opiate and his more sinister intentions would be uncovered. Shipman did not kill for three months after the episode involving Mrs Overton. It may be that he destroyed his cache of diamorphine, as he did not kill again until the day on which he next obtained a supply.
- 12.21 On 17th May, Shipman killed Mrs Mary Smith. She was the patient whom he might have killed in August 1993 had he not been disturbed. By May 1994, Mrs Smith was suffering from lung cancer but she had not yet reached the terminal phase. On 17th May, Shipman obtained a supply of 1000mg diamorphine in Mrs Smith's name, almost certainly on the pretext that she was to be issued with a syringe driver. She did not have a syringe driver; indeed she did not need one, as she was not in severe pain before her death. Shipman must have used a small proportion of the diamorphine to kill Mrs Smith and kept the rest.
- 12.22 Shipman killed again on 26th May, 15th June, 17th June and 27th July 1994. He obtained 500mg diamorphine in September 1994 and killed again on 25th and 30th November

1994. On 3rd December, he procured a further 1000mg diamorphine and killed again on 29th December 1994. In all, he had killed 11 patients in that year.

1995

- 12.23 In January 1995, Shipman killed one patient. In late February and in mid-March, he obtained further supplies of diamorphine, prescribed in the name of Mr Frank Crompton. It has not been possible to discover how much of the drug was administered to Mr Crompton and how much was kept by Shipman. Shipman killed no fewer than nine patients in the month of March and three more in April, one of whom was Mrs Clara Hackney, who had cancer. On 13th April 1995, Shipman obtained 1000mg diamorphine in Mrs Hackney's name. On the following day, Shipman hastened her death and almost certainly kept the unused diamorphine.
- 12.24 In addition to the three patients killed in April 1995, Mrs Renate Overton died on 21st April, as the result of the injection that Shipman had given her in February 1994. Following her death, Shipman was questioned on behalf of the then South Manchester Coroner about the circumstances in which Mrs Overton had become unconscious 14 months earlier. Shipman explained that he had been called out to see Mrs Overton, who was having an asthma attack. He claimed that he had stabilised her and had then gone upstairs to tell her daughter that Mrs Overton would probably need some hydrocortisone. When he came down, he found Mrs Overton 'flat on the floor'. He commenced resuscitation and an ambulance was called. He said that he was just about to give up his attempt to revive Mrs Overton when the ambulance arrived and the ambulance men 'found a bleep on the machine'. They managed to restore a heartbeat but, in Shipman's view, Mrs Overton was already brain dead. She had been in a coma ever since. He said nothing about the administration of morphine or diamorphine. Had there been an inquest and had anyone looked carefully at the hospital records, Shipman would have been required to explain his administration of diamorphine to Mrs Overton the previous February. In the event, the coroner decided not to hold an inquest and, on 26th April, issued a certificate for cremation, which permitted disposal of the body.
- 12.25 I am quite satisfied that Shipman killed Mrs Overton and intended to do so. If he had stood trial in 1995, following her death, he could not have been convicted of murder (although he could have been convicted of attempted murder), as the law then provided that the prosecution must prove that the death had occurred within a year and a day of the act causing death. This was an old rule, doubtless intended to avoid the danger that a defendant might be convicted of an offence where the causal link between the act and the death would be uncertain. The law was changed by the Law Reform (Year and a Day Rule) Act 1996, because, nowadays, it is not at all uncommon for a victim to live for many months or even years on a life support system after the act which caused the eventual death. Mrs Overton's case was one such.
- 12.26 Shipman killed four patients in June 1995. One of these was Mrs Bertha Moss, who died in Shipman's surgery. In all, six of Shipman's patients were killed on surgery premises. The first of these deaths, that of Mrs Mary Hamer, occurred at the Donneybrook Surgery in March 1989. I have described the circumstances in Chapter Eleven. Miss Joan Harding was killed at the Market Street Surgery in January 1994. There were two surgery

deaths in 1995, those of Mrs Moss and Mrs Dora Ashton, who died on 26th September 1995. Mrs Edith Brady was killed at the surgery on 13th May 1996 and Mrs Ivy Lomas, of whose murder Shipman was convicted, died at the surgery on 29th May 1997. All six of these deaths are remarkably similar.

