		ch entry must be signed)				
	and the second	Charles Comments				
	4//					
	in the contract of the second					
3	ceto . AG	+11/0,	- 8			
		/444/				
		T formalismonthisms in the second	3			
		GRO-C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			:			
			::::::::::::::::::::::::::::::::::::::			
9/1Je1	- US Land Pail	Nearly				
	1930 - way gara					
	The esa where		- 6- 			
- A			· · · · · · · · · · · · · · · · · · ·			
	- argani mi	ing the standard the texture				
	market and the comment					
		Ola cara hat area	:			
	T in the second	Post of the Post of the				
	- Alexandria	GRO-C				
			cocococococissis			
16/92	Alterded HIC with father					
	3/7 History of sore threat, Hickly dry cough,					
	Jerrensh.					
	Pour appelate.					
	Similar poblan 4/52 con Housel in with					
		trisco concer of patrick there is no interest to				
	- Sins sai prover "	ration become a survey as the second				
	Similar problem " tong conser of o	152 ago. Cleared of with				
	time courses of a enflowages?	meibilbes: aguerbic h				
	smila paper." buy corres of a eagle-congein? Ba been an argu aparent.					

	-			
		HISTORY SHEET (Continuation)	Hospital No. Surname	
	DATE	(Each entry must be signed)	First Names Mark	
		Of Fairly well		
		Proda		
		Cervical & submardibler & supractaviole Upsphaleropathy		
		\$ 100 1 000 000 000 000 000 000 000 000	lake i Named	
	Small amount of contacts of			
		Impt / Exudadaria	Market Market State Commission of the Commission	
***		-> Threat-sugh		
		-> Erylvangus	500mg 60s 452	
* ; * :		54 4/7		
			GRO-C	
	jQ 6 42	Sunds -ve base to e fight		
			4.	
		% Cooks buser		
**************************************		Throat still is	jestes + tens Us isplain	
		Contine cylonizes	- L- 10/-3 - L- L	
		See Sos	GRO-C	
			GRO-C	
RF 47A				
			WITN0644160 0002	

VIROLOGY	HOYAL FREE HOS 204967V
	Ward: H.C. Hospital: RFA Consultant: CA2 Specialty: Haea Report Destination (if not as above):
Sex - Constant Service - Other	For further clinical information contact: Dr's Name : VIRCHTS Bleep/Tel No GRO-C
SAMPLE Date 8 6 92 Time Urine	CSF Facces CAfficoat swab
CLINICAL DETAILS: HIV + VC TOSSIGUES ANTIVIPAL DRUGS: Given: Contemplated: VIRUS SUSPECTED:	TESTS REQUIRED: CMV Callede Please GRO-C
For Leb Use. GRO-C NO VIRUS ISOLA	TED IN TISSUE CULTURE

ROYAL FREE HOSPITAL POND STREET LONDON NW3 20G

TELEPHONE 071 794 0500.



HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT FAX No: 071 431 8276

Director: Dr Christine A Lee MA MD MRCPath FRCP

AV/LRB/919375

15 June 1992

Dr D Kirby The Surgery Nevills Road LETCHWORTH Herts

Dear Dr Kirby,

Mark Anthony WARD GRO-C 69

GRO-C

This 23 year old gentleman with severe Haemophilia A and HIV disease attended the Haemophilia Centre on the 8th June 1992 with a three day history of a very sore throat, a particularly dry cough, fevers and sweats. He had associated general malaise and anorexia. He had a similar problem four weeks ago which eventually cleared up following two courses of antibiotics which I believe were augmentin followed by erythromycin. He had been on augmentin for two days and there had been no real improvement.

On examination I found him to be fairly well and apyrexial. He had cervical, submandibular and supraclavicular lymphadenopathy. On examination of his throat soft palate was very inflamed and there was bilateral tonsillar enlargements with a small amount of exudate on the right tonsil. My impression was that he was suffering with exudative tonsillitis and following obtaining throat swabs for bacteriology, fungal analysis and virology I started him on erythromycin 500mgs QDS.

I reviewed him again in the Haemophilia Centre on the 12th June 1992 and by this time he was feeling considerably better. The fevers and sweats had subsided and his throat, although still sore, was improving. On examination there was still considerable

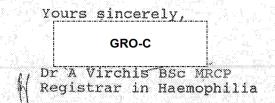
page 2 of 2

AV/LRB

-15 June 1992

Mark Anthony WARD GRO-C 69

injection of the soft palate, but his tonsils were certainly less inflamed. There was also resolution of the lymphadenopathy. Swabs so far have been negative for bacteriology and fungal analysis. I have asked him to continue his erythromycin for a full 10 days in total and he is to return to the centre if he has any further problems.



AV/WARD