

2 JULY 1987: HAN'S WRITING. "JAUNDICE x 2"  
 "1 CM NODES R..." "LIVER PALPABLE"  
 "SLIGHT SPLENO-MEGALY"

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE

2.7.87

A severe Hemophilia HIV - ve.

Jaundice x2.

Bleeds infrequently now.

Some morning stiffness. 2hr.

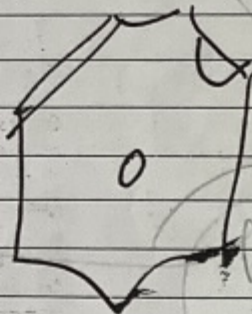
Aches and pains knees ankles.

Not on home therapy.

O/E: 1 cm nodes R axilla.

liver palms.

Slight spleno-megaly.



Joints:

Knees (L) FFD 30° EOM 30° - 90°

(R) 5° - 125°

Ankle (L) DF/PF 20° of mot (R) DF/PF 30° of mot.

Hips - no problems.

Thigh Bulk (R)

(L)

Calf Bulk R = L.

34 cm 2" 30

39.5 cm 4" 32

46 cm 6" 36



1987/1988/1989: HAY: "NO OTHER STIGMATA OF CHRONIC LIVER DISEASE"

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DA 11

15.10.1987

DIAGNOSIS: Severe Haemophilia, HIV negative

Mr Murphy is reasonably well and having few bleeds. The arthritis of his left shoulder and left elbow make it difficult for him to use his hand to eat and he has to comb his hair with his other hand. He is moderately disabled with his left knee but this is not giving rise to a great deal of pain and certainly not keeping him awake at night. On examination arthrodesis of the left shoulder with marked wasting of the deltoid, supraspinatus, infraspinatus and pectoralis major. Left elbow 120-90° slight limitation of pronation supination. Left knee marked crepitus, 30-100° flexion. The right shoulder was normal with some slight limitation in the right elbow. Both hips are OK as is the right knee. Limited dorsiflexion of both ankles.

Physiotherapy is going to achieve little here. We shall carry on as before and review in 6 months.

C R M Hay  
CONSULTANT HAEMATOLOGIST

28.7.88

DIAGNOSIS: SEVERE HAEMOPHILIA HIV NEGATIVE

Mr Murphy is going through a good patch with his bleeds. He has had very few since February. He gets a certain amount of discomfort and morning stiffness and not much pain from his left knee and otherwise has few complaints.

On examination three fingers breadth hepatomegaly, tippable spleen, no other stigmata of chronic liver disease. No lymphadenopathy. There has been no change in his ankles or his calves. His left quadriceps are more wasted and there is a 5° deterioration to a 35° fixed flexion on the left. Both elbows are very limited although the right one has improved with the exercises. We have encouraged him to do more quadriceps exercises as I don't think he is doing any at the moment at all and we will review him in three months time.

C R M Hay  
CONSULTANT HAEMATOLOGIST

24.4.89

Mrs Anakin is his daughter  
Age 54 Account book keeping  
Well. Goes to B&H for bleeds  
only 1 in 12 months in @ elbow.

Good day 24/4/89  
for H.I.  
see 28/4/89  
635

Main problem is @ elbow - thinks he has chronic arthritis. 'Like a rusty hinge'

Needs no pain killers - at least none more  
also could take some when severe - then  
uses Paracetamol - even the most bleeds

continued  
Page 80



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CONTINUATION SHEET

MED/C 11 12.74



"SEE 5 JUNE"

APRIL 1989; "WAS DROPPED BY HIS DENTIST  
WHEN HIV SCARE CAME ALONG"

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE

24/4/89

Wife

57.9kg 9.1.16

(cont) Alison has been teaching his home therapy.

Weight ↑. No diabetes.

Dentist: - was dropped by his dentist when HIV scare came along.

and has not been reviewed for sometime ∴ willing to be seen here.