- 12.27 Dr Grenville says that it is most unusual for a patient to die in a general practitioner's surgery. The reasons are obvious. If the patient is very ill, he or she will not have been well enough to travel to the surgery. If a sudden untoward event, such as respiratory or cardiac arrest, occurs, as occasionally does happen, expert medical help is on hand immediately and the patient can be transferred to hospital by ambulance with the minimum delay. Occasionally, a patient will die on surgery premises. However, the evidence suggests that, when this happens, it has followed an emergency in which virtually everyone on the premises has been called upon to help. That this is the common experience of other doctors makes the circumstances of the six deaths in Shipman's surgeries the more unusual. In each case, the death occurred while Shipman was alone with the patient behind closed doors, although, on two occasions, he involved members of his staff in ostensible attempts at resuscitation.
- 12.28 As I have said, a death in a surgery is a most unusual event. Six of Shipman's patients died in his surgery in just over eight years. Yet no questions were asked. The coroner was never informed and no real suspicion was aroused.
- 12.29 Mrs Bertha Moss was only 68 when she died. She had high blood pressure and late-onset diabetes. She had suffered a deep vein thrombosis in the past. She was a smoker and was at high risk of suffering a heart attack. However, she was very active and independent. On the day of her death, before her appointment at Shipman's surgery, she did her shopping in Hyde. While waiting in the reception area, Mrs Moss chatted with an old friend, Mrs Jessie Morley. Mrs Moss seemed perfectly well. Mrs Morley saw the doctor and, as she was leaving, said goodbye to Mrs Moss, who still seemed perfectly well. A short time after Mrs Moss went into Shipman's consulting room, he came to the reception desk and asked the receptionist, Mrs Jane Kenyon, to find the telephone number of Mrs Moss' next of kin. He telephoned Mrs Brenda Hurst, one of Mrs Moss' daughters, and told her that her mother had had a heart attack. He asked her to come to the surgery. Mrs Hurst telephoned two of her sisters, Mrs Betty Clayton and Mrs Jayne Gaskell. They all agreed to go to the surgery. They did not know that their mother was dead. When Mrs Gaskell arrived, Shipman told her that Mrs Moss had come into the surgery and then said that there was 'nothing he could do'. Mrs Gaskell then began to realise that her mother had died. When the other daughters had arrived, Shipman gave a fuller explanation of what had supposedly occurred. He said that Mrs Moss had had a heart attack. He had taken an electrocardiograph (ECG) and, whilst he was putting the equipment away, Mrs Moss had had a 'funny do'. He had done his best to revive her but had been unable to do so. He said that the ECG trace showed that she had had a slight heart attack. All this was untrue. Shipman then said that there was no need for a post-mortem examination, as he had been present at the death. He said that the family would not want to have her body 'cut up'. Later, in conversation with another daughter, Shipman suggested that it was all for the best that Mrs Moss had died when she did, as she would have had to have her legs 'chopped off' on account of her

diabetes and she would not have wanted to spend the rest of her life in a wheelchair and to be a burden to her family. Shipman's medical record of this incident shows that Mrs Moss came in for a routine check but it then goes on to record that she was complaining of a vague chest pain extending into the left arm. Shipman claimed to have taken an ECG, which supposedly showed that Mrs Moss had had a heart attack. He had not done so. He claimed that Mrs Moss had then collapsed, had 'no output', no blood pressure and no respiration. He gave artificial respiration with a bag and external cardiac massage but there was no response and, 15 minutes later, he declared her dead. He had not, of course, summoned an ambulance or sought the assistance of the receptionist. The whole account was obviously false.

