

CARE PLAN

Kalamazoo 800424-81x111

TNP CARE TM 820
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Date Commenced	Needs and problems Identified by Nurse and Patient	Expected Result agreed by Nurse and patient	Nursing Action Aimed to Relieve/Solve Problems	PT. Response Discontinuations/Evaluations Dates and Signature
11/6/93	Brian had a grand mal ft.	cause of convulsions will be found and convulsions will be controlled	1) Ensure appropriate tests are carried out; eeg CT scan 2) explain above to Brian and answer any questions 3) If Brian has a convulsion observe length type and any predisposing factors. 4) administer any anticonvulsant therapy as px 5) ensure oxygen and suction therapy are readily available 6) Stay with Brian throughout any convulsions and offer support	11/6/93 eeg and CT booked for today. No further convulsions GRO-C Night No further fits 12.6.93. all care is on while update sheet. On 13/6 Care as plan 14/6/93 no change GRO-C 15.6.93. No fits 16/6/93 No convulsions GRO-C Review on recon GRO-C Night 20/6/93 Home until 7:00hrs no incidence GRO-C
NAME	Brian Hallwood			

PATIENTS PROGRESS

Kalamazoo 800423 8 1/4x1 134

TNP
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Date	Update of Patient's Progress in Coping with Problems	Signature
10.6.93	16 ⁰⁰ hrs:- Admitted this morning as planned for gastroscopy - however had a grand mal fit whilst playing computer game - lasting approx 5 mins. Theatre cancelled. for neurology opinion & ?CT scan. Hurt ankle during fit. factor VIII administered by Nikki Mackrell	
11/6/93	Slept all afternoon. Pethidine given IV. No clt pain	GRO-C
11/6/93	CT Scan and EEG normal.	GRO-C
11/6/93	Care as plan.	
12/6/93	Night Care as plan.	
12/6/93	Day Care as plan. MST ↑ 90mg. at night.	GRO-C
12/6/93	Medication given as prescribed.	
12/6/93	Apical. Day dont recorded. No fits observed.	
13.6.93	Night Care as plan.	
13/6/93	Still needing regular pethidine for pain in @ side	
13/6/93	Sleeping at 8pm.	GRO-C
14/6/93	Care as plan. Pethidine given 1am.	
14/6/93	Still having regular pethidine IV. ? begin oral	
14/6/93	pethidine later to-day.	
14/6/93	Out for afternoon. Needs oral drug later please	GRO-C

NAME

820

Brnan Hallwood.

SBW 3

PATIENTS PROGRESS

Kalamazoo 800423 8 1/4x11 1/4



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Date	Update of Patient's Progress in Coping with Problems	Signature
30.11.92	Brian was admitted via A+E following falling had a generalized seizure lasting approx 20 mins at home this is his first seizure On admission he is pyrexial and nauseous - Paracetamol and Maresalol given as prescribed. Brian settled and went to sleep. To be seen by Dr Paula Bolton Maggs in the morning. Mum and younger brother are staying in the cubicle with him	GRO-C
07:30	Care as plan. Temp 37.8 @ 07:00 Please contact Niki Machett on X 2079 @ 09:00 and inform her of Brian's admission	GRO-C
30.11.92	12 noon - Seen by Dr Bolton-Maggs and Niki Machett. urine sent for C+S. Bloods taken and sent. no more seizure activity observed. Request for C.T. scan, ? this pm. For transfer to A3	GRO-C
30/11/92 PM.	care as plan	GRO-C
1/12/92	1000u. factor 87 given last pm. No complaints of pain overnight Rx given as listed, Care as plan. 40 pain 6-30am Oramorph given	GRO-C

NAME

Brian Hallwood

SBW 3

AL OUT-PATIENT DEPARTMENT

N. Dr. N.
 DOCTOR S. Hillman
 139, Woodmister Rd. L4.

NAME Hallwood Brian David
 ADDRESS GRO-C
 GRO-C
 DATE OF BIRTH GRO-C 1.77 GRO-C
 SCHOOL L'pool GRO-C
 Gro. GRO-C

16/9/77. Ref. Fazakerley. Δ Haemophilia

- NFD.

MCMA - cancer

Mat. unde + haemophilia - AHA.

ND at T+S

Bur. 9.14

No trouble.

M - Tested - likely to be a carrier

Baby tested - had a haemophilic

assuming results from Fazakerley

No problems at present

Review 4.11.77



GRO-C

4.11.77

14-12-78

15/12.

11.6kg

Very well.