Dentist

3rd floor

10am Clin 5

11 May

Mr. Cassidy

NO 7-21 May Italy!

Joints

Fixed flexion (L) knee

> (R)

Letter & ask reamange & let him know.

Elbows restricted - no difficulty getting

(L) hand to mouth.

(L) shoulder very restricted - no change.

Varicose veins (L) leg with skin discoloration and evidence of old ulceration on medial side

No stigmata of chronic liver disease

Scar from op for recurrent D.U.

Tenor abdo.

1) arrange dentist

489-0913

2) Recount into Relifex trial?

but 2) Du op 1981

No dyspepsia since

b) LFT borderline - is almost

X3 ULN - cleared today.

D/W CRH - recruited to trial 007.

Started today.

See 5 June





JAN 1990 : HAY : NO REF  
TO LIVER \*

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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
MURPHY	W				DR HAY	
DATE						
29/1/90						
Mr Murphy is very well. He remains HIV negative. His joints are largely unchanged and rarely bleeds these days. His muscle bulk has improved slightly although he still has marked quadriceps wasting on the left, and both knees quite arthritic. His main other problem is his right elbow.						
His other complaints included recurrent right sided sinusitis, catarrh. This responded to a short course of antibiotics but recurred afterwards. I have given him Amoxil 250 mg tds for a month. We will review him in 3 months time.						
Charles Hay Cons. Haematologist						
26/1/90 SIB Dr Hay in treatment room Has (L) inguinal hernia easily reducible						
J Welby						

MED/C 11 12.74



HISTORY SHEET

ROYAL LIVERPOOL HOSPITAL

HEIGHT \_\_\_\_\_ WEIGHT 58.3 kg AGE 55

URINE ANALYSIS :-

unobtainable

1020860T  
MURPHY  
WILLIAM  
94 HILARY AVE LIV BEL  
ERPOOL 14  
C7.11.1934 M  
80 0408 B MCVR  
WD/DEPT

MR LEINSTER

DATE  
22.5.90

CLINICAL NOTES  
(Each entry must be signed)

Haemophilic.  
Sudden Pain Lt groin about a month ago. lifted heavy wt. attributed pain to ? bleed.

(to Mrs Leinster).  
(later on note of Dr. Ray - seen by).  
Hernia

Pt. noticed Swelling often - Lt groin about 25 days ago.  
Used to disappear on lying down.

Seen no Swelling last 15 days.

eff No visible inguinal Hernia.  
Cough & walk about didn't bring swelling.

No cough impulse  
Lt-Ext. ing. ring allows tip of index finger.

- History definite of Hernia (also noted Dr. Ray).

- Problem is possible progression & complication of Obst/Straup. disease  
c Pt.

Plan: - Adv. to report to us/ GP if swelling reappears

- Review (SOS) if pain.

- Review Clinic 3/12

Letter to Dr. Ray.





APR 1990: H1A1: NO REF TO LIVER \*

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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
Murphy	William	m			Dr C. Hay	

DATE

23/4/90 DIAGNOSIS: SEVERE HAEMOPHILIA, HIV NEGATIVE

Mr Murphy presented to clinic between visits because of a painful lump in his left groin. He thought that this might have risen through exertion and there were no other relevant symptoms. On examination there was very little to feel although there was an area of localised tenderness in the left groin. There was no abdominal mass, no neurological deficit and certainly no evidence of any obvious bleeding. I have offered him qualified reassurance and we will review him in a couple of months.

24/9/90 haemophilia (Severe)  
HIV NEG.

Very well  
only no bleed (R. Fibrous) since Jan '90  
- used 2 bottles FVIII  
- otherwise has used no FVIII in  
past 6/12  
Hemata not troublesome - remains  
easily reducible.

Troublesome joints { @ Ankle } rather  
{ Both knees }

Quadriceps wasting persists

✓ Bloods  
See 6/12

SHEET 85 ?