- 12.30 On 12th July, Shipman killed Mrs Ada Hilton. Later in the month, he obtained some diamorphine from the home of Mr James Arrandale, who died a natural death on 28th July 1995. Shipman probably took more than 1000mg diamorphine from the house after the death, under the pretext that he intended to destroy the drugs. He plainly did not, as some of that stock was found at Shipman's home at the time of his arrest in 1998. Shipman killed again on 31st July, 29th August and 14th September 1995. In late September 1995, he obtained a further supply of diamorphine in the name of Mr Peter Neal, who was dying of cancer and had a syringe driver. Shipman probably diverted about 1000mg by prescribing it for Mr Neal, collecting it from the pharmacy and keeping it for himself instead of delivering it to Mr Neal's home. Mr Neal died a natural death on 23rd September 1995.
- 12.31 Shipman killed again on 26th September. Mrs Dora Ashton walked from her home to the surgery for her appointment that day. She walked unaided into the surgery, showing no sign of serious illness. A short time later, Shipman called the receptionist into his consulting room and told her that Mrs Ashton was unwell. He said that he wanted her to go to hospital, but she would not agree. He said she was in the adjacent examination room, 'having a lie down'. He asked the receptionist to telephone her son to ask him to come to the surgery. When the receptionist had done so, she went (as she thought) to tell Mrs Ashton that her son was coming. She found Mrs Ashton dead on the couch. There was no attempt at resuscitation and an ambulance was not called. Later, Shipman told Mrs Ashton's son that his mother had fallen to the floor as she was walking into his consulting room, having suffered a minor stroke. He had managed to sit her down, but she had had a 'second stroke' and had died.
- 12.32 Shipman killed patients on 24th October, 8th November, 22nd November and 25th November 1995. On 14th December 1995, Shipman visited Mr Kenneth Woodhead, who was terminally ill with cancer and using a syringe driver. Shipman gave Mr Woodhead an overdose of diamorphine that hastened his death. He then took the remaining stock of diamorphine (probably five ampoules each containing 100mg), pretending that he would destroy it. On the same day, he killed Mrs Elizabeth Sigley. In all, he had killed 30 patients in 1995.

1996

- 12.33 In 1996, Shipman again killed 30 patients, including two in January, two in February, one in March, two in April and four in May, two of whom died on consecutive days.