Cuts bruises easily

Very active

Walks alone

ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL
CONTINUATION SHEET

Name Brian Hallwood
Ward

Date

5/12/74

C/O ^{2yrs 3 1/2 boy} unable to move @ ankle
here He has been crying all night &
unable to move foot since 1900
yesterday when playing
no other illness. no fever
no cough/cold/sore throat/horaceous
bronchi - no stridor

Komm haemophiliac diagnosed neonatally
am 110° 110° 110°
drug none allergies none

O/C well but miserable
as pulse 140 bpm vs 110 added
chest chills in chest
Eas ✓ MTD Throat MTD

@ ankle swollen slightly tender to
no other seen

Am? haemarthrosis? soft tissue haemorrhage
Plan Factor VIII see tomorrow if not better
Paracetamol

Brian Hallwood 2

Batch H L 2627 225 of 820

Factor VIII given to start

22.3.80

- Known Haemophilia

- Bumped into a door & cut
his tongue against his teeth.

0/E - Bleeding from small
laceration lateral border of
② side of tongue - ant 1/3.

- Bruise 1cm size + indurated
medial side of ② knee.

- No other bruise.

Factor VIII 245 u. st.

GRO-C

26/3/80

1 unit H12662 factor VIII given
known

home on
EACA x5/7

27/3/80

Tongue - - bleeding ^{red}
- small dot 2mm or seen
at ② side of tongue
no bleeding

Gc. well
not pale

→ Home
continue
EACA

30.6.80

While playing w his Dad, he pulled his

12.45
pm

② arm → Ruler @ elbow. The accident
occurred about an hour ago.

Brian Hallwood 2

He has been - good health.

224 of 320

3.7.88.

R/o pain (R) lower ribs anteriorly

2 H/o trauma

also larger than usual bruises (R) forearm + (L) lower
Abs

O/E Abdomen

large laceration flexor surface (R) forearm

Small laceration (L) ribs lower border anteriorly

Numerous old bruises lower legs.

Tender (R) lower ribs "swelling"

Chest/ clear

For 2 wks follow VIII

Review next

GRO-C

ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL
CONTINUATION SHEET

Hospital No.

Name BRIAN BRANNO HALLWOOD
Ward D3

Date

13/7/80

Multiple bruises. - thoracic trauma.
- both legs / thighs - Ecchymoses
(posteriorly)
2) (L) ankle - bruise / swelling
- limited motion.
3) Chest wall - (R) anterior bruise
- since 1 hrs ago
- back (L) side - fading
Throat - Ecchymoses
Ears -
Gums - no bleeding
Chest is clinically clear

Re. 2 units.
(1) Factor VIII given

Review 1 1/2.
J. May

14/7. Bruise (L) ankle & but still
tenderness & restricted motion
Thighs (both) - posteriorly bruise
Ecchymoses
same.
(1) Factor VIII 2 units
Review 1 1/2 2 Little Factor given
2

Brian Hallwood

239 of 820

13.9.83

Upsel

Not his usual self.

swelling (L) hand.

Haematoma (L) iliac crest

Joints - move normally with
no apparent pain.

Rx Factor VIII 2 bottles.

see Pent.

GRO-C

27.9.83. Attended D3 with brother Stephen. Both 8 pain in L foot 24h

OE Both brothers: swelling of (L) 5th MTP joint No % trauma

unable to weight bear on L foot.

+ old bruises flexor aspect R forearm.

Other joints n2d

Rx Factor VIII 2 @

review as necessary.

GRO-C

5.10.83

8 pain in L ankle

No % trauma

OE L ankle slightly swollen

flexion-limited, ~10° flex.

also bruises medial aspect of knee - full ROM
(from fall 7/80)

L upper arm

forehead

Brian Hallwood 2

2 Rx F VIII

240 of 320

- bridge L ankle 24h

- no trauma 24h 6h

Review tomorrow

GRO-C

ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL
CONTINUATION SHEET

Hospital No.

Name

Ward

Date

5.7.84
 1.30
 pm

• banged his rt. knee yesterday.
 but no bruise no swollen just
 tender a little bit.
 1/2 unit of factor VIII
 1 cup bendage of knee
 1 rectal home plan

GRO-C

19/12/84

Spontaneous swelling of left upper arm & stable
 last night

No h/o trauma/lymes.

This arm - swelling has ↑↑ and includes elbow
 & forearm

o/e Swelling of whole of left arm till level of mid-forearm

Tense +++

Tender ++

(L) elbow held at 10° extension - unable to flex/extend
 further.

(L) wrist movement ✓

Radial pulse ✓

(L) wrist & hand warm.

For - X-ray to exclude #

~~Factor VIII~~

Seen by Dr. West.

Needs to come in

for factor VIII & observe (L) arm circulation

Brian Hallwood 2

244 of 820

DATE

Elevation.

for - 4 vials factor VIII stat now ✓ 12.30 p.m. *8/12/84*
- 3 vials later today given 2045 hrs. *8/12/84*
- 2 vials more.

