

**INQUIRY HELD UNDER FATAL ACCIDENTS AND SUDDEN DEATHS INQUIRY
(SCOTLAND) ACT 1976 INTO THE DEATH OF CAROLINE BURRETT v.
SHERIFFDOM OF GLASGOW AND STRATHKELVIN AT GLASGOW**

INQUIRY HELD UNDER FATAL ACCIDENTS AND

SUDDEN DEATHS

INQUIRY (SCOTLAND)

ACT 1976

SECTION 1(1)(a)

SECTION 1(1)(b)

DETERMINATION by EDWARD F BOWEN QC, Sheriff Principal of the Sheriffdom of Glasgow and Strathkelvin following an Inquiry held at GLASGOW on the TWENTY NINTH day of OCTOBER TWO THOUSAND AND ONE and subsequent days into the death of CAROLINE BURRETT.

GLASGOW, 25 February 2002.

The Sheriff Principal, having considered all the evidence adduced, DETERMINES: in terms of the Fatal Accident and Sudden Deaths Inquiry (Scotland) Act 1976 Section 6(1) (a) that CAROLINE BURRETT, aged 38 years, who resided at Flat 12F, 191 Wyndford Road, Glasgow died at 05.30 on 3 August 2000 in the Western Infirmary, Glasgow;

(b) that the cause of death was multi-organ failure secondary to necrotising fasciitis and toxin producing organisms;

(c) that there is no evidence of any precautions which might have avoided the death of the deceased;

(d) that the death of the deceased was not caused by any defect in a system of work;

(e) that the following facts are relevant to the circumstances of death.

- (1) The deceased had been involved in drug taking for a number of years and was an intravenous injector for about a year before her death.
- (2) The deceased attended at the Accident and Emergency Department of Glasgow Royal Infirmary at 01.59 hours on 17 July 2000 complaining of an abscess on her left buttock which had been there for about a week. She admitted to "muscle popping" heroin. The abscess was described by surgical staff as "extensive". She had a raised temperature and a high white cell count at 18.2 and concern was expressed at the possibility of necrotising fasciitis. A decision was taken to excise the abscess. This was carried out later that day and a large amount of pus drained. Subcutaneous tissue did not appear necrotic. A central venous line was inserted to allow the introduction of a range of antibiotics, namely, benzylpenicillin, flucloxacillin, clindamycin and metronidazole.
- (3) The deceased remained in hospital until 20 July. She continued to receive antibiotics, the central line being removed and oral antibiotics given on 19 July. She had been given methadone on 17 July and was given morphine regularly. On 20 July against medical advice she discharged herself.
- (4) On 2 August 2000 at 02.49 the deceased was conveyed by ambulance to Accident and Emergency Department of the Western Infirmary, Glasgow. She was distressed and sweating and her pulse rate was fast. She was found to have a large abscess over the right buttock extending into the thigh. The admitting doctor considered that she was septic or suffering from infection.
- (5) Blood tests showed that the deceased was very dehydrated. Her white cell count was 44.8. Her potassium level was too high indicating signs of muscle damage. She was given intravenous fluid and antibiotics by central venous line. An ultrasound was carried out which revealed an extensive area of thickened oedematous tissue over the right buttock. There was a small collection of fluid and this was aspirated.
- (6) Overnight the deceased became seriously unwell. She became acutely short of breath. X-ray revealed acute pulmonary oedema. It was intended to transfer her to the Intensive Treatment Unit but her condition deteriorated and she died at 05.30.
- (7) Post-mortem examination revealed massive effusions in both pleural cavities and in the pericardial sac. Microscopic examination of tissue from the right buttock showed features of necrotising fasciitis. Microbiological examination of similar tissue identified the presence of *Clostridium novyi*.

NOTE:

[1] For my comments on the background to the multiplicity of deaths of injecting drug users in Glasgow during the period April to August 2000 reference is made to the General Note appended to the Determination in the case of Andrea McQuilter.

[2] The deceased was seriously unwell when admitted to the Western Infirmary on 2 August and by that stage it was too late for anything to be done for her. It is clear from the specific findings of necrotising fasciitis and the identification of clostridium novyi bacteria that she had succumbed rapidly to overwhelming infection.

[3] There is no basis for a conclusion that the presenting condition of 17 July was directly related to the infection which caused her death on 3 August. There is a possibility that the deceased had a similar infection and that this was successfully treated following draining of the abscess and the administration of antibiotics including in particular clindamycin. The likelihood is that she was separately infected by injection subsequent to 20 July and that this infection was the cause of death.