- 12.34 Mrs Edith Brady was 72 when she died in the surgery on 13th May 1996. She led an active life but was somewhat preoccupied with her health and was a very frequent visitor to Shipman's surgery. There is some evidence that he thought she was a nuisance. On the day of her death, she had an appointment for a vitamin injection. She drove into Hyde by car, parked it behind the surgery and went to have a look round the flea market before going to the surgery. Soon after Mrs Brady had gone into Shipman's consulting room, he came out into the corridor and met Mrs Alison Massey, the practice manager. He told her that he wanted her. He went out to fetch a bag from his car and then went into the examination room. Mrs Massey followed. There, she saw Mrs Brady lying on the couch, fully clothed but unconscious and probably dead. Shipman then carried out external cardiac massage for a short time before taking a torch from the bag he had fetched from the car and shining it in Mrs Brady's eyes. He then felt at the back of her head, telling Mrs Massey that he was checking the brain stem. That was nonsense. He said there was ' nothing there; that is it'. He asked Mrs Massey to contact Mrs Brady's relatives. When Mrs Brady's son-in-law, Mr Rodney Turner, a police officer, telephoned in response to a message, Shipman told him that Mrs Brady had collapsed in the surgery. Mr Turner asked how serious it was. Shipman replied, ' How serious do you want it to be? The only way she's going to leave here is with the help of Robinson and Jordan'. They are a firm of undertakers. Later, Shipman told the family that Mrs Brady had been breathless when she arrived in his room and he found that her pulse was very fast. He told her to go into the examination room and lie on the bed. He said he would come and take an ECG after he had signed a sick note for the next patient. By the time he reached her, she had ' more or less gone'. He claimed that vigorous attempts had been made at resuscitation but that Mrs Brady had been ' brain dead'. He told the family that a post-mortem examination would not be necessary. He gave the cause of death as coronary thrombosis. Neither the police nor an ambulance had been called. Shipman simply signed the MCCD and the body was taken away.
- 12.35 On 6th June 1996, Shipman obtained an enormous haul of diamorphine, no less than 12,000mg. Mr Keith Harrison, who died a natural death on that day, had been suffering from cancer and had been using a syringe driver. The district nurses were responsible for filling the driver and keeping a record of the drugs used. Their drug record card tallies with the amounts prescribed by Shipman in Mr Harrison's name until the day of the death. It appears that, after hearing of Mr Harrison's death, Shipman prescribed 12,000mg diamorphine in Mr Harrison's name, collected it from the pharmacy and kept it. This would have been enough to kill about 360 healthy average-sized morphine-naï ve adults. This acquisition was followed by a marked increase in the frequency with which Shipman killed. He killed 11 patients during the next two months. The last died on 29th July. Shipman took a holiday from 3rd to 19th August and a locum took his place at the surgery. Soon after his return to work, Shipman resumed killing. There were deaths on 30th August, 12th September, 20th September, 23rd October, 20th November, 23rd November, 4th December and 17th December.
- 12.36 At about this time, Shipman's techniques of concealment became noticeably more sophisticated. He had always told demonstrable lies on cremation Forms B but, as time went by, these became more elaborate. For example, in cases where he was obliged to

admit that he had been present at the death, he began to claim that others had been present with him, when the truth was that he had been alone with the patient at the time. One such case was that of Mrs Edith Brady, who died in the surgery. Shipman claimed that ‘**self and staff**’ had been present at the death. In fact, Mrs Massey, the practice manager, had been summoned to watch him go through a charade of cardiac massage, when he knew that Mrs Brady was already dead. Shipman claimed that a neighbour had been present at the death of Mrs Margaret Vickers on 25th June 1996. In fact, Shipman killed Mrs Vickers before going to fetch the neighbour, telling her that Mrs Vickers had had a stroke and that he had called an ambulance to take her to hospital. When he and the neighbour went back to the house, Mrs Vickers was dead.

- 12.37 In cases where Shipman was not obliged to admit that he was present at the death but had to admit that he had visited earlier on the day of the death, he began more frequently to claim that someone had seen the deceased alive between the time of his visit and the discovery of the body. This would demonstrate to anyone who thought about the matter that he could not possibly have been responsible for the death. He adopted this technique on one or two occasions in 1994 and 1995 but, in 1996 and 1997, he used this ruse more frequently and more inventively. Shipman visited Mrs Marjorie Waller on 18th April 1996. He killed her and left her on her bed. Later, when he completed Form B, he claimed that, after his visit, neighbours had taken Mrs Waller’s prescription to the chemist and, on their return, had found her dead. In other words, she had been seen alive after his departure. This was untrue. Mrs Nellie Bennett was killed on 25th June 1996 but her body was not found until the following day. Shipman was called and certified the cause of death. On Form B, he said that the death had occurred at 8am on 26th June and stated that a neighbour had seen Mrs Bennett alive during the evening of 25th June, which was untrue. Mrs Elsie Barker was killed on 29th July 1996. On Form B, Shipman claimed that her nephew had spoken to her on the telephone after the time at which he had in fact visited and killed her. He also tried to conceal the fact that he had visited her on 29th July and stated on Form B that he had not seen her since 24th July. However, somewhat inconsistently, he made entries in the medical records showing that he did visit on the day of her death.
- 12.38 Associated with these more elaborate lies on Forms B were increasingly elaborate pretences that Shipman could estimate the time of death with accuracy. In many cases in which the death was discovered some time after his visit, Shipman would state the time of death on Form B with some precision. Even some quite early Forms B show such estimates. Dr Grenville has said that it is impossible for a general practitioner to make such an estimate. It is usually undertaken only by a pathologist and requires, as a starting point, an internal body temperature, usually taken rectally. An estimate of the ambient temperature of the room in which the body has lain is also needed. The calculation is quite complex. Shipman often claimed that he could estimate the time of death from body temperature. This was pure charlatanism. His motive for doing so must have been that he wished to create the impression that the death had taken place several hours after his visit.
- 12.39 On 20th November 1996, Shipman visited Mrs Irene Heathcote, probably at about 4pm, and killed her. Friends tried to visit her in the evening but there was no reply at the door.