SEP 1990: NO REF TO LIVER DISEASE

LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT NO
Mr Miss - Murphy	William				Dr J. Martin	

DATE

24/9/90

DIAGNOSIS: SEVERE HAEMOPHILIA, HIV NEGATIVE

Mr Murphy was quite well when reviewed in clinic today. He has had only one bleed into his right elbow since January of this year consuming only 2 bottles of factor VIII. He has otherwise used factor VIII in the past 6 months. His inguinal hernia is not troublesome at present and remains easily reducible. He continues to be troubled by arthritis in the right elbow and both knees, and his left quadriceps wasting is unchanged. I have arranged to see him again in 6 months.

22.10.90

Self referral to ward 74.

C10

Pain associated with Inguinal hernia

HPC

Hernia first noticed Mar/April 1990

- sudden pain on lifting heavy object
- noticed swelling
- swelling came + went.

Since then swelling comes and goes

- always able to reduce it.

- No overlying erythema.

No change in bowel habit.

Last 4/52 4 symptoms.

- pain "dull ache" in groin on walking 4-5 mins.

- if swelling there or NOT.

- relieved by rest 5 mins.

- none at end of day.





SEP - TO - OCT 1990

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE

Plan,

Note need for urgent referral should inguinal hernia become symptomatic

Mr Lester's clinic.

Tuesday 23rd October 2.00pm.

Hodgson  
(JMD)

Dear Mr Lester,

Thank you for renewing Mr Murphy, a 56 year old gentleman with a hernia and a 10 1/2 Hx of recurrently reducible (L) inguinal hernia. Hx as above. He has previously been renewed by yourself and was advised to seek further advice if the hernia became troublesome.

At present he has had dull ache in (L) groin on walking for 4/52 & increasing difficulty in reducing the hernia.

Could you please renew and advise.

Yours sincerely

Hodgson  
(JMD)

23/10/90

Thank-you!

Please see note in SJL sec 23/10/90

JH 1/10.





OCT 1990: NO REF TO LIVER DISEASE

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DATE  
23.10.90

WT 58.8 kg - 9st 3½

CLINICAL NOTES

(Each entry must be signed)

Hernia now irreducible &amp; painful

2. TCI plate

For surgery ASAP.

~~23/10/90 Mr. William Murphy 55 yr old book-keeper  
P/C Admitted via STJ clinic 23/10/90~~

23/10/90

Mr. William Murphy 55 yr old book-keeper

P/C Admitted via STJ clinic this p.m.

2 incarcerated LH.

HPC Self referral to ward 7<sup>th</sup> day  
4<sup>th</sup> day add'l pain 2<sup>nd</sup> to 3<sup>rd</sup> known  
LH.Longtime pt of Dr. Hay's & Haemophilia  
First seen & LH in May 1990.Last 4/52 :- Now v. much 4<sup>th</sup> lower add'l  
pain - worse on exercise/walking  
and 4<sup>th</sup> difficulty at reducing  
hernia.No recent development of a ship  
chr. cough  
urinary symp  
4 Int etc

PMH Haemophilia since birth

- knees/ankles/elbows worst areas

Bleeding DU overseas 10 yrs ago.

Dtlx: Regular Factor VIII PRN  
9/10 nil.

Known allergies.

2.5



"alcohol occasionally"

OCT 1990 "2 brothers (with haemophilia, now deceased)"



.89

LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
Mr. Miss <u>Murphy</u>	<u>W</u>	<u>♂</u>	<u>55</u>	<u>SB</u>	<u>SJL</u>	

DATE

PHx

2 brothers = haemophiliac  
Now deceased.

SHx

Married.

hus & wife.

° Snorer

- gave up 3 yrs ago.

Alcohol occasionally.

PE

Throat golden.

Apyrexial Temp 36.4°C

° Cy J cells 94.

° Haemarthroses at present

° C' lymphadenopathy

CVS

Pulse 72 bpm reg. gr.

BP 130/80 mmHg

Apex ° displaced

° Third A wave

HS I+II+O

RS

Trachea ⊖

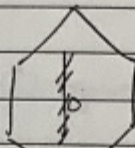
Expans ⊕ = ⊕ = O.K.

