

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

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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 GCH for bleeds only 1 in 12 months in R elbow.
	Main problem is R elbow - think 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 - covers the worst bleeds

Good info 24/4/89
see 28/7/88
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CONTINUATION SHEET

[illegible]

JULY 1989: THIS IS JOHN! *

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HISTORY SHEET

ROYAL LIVERPOOL HOSPITAL

HEIGHT _____ WEIGHT _____ AGE _____

URINE ANALYSIS :-

AFFIX IDENTIFICATION LABEL

William Murphy

DATE

CLINICAL NOTES

(Each entry must be signed)

31.7.89

DIAGNOSIS: AIDS RELATED COMPLEX

Mr Murphy is well in himself although he has an occasional dry cough. His joints are causing him little problem at the present time and he has been quite active and taking a lot of exercise. His weight is stable. There is no diarrhoea, no oral or oesophageal problems. He remains neutropenic and off AZT and his T4 helper cell count is exceedingly low at less than 0.01. On examination his joints were unchanged and there was no lymphadenopathy. His spleen was probably 2 cm below the costal margin.

I have re-prescribed fluconazole 200 mg and trimethoprim 200 mg daily. We will review him in 6 weeks.

Charles Hay
Consultant Haematologist

4.10.89

Contacted by wife

Dental extraction 7/7 ago (not under supervision)

- no tranexamic acid

∴ advise tranexamic acid 500mg qds 1/52

factor VIII prophylactic whilst on 7e prescrib.

JBK



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 quadricep 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

26/4 SLS Dr Hay in treatment room
Has (L) inguinal hernia
easily reducible

Swelby