Her body was not found until the following morning. The gas fire was on very high in the room. When Shipman was called, he placed a thermometer under her armpit and then announced that she had died the previous evening. In the medical records, he noted that her body temperature indicated that she had died at 8pm and he gave 8pm as the time of death on cremation Form B. It was absurd to claim that he could estimate the time of death in this way. He also claimed, falsely, that Mrs Heathcote had been seen alive by neighbours at 7.45pm. That would, of course, be well after his own visit.

12.40 Another case in which Shipman's estimate of the time of death was absurd was that of Mr Thomas Cheetham. He had cancer but was not yet at the terminal stage. In the early afternoon of 4th December 1996, Mrs Cheetham went shopping while her husband was watching the racing on television at his neighbour's house. He was keeping a look-out for Shipman, whom he was expecting. When Shipman arrived, Mr Cheetham went back to his own house. Shipman gave him a lethal injection. Shipman was about to leave when he must have noticed Mrs Cheetham returning from town. He waited outside the door, pretending that he had not been inside. She went inside and found her husband dead, sitting in his usual chair. Shipman followed her in. Shipman pretended that he could estimate the time of Mr Cheetham's death, which he said had taken place between one and two hours earlier. He also pretended that he had not seen Mr Cheetham alive for twelve days before his death.

12.41 On many occasions, particularly in the early years, Shipman admitted to relatives, on Forms B and in medical records that he had been present at the death or had seen the deceased on the day of the death, some time before the death was discovered. In the later years, there were more occasions when he avoided making that admission if he could. It may be that he would always have preferred to avoid making that admission. On many occasions, he had no option. If he was at the house when a relative or neighbour arrived or telephoned, there could be no avoiding it. On other occasions, I think it likely that he was unsure whether or not he had been seen at the deceased's house and felt it prudent to say from the outset that he had been there. It seems that this would not give rise to surprise, as he had created for himself a reputation of being an old-fashioned doctor who often called on his patients unannounced. In 1994 and 1995, there were one or two cases in which he avoided admitting that he had seen the patient on the day of death. Whether by chance or design, there were more such cases in 1996. In some cases, I can see why he would be particularly anxious to avoid admitting that he had visited the patient on the day of the death. When Shipman was called to the death of Mrs Leah Fogg, whose body was found in the early evening of 10th June 1996, he did not admit that he had visited Mrs Fogg that afternoon, despite the fact that, on the previous Friday, her daughter had asked him to visit, as she thought her mother, a widow, might benefit from bereavement counselling. Mrs Fogg had been in good physical health, although she was 82. Shipman had not seen her for some weeks. In fact, on 10th June, Shipman had visited her and killed her and had left without being noticed. Mrs Fogg lived on a busy road in an area where Shipman had few patients and no doubt he thought, rightly, that he had not been noticed. I think Shipman recognised that Mrs Fogg was in such robust health that, if she were to be found dead within a short time of his visit, some suspicion might be aroused.

