

Department of Haematology
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June 10, 1994 2.

Dr Chambers

hands, nails and feet leave a lot to be desired. I would intend him to stay on three to four months' treatment of AZT or Retrovir until we find an alternative treatment for his psoriatic problems.

If at any time you would like to discuss his management with me, I would be all too happy to talk to you personally on the telephone. One of the best days of the week to get hold of me, which may not suit yourself, is an early Wednesday afternoon and I am usually to be found in my own room at that time with a direct outside telephone line - GRO-C If I am not available, please leave your number on the answering machine and I will get back to you as soon as possible.

With kind regards and many thanks for all your help,

Yours sincerely

E E Mayne
Consultant Haematologist

Department of Haematology
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CONFIDENTIAL

June 10, 1994

Dr Chambers
Health Centre
High Street
Lurgan

re:

GRO-A

Dear Dr Chambers

I apologise for not placing you better in the picture regarding the above patient. However, confidentiality has always been a great difficulty in such cases. I understand from **GRO-A** and Mrs **GRO-A** that I missed you by a matter of five or ten minutes yesterday afternoon. When I heard that **GRO-A** felt unable to come into the Centre, I thought the time had come to visit him at home. In actual fact he looked much better than he had done at his last stay in the ward. However, of course, he is by no means well. Firstly, during my next visit to London, I hope to have some further consultations with experts there in the dermatological manifestations of HIV infection. Also I am wondering whether, in fact, **GRO-A** should stop his Neotigason as I don't think it really producing a substantial benefit. Therefore I will be in touch with both **GRO-A** and yourself regarding that aspect of his treatment.

At the present time **GRO-A** is quite well but he has no CD4 lymphocytes left in his circulation. They are virtually undetectable. However, despite this low result, he does not have any circulating P24 HIV antigen circulating, which is a good thing. In general he had the characteristic loss of weight but has been fortunate in one respect not to have as yet developed any serious opportunist infections. The reason that he is back on his Retrovir is that theoretically, the addition of Retrovir to the Neotigason should in fact cause an abatement of the psoriatic proliferation.

I have to admit that there is a great improvement in his chest, abdomen and back since I last saw him. However, his