Review: none.

ns. Brian very distressed re-staying in hospital.

GRO-C

20/12/84. Much improved.
Oedema ↓.
movement of shoulders full.
limited elbow flexion.
For 2 vials F.VIII now
input in RBC
check LFTs. — *nm*
Hep scan. —

20/12/84
10 a.m. 2 vials factor VIII given

20.12.84 2 vials factor 8 given
8 p.m. maykeeran.

21/12/84
0845 2 vials factor 8 given

GRO-C

ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL
CONTINUATION SHEET

Hospital No.

Name,
Ward,

Date

20/12/84

Arm settling
Elbow limited extension.
comm daily F. VII *2.

22/12/84

2 vials Factor VIII given.
Arm much better
Still not extending elbow fully.
Further 2 vials tomorrow.

GRO-C

GRO-C

23/12/84

Arm swelling ↓↓.
Bawling ++
limited extension at elbow
Further 2 vials given.
Probably sufficient pro-ten.

GRO-C

20.1.85

Developed swelling + pain @ elbow this am.
no trauma.

OE Tender swelling @ elbow
No bruising No movement possible.

Rx 2 @ Factor VIII

Paracetamol 240mg o 4LSy

GRO-C

Brian Hallwood 2



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP
Telephone: 051-228 4811

Copy

Your Ref

Our Ref

LB/SK/

GRO-C

If telephoning please ask for

Ext.

GRO-C

2nd May, 1989

CONFIDENTIAL

Dr. J. Hillman,
139 Westminster Road,
Liverpool 4

Dear Dr. Hillman,

Brian Hallwood, d/t GRO-C 77

GRO-C

Liverpool GRO-C

Just to inform you that I have started Brian on oral Zidovudine 165 mgs q.i.d., this owing to the fact that his T helper sub sets have consistently fallen over the past twelve months. This has been associated with poor weight gain and recurrent proteus urinary tract infections and an episode of persistent Henoch Schonlein purpura associated with recurrent tonsillitis.

Clinically he has generalised lymphadenopathy but has no evidence of symptoms diagnostic of AIDS. He would fulfill the criteria of P2 symptomatic infection. His mother is fully aware of the implications and because of Stephen's condition, which at the moment remains static but poor, this will increase the amount of stress and difficulty in coping with an already tragic situation.

We will keep you informed of their progress.

Yours sincerely,

Lynne Ball
Consultant Haematologist



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP

TELEPHONE : 051 228 4811

FAX : 051 228 0328

Your Ref

Our Ref



If telephoning please ask for

To whom it may concern

4th September 1989

HM Customs

Brian Hallwood, d/b. GRO-C 77.
Steven Hallwood, d/b. GRO-C 80.

These two boys suffer from severe Haemophilia A and their mother is therefore carrying supplies of Factor VIII concentrate, and needles and syringes with which to administer it.

In addition, Steven Hallwood is on regular prescription of Morphine Sulphate Elixir, and his mother is carrying a single 200 ml. bottle of this to continue his regular medication.

GRO-C

Paula Bolton-Maggs
Senior Registrar in Haematology



ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP

Telephone. 051-228 4811

Your Ref.

Our Ref. LB/SK

If telephoning please ask for Ext. GRO-C

14th March, 1989

CONFIDENTIAL

Dr. J. Hillman,
139 Westminster Road,
Liverpool 4

Dear Dr. Hillman,

Steven & Brian Hallwood,

GRO-C

Liverpool GRO-C

Steven and Brian were reviewed on the 6th March, 1989.

Steven has developed a progressive cough and respiratory signs. His chest x-ray shows very little change but obviously I am somewhat concerned that in view of his severe immune deficiency he may well again be developing pneumocystis. I have, therefore, commenced him on weekly Dapsone and thrice weekly Trimethoprim and changed his broad spectrum antibiotic back to Erythromycin whilst awaiting sputum culture.

Brian as you know has had intermittent Henoch Schonlein purpura and recurrent urinary tract infections with a slow progressive increase in his creatinine levels and we are continuing to monitor these. We have initiated some immunological investigations as a marker of his disease status but in my opinion it would seem that Brian is developing AIDS related complex and will soon start oral Zidofudine (AZT) therapy.

I arranged to see Mrs. Hallwood on the 9th March, 1989 without the children to go over in detail Steven's poor immediate prognosis and Brian's possible long term outcome.

We will keep you informed of their condition.

Yours sincerely,

Lynne Ball
Consultant Haematologist



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP
Telephone: 051-228 4811

Your Ref

Our Ref JES/BE

If telephoning please ask for

GRO-C

25th January 1989

DEPARTMENT OF CLINICAL PSYCHOLOGY

Mr. P. Bolton-Maggs
Senior Registrar in Haematology
Alder Hey Children's Hospital

Stacy Paula

Dear Paula,

Re: Brian Hallwood - d.o.b. GRO-C77
GRO-C, Liverpool GRO-C

Just a brief note to put on "file" the fact that I am now involved with this family.