12.42 In 1996 and 1997, Shipman killed four patients who were immediate neighbours and good friends. Mr Thomas Cheetham and his wife Elsie lived at 17 Garden Street. Two brothers, Mr Sidney Smith and Mr Kenneth Smith, both bachelors, lived at number 15. On 30th August 1996, Shipman killed Mr Sidney Smith in the living room of his house while his brother waited in the kitchen. I have already described the circumstances of the death of Mr Thomas Cheetham on 4th December 1996. Only two weeks later, on 17th December, Shipman killed Mr Kenneth Smith. Since the death of his brother, he had decided that he wished to remain in his own home, although Shipman had suggested that he should go into a residential home. Shipman killed him during a routine visit. Finally, Shipman killed Mrs Cheetham on 25th April 1997.

1997

12.43 In 1997, Shipman killed 37 patients. On 2nd January, he killed Mrs Eileen Crompton, who lived at Charnley House, a residential home for the elderly. Mrs Crompton was one of only three of Shipman's victims who lived in a nursing or residential home. She was 75 and had quite severe Parkinson's disease. She deteriorated during the last few weeks of her life and no longer recognised her sons. However, there was no particular concern about her physical condition and she continued to eat quite well. On 2nd January 1997, she seemed very '**flushed**' in the morning and was kept in bed. Her mouth was congested with mucus. The doctor was sent for. Shipman arrived at about lunchtime. Without examining her, Shipman announced that Mrs Crompton was in heart failure and that, unless he gave her an injection immediately, he was 'going to lose her'. He told the deputy manager of the home, Mrs Patricia Heyl, that the drug he was going to use was very powerful. Its purpose was to 'kick-start' the heart. He went out to his car and came back with a syringe and ampoule. He injected Mrs Crompton in the back of the hand. Within a minute, she was dead and Shipman said, 'Oh dear, this is what I feared would happen'. In the medical records, Shipman recorded a history of influenza with bronchopneumonia and claimed that he had examined Mrs Crompton and had treated her with benzylpenicillin, an antibiotic, which would have been appropriate treatment if Mrs Crompton had had a very severe chest infection. It could not 'kick-start' the heart and would not have caused the patient's sudden death. Shipman certified that the cause of death was bronchopneumonia. I am satisfied that Shipman administered a strong opiate and not an antibiotic.

12.44 Shipman killed again on the following day, 3rd January, and on seven further occasions before the end of February. On 20th March, he almost certainly replenished his drug supplies by obtaining about 1000mg diamorphine following the natural death of Mr Squire Barber. Two days later, on 22nd March, he killed Mrs Rose Garlick and, on 27th March, he killed Mrs May Lowe. At the end of April, there were three killings, one on 21st April and two on 25th April. On that day, Shipman killed Mrs Jean Lilley at lunchtime and Mrs Elsie Cheetham in the early afternoon. They lived only about a mile apart.

12.45 Shipman killed four patients in May 1997, one of whom was Mrs Ivy Lomas, the last of Shipman's victims to die in the surgery. Mrs Lomas had heart disease and suffered from anxiety and depression. She was a very regular attender at Shipman's surgery. On 29th May 1997, Mrs Lomas took a bus into Hyde for her appointment at the surgery. She

walked unaided into the consulting room. A minute or so later, Shipman took her into the examination room. About ten minutes later, Shipman came into the reception area and apologised for keeping his patients waiting. He said that he had had a problem with the ECG machine. He dealt with two or three more patients before returning to the examination room. He then called the receptionist, Mrs Carol Chapman, and told her that he had tried to take an ECG on Mrs Lomas but could not get a trace. At first, he had thought that the machine was broken, but then he realised that she had died. He asked Mrs Chapman to contact Mrs Lomas' son. Mrs Chapman was unable to contact him and she telephoned the police. A police officer attended and looked at the body but, as Shipman said that he could certify the cause of death, the officer took no action. Later that day, Shipman told Mrs Lomas' daughter that her mother had come into the surgery looking unwell. That was probably true. He said that he had taken her through to the treatment room while he saw another patient. When he returned, she was dead. She had had a 'massive heart attack'. He had tried to revive her but had failed. Shipman gave a different account in evidence at his trial and claimed that Mrs Lomas had collapsed as she climbed onto the couch in the examination room. He had done all he could to revive her. He claimed that he had not called an ambulance because he himself was skilled in resuscitation techniques. Mrs Lomas was buried. In 1998, her body was exhumed and morphine was found in the tissues.