Resonance note resonant

AE =

BS vesicular ° Added sounds

Abdo



⊕ indirect irreducible inguinal hernia

Sgt

° Tender

Glasses

° LKRS

Fans

✓ ✓

- pt tried to reduce it

- too painful.

° lg lymphadenopathy

OPR done.

Barrel sounds: O.K.



DATE

OCT 1990 = HERNIA



90

CNS: grossly intact  
 o severely tested.

hpt

55 yr old HIV+ haemophilic - irreducible  
 LIH.

? ulcer on theatre.

Elevate foot of bed.

for H%.

ON Nodgapan relief at present  
 as hernia o painful at rest.

1/W Mr. Chang -

Hernia now reduced by pat/Dr. Muderda

∴ No need go urgent theatre tonight.

∴ let eat + drink

To FBC ✓

U+Es ✓

CXR ✓

ECG ✓

Discuss re haematologists re: X-match.

} main

for H%

231040

HAEMATOLOGY

55 HAEMOPHILIC (2-3%)

HIV NEG 1988

previous HIV B.

NAME  
81

Admitted for repair of (2) inguinal hernia.

Wt = 58 kg.

Aim for 100% FVIII levels

∴ give  $\frac{(100-3) \times 58}{2}$  UNITS bd = 2813 UNITS



OCTOBER 1990: HERNIA

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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
MURPHY.	WILLIAM	M	55	7P/SB	HAY/CONSTOR	

DATE

23/10/90.

250 u / bottle

∴ give 11 bottles FVIII bd. starting tonight.

please measure FVIII levels immediately before dose and 20mins after. (9mls blood into 1ml citrate - bottle can be obtained from coagulation laboratory)

Contact haematology laboratory for FVIII  
use gloves. draw up FVIII through filter needle provided  
but remove filter needle before injecting FVIII iv.

If in doubt about how to draw up FVIII  
contact JT. (2476) - or ask the patient!

Sukh Phullar

tutor 1268

bleep 366.

K<sup>+</sup> 3.9Na<sup>+</sup> 142

Urea 3.8

} small!

Hb 13.2 g/dl

Plts 99

WCC 4.6

} x 10<sup>9</sup>/l.

Factor VIII pre-ig. 49%

post-ig. 168%!

diversely good stage - i go theatre.

J.H.

24/10/90

Now reduce FVIII to 6 bottles bd. and recheck  
pre+post levels. Continue FVIII bd for 5 days  
post op

Pola R.A.

25.10.90

1.35pm 6 bottles FVIII FHC 0301  
250 u given. Pre + Post levels  
taken.



OCTOBER 1990 : HERNIA



92

DATE

24/10/90

Repair LEFT inguinal hernia

Cutaneous

/Mudenda

CA fabricum

I Skin crease

F Large cyst of the cord attached to a small sac

weak posterior wall

P Cyst excised (fluid sent → eds / cytology)

sac transfixed 1 CCC

repair 1 nylon

C 1 CCC

3mm redilac

clip → skin

Postop

Re 107  
recheck clotting please

• A

24/10/90

D/C Dr. Rodgers - SHO haematology

Continue 2 6 bottles Factor VIII 6ds  
for 5 days

L. Stecher

25/10/90

WR SJL

Doing well. Continue with  
management 2 haematologists 2 hold soon.

Pre-injection FVIII level: 74%

Post - " " : 132%

11%,



JANUARY 1991 : START OF KNEE

CONTINUATION SHE

LIVERPOOL HEALTH AUTHORITY

SURNAME MR MRS MISS	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No
MALCOLM	WILKINSON	M		HMBM	HAN	
DATE						
14.1.91.	HIV NEG.					
	HYPERTENSIVE A.					
	Only problem at present is (2) knee.					
	Injuries many yrs ago but none recently.					
	clicks, locks (in flexion), and gives way.					
	tender over medial joint line.					
	stiffness on sitting.					
	+ few years but getting much worse recently.					
	<u>O/E:</u>					
	flexion ~ 90° - 140° + crepitus.					
	No effusion					
	consistent lateral lgt ✓					
	? loose body					
	For X-rays incl. thurst views					
	? refer to Prof. Newman.					