- 12.46 Mrs Vera Whittingslow suffered from syringomyelia, a rare neurological disorder which had resulted in loss of mobility. She used a wheelchair. She had hypertension and, at times, her blood pressure was very high. On 24th June 1997, Shipman made a routine visit to her home. He took Mrs Whittingslow's blood pressure and told her husband that it was very high, too high for her to be moved to hospital. He sent Mr Whittingslow to the chemist to fetch a prescription, as a matter of urgency. While Mr Whittingslow was away, Shipman killed his wife. When Mr Whittingslow returned, Shipman was taking his bag back to his car. He told Mr Whittingslow that his wife was fine and they had been having a chat. When Mr Whittingslow went inside, he found his wife apparently unconscious; in fact she was dead. Shipman returned to the house; he pretended to be surprised and said that Mrs Whittingslow was 'dying'. He said that he would wait in the living room while Mr Whittingslow 'said goodbye' to his wife.
- 12.47 In early July, Shipman acquired more diamorphine, probably 800mg, from Mrs Maureen Jackson. She had cancer and was using a syringe driver. The district nurses were responsible for the drug record card. Their record tallies with the amounts prescribed until 3rd July, when Shipman prescribed 2300mg but delivered only 1500mg to Mrs Jackson's home. On 7th July, Shipman gave Mrs Jackson an overdose of diamorphine and hastened her death. Shipman was present with the district nurse when the remaining stock held at the house was destroyed.
- 12.48 By the end of July, Shipman had killed three more patients and there was another killing on 10th August, shortly before he went on holiday. He returned to work on 26th August and killed four patients in September. On 1st November 1997, Shipman obtained 1000mg diamorphine, which he prescribed in the name of Mr Lionel Hutchinson who did not receive it. There were four killings in November and five more in December, one of which was on Christmas Eve.

1998

- 12.49 On 7th January 1998, Shipman obtained a further 1000mg diamorphine, again prescribed in the name of Mr Lionel Hutchinson, to whom it was not administered. Shipman killed patients on 22nd and 26th January, 2nd February, 9th February, 13th February, 15th February, 18th February and 27th February. On 4th March 1998, he killed Mr Harold Eddleston, who had been his patient for only about a week and whose wife had died of a heart attack on 28th February. Mr Eddleston had cancer but had not yet reached the terminal stage of his illness and was not in severe pain. He was using a fentanyl patch for pain relief but there had been no question of him needing a syringe driver. On 3rd March, Shipman prescribed ten 100mg ampoules of diamorphine in Mr Eddleston's name and collected them from the pharmacy. That size of ampoule is for use in a syringe driver. None of the drug was delivered to Mr Eddleston. Shipman killed him the next day. He then killed on 6th, 7th, 13th, 17th, 20th and 24th March. Within the first three months of 1998, Shipman had killed 15 patients. Three patients had died natural deaths during that time. Of the 18, all but one had been cremated.
- 12.50 Since 1993, when the doctors from the Clarendon Practice moved to premises on Market Street, just opposite Shipman's surgery, Shipman had had an informal arrangement whereby those doctors (by then known as the Brooke Practice) would sign cremation Forms C for his patients. One of those doctors, Dr Rajesh Patel, told the Inquiry that Shipman often used to come across to the Brooke surgery premises to make the request personally, bringing with him the patient's medical records. He would give a very full explanation of the medical history leading to the death. It was always very plausible. Shipman never actually showed the records to the Brooke Practice doctor but the presence of the records in his hand added authority to his words of explanation. It appears that the doctors of the Brooke Practice became accustomed to the large number of deaths among Shipman's patients and attributed it to their perception that Shipman had a large patient list with a high proportion of very elderly people whom he would strive to keep at home, rather than having them admitted to hospital.
- 12.51 However, during March 1998, one of the Brooke Practice doctors, Dr Linda Reynolds, became concerned about the number of Forms C the practice was being asked to complete. On 24th March, she raised her concerns with the South Manchester Coroner, Mr Pollard. She told him that, during the previous three months, she and her colleagues had signed 16 cremation Forms C for Shipman, who was a sole practitioner. The Brooke Practice, with 9500 patients, had had only 14 deaths within the same period. On the same day, the Greater Manchester Police initiated a confidential investigation into Dr Reynolds' concerns. I think it likely that Shipman learned of that investigation in early April. However, that issue has been the subject of evidence during Stage One of Phase Two of the Inquiry and I have not yet reached a definite conclusion on the point. My provisional view is that he became aware of it in early April and it is likely that he knew that the source of the report about him was the Brooke Practice doctors who signed his cremation Forms C.
- 12.52 Quite apart from the evidence, which I have heard in Phase Two Stage One, there is evidence from Phase One from which I infer that Shipman knew of the suspicions of the

Brooke Practice doctors. First, after killing Mrs Martha Marley on 24th March, Shipman did not kill again for seven weeks. During the next few months, Shipman presented only two Forms C to the doctors of the Brooke Practice. They related to patients who had died naturally. This is very unlikely to have been coincidence. It seems to me that Shipman knew he was under suspicion and was probably expecting that any death which came to the attention of the Brooke Practice doctors would be referred to the Coroner. When Shipman killed again, on 11th May, his victim was Mrs Winifred Mellor, who was a Roman Catholic. Mrs Mellor's daughter, Mrs Susan Duggan, has told the Inquiry that cremation would be contrary to her mother's religious beliefs. She thinks it more than likely that her mother, who confided in Shipman, made him aware of her beliefs and of her wish to be buried after her death. Thereafter, he did not kill again until 12th June. As it happens, his victim on that occasion, Mrs Joan Melia, was also buried, although there is no evidence that Shipman would have known in advance what arrangements would be made after her death. His last victim, Mrs Kathleen Grundy, was also buried after her death on 24th June.

- 12.53 Second, in July 1998, Shipman was visited by Dr Alan Banks, a medical adviser employed by the West Pennine Health Authority, for the purpose of a routine discussion about Shipman's prescribing practices. Shipman took the opportunity to volunteer to Dr Banks the information that there had been an unusually high number of deaths amongst his elderly patients during the first three months of the year. He said that he and his staff had carried out an audit of the deaths and had found that there was no cause for concern. In fact there was no such audit. Moreover, Shipman's death rates were not significantly higher during the first three months of 1998 than in the last three months of 1997. The numbers of deaths during both periods were abnormally high, as Shipman had killed a substantial number of patients. The reference to the first three months of 1998 suggests that he knew that that was the period about which concern had been expressed.
- 12.54 It may be that Shipman intended to resume killing, as he had done on previous occasions, when he felt that suspicions had died down. On 6th July 1998, he obtained 100mg diamorphine from a patient who had cancer. He did not use it to kill but the fact that he obtained it suggests that he intended to do so when the opportunity arose. Very soon after that, on 9th July, Mrs Woodruff, the daughter of Mrs Grundy, visited Mrs Claire Hutchinson, one of the witnesses who had apparently signed Mrs Grundy's will. Mrs Hutchinson later told Shipman that Mrs Woodruff was making inquiries about her mother's will. Shipman must then have realised that Mrs Woodruff was likely to report her concerns to the police. He had not killed again by the time of his arrest on 7th September 1998. Thus Shipman's career of killing was brought to an end.