8u

MED/C 11 1274





22/7/91 "was warned re hepatitis  
from 1981/78"



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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE 7.3.91	LK/JLH/
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Seen with Dr Hay today. He is a hemophiliac who is HIV negative and has a grossly arthritic left knee which requires a total joint replacement. He has pedal pulses. His X-rays were not available, but I am sure they will be grossly osteoarthritic. We have asked for them to be sent along. Needs a pre-operative assessment check by Dr Cohen.

22/7/91

Knee a little improved, due to 19/91 TKR TCI under Professor Kleinerman. (C) knee: Ankle (C) 20° painful, no blood flow. mainly on pain. Limited range 2° vs knee joint; but doing good exercises. otherwise well. (Edwin 4/7)

(C) knee Flexion "crepitus"

ankle foot dorsiflexion

limited movement 2° 35° both elbows & tied

pre-supination

will be reach back of head (C) arm

but can't (C) arm

review on ward after op

was warned re Hepatitis from 1981/78.

(6/12) note.



## HISTORY SHEET

ROYAL LIVERPOOL HOSPITAL

HEIGHT \_\_\_\_\_ WEIGHT 57 Kg AGE 57

URINE ANALYSIS :-

27/5/91

CH 7.02

AM 7 "No other

health problems"

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AFFIX IDENTIFICATION LABEL

DATE

CLINICAL NOTES

(Each entry must be signed)

27/5/91

Ref by LK

for LEFT knee replacement

Haemophilia

Always trouble in haemorrhage into

(L) knee

- severe problems 18 yrs

- getting worse

Pain - wakes in mornings

- disturbing sleep

Knee painful

stiff

Lumps

bumps

No swell

Ankles also painful

Elbows sometimes "

S. 1

Well

No other current health problems

Home treatment Factorate

- needed 4 1/month

- usually from elbow bleed

MED/C886 7.80



1991 pre-knee op (cancellation) \*  
 "Non A/B" '1968' 'alcohol  
 very occ

98

CLINICAL NOTES  
 (Each entry must be signed)

DATE

P.I.

D. U

1968 - 1981

→ ~~Post-traumatic~~  
 Psychopathy

R L H

No problem since  
 bleeding problem in chest

No other bleeding problems.

Hepatitis

1978

1981

Non A/Non B

L. I. H

1990

(Low anesthetic -  
 post-op recovery) in comp limited

↓  
 supervised by hematologists

No chest

heart

kidney

blood (Cottler)

skin - pruritus - uses cream

G. I. T. (Cottler)

CNS

chem.

Allylurea

Orlistat

Marginal - 25 yrs ago

HIV Negative

N<sub>1</sub> B

Dea hector

R L H

- less De Hays 1/2 by

P. I. I

Burkholder

Daves

Activity limited by knee pain

Synovium

Alcohol

↓

712



prob 1991 pre-free op  
cancellation

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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE	
	CC. Cough
	Dyspnoea
	Wheeze
	Painful
	Intermittent - slight after walking
	Occ light-headedness
	→ lasts c 10 minutes
	→ c 1/2 months
	→ many years
	cause
	Lipid levels ✓
	Weight ✓
	Steady ✓
	Indigestion ✓
	Heart ✓
	Bronchi ✓
	<u>Drugs</u> No regular drugs
	CX- Alert Thin
	Pain complete
	RS Trachea ✓
	Cx / R = L NAD
	PV
	Relax NAD
	CVS Pcy 70/
	BP 130/80
	HS NAD
	No JVD
	No oedema
	Periphet pulses -
	3/12 Cell 14

MED/C 11 12.74