I initially saw Mrs. Hallwood alone and then met Brian at his home in the pre - Christmas period.

Brian came to see me at Alder Hey for the first time last week and seems very pleased with my initial idea of fortnightly contacts - as long as he does not miss the P.E. sessions at school!

I will keep you informed of our meetings at intervals but if you feel anything is mentioned in clinic that I should be aware of, or if Stephen's condition deteriorates further, please could you let me know?

I have also arranged to see Mark Hives at home next week although he is rather dubious about the meeting. Mr. Hives apparently does not look favourably on psychologists and, therefore, I am taking the line that we are a common phenomenon in Alder Hey and our interest is not an unusual occurrence.

Is it possible for you to drop me a line with background details at some point as I have little information beyond his name and telephone number, and the information Mrs. Hives supplied on the telephone?

Many thanks.

Yours sincerely,

GRO-C

Jean E. Sambrooks
Top Grade Clinical Psychologist

19th October, 1988

CONF

Ms. J. Sambrooks,
Clinical Psychologist,
Alder Hey Children's Hospital

Dear Ms. Sambrooks,

Brian Hallwood, d/b GRO-C/77GRO-CLiverpool GRO-C

Thank you for your interest in this family.
Brian is the eldest of three boys who are all haemophiliacs.
As I mentioned to you, Stephen the middle child aged 8 yrs
has AIDS and is very ill and really has not been to school
properly for a whole year. Thomas, the youngest child, is
aged 4½ years and relatively little problem.

Brian is IV like Stephen but so far has had no significant problems. However, he knows about his HIV status and knows what is the matter with Stephen. Recently he has been complaining of headaches and has been seen by my colleague Dr. Robert Carr who does not think these are organic in nature.

Mrs. Hallwood feels it would be helpful for Brian to talk to you, or one of your colleagues, and we would be most grateful if an early appointment could be sent to help this family.

Yours sincerely,

Paula Bolton-Maggs
Senior Registrar in Haematology



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP
Telephone. 051-228 4811

Your Ref

Our Ref

PBM/SK/

GRO-C
GRO-C

If telephoning please ask for Ext.

GRO-C

20th January, 1988

Mr. J. Rogers,
Consultant ENT Surgeon,
Alder Hey Children's Hospital

Dear Mr. Rogers,

Stephen Hallwood d/b GRO-C 80

Brian Hallwood, d/b GRO-C 77

GRO-C

Liverpool

GRO-C

Many thanks for seeing these two boys who both suffer from severe haemophilia A and are HIV positive.

Stephen has had a lot of trouble lately with lung infections and we have recently started him on regular IVIG. In addition he gets recurrent ear infections and I would be most grateful if you could assess his current status and give us any advice regarding long term management.

I would be grateful if you could also look at his brother Brian.

Part of the spectrum of HIV related illness in this child seems to be chronic suppurative otitis media and although usually the immunoglobulin levels are normal, these children behave as if they are chronically 'B' cell immune deficient and it is, therefore, from this point of view that we would be grateful for advice concerning the long term management of ear infection.

Yours sincerely,

Paula Bolton-Maggs
Senior Registrar in Haematology

JM/EE/ GRO-C

EXT GRO-C

STRICTLY CONFIDENTIAL

2nd December 1986

Dr. O. Frost,
Specialist in Community Services
(Child Health),
Sefton General Hospital,
Smithdown Road,
Liverpool, 15.

COPY

Dear Olive,

Brian Hallwood, d/b GRO-C77.

GRO-C

L.pool GRO-C

This boy with haemophilia is HIV positive, though of course has no clinical features of AIDS. We have known him to be HIV positive for some time, long before the Departmental document on Guidance for Schools was published. At the time we told his parents not to tell the staff at school, but we did I believe through you, inform the School Medical Officer. As far as Mrs. Hallwood knows the school are not aware of his situation.

The reason I am now writing to you is that he recently had a nose bleed at school and one of the teachers mopped up the blood with a tissue and disposed of it appropriately. I am sure this was of no danger to the teacher, but I feel we are sitting on a potential time bomb if we do not arrange for the school staff to be suitably informed. I wonder whether you would like to discuss this with the appropriate SMO, and if I can be of further help please let me know.

Yours sincerely

John Martin
Consultant Paediatrician

ALDER HEY CHILDREN'S HOSPITAL, LIVERPOOL
CONTINUATION SHEET

Hospital No.

Name.. Brian Hallwood

Ward..... D3

Date

11.6.85 Lt calf swollen. Rt tender
2 bottles Factor 8
given by mum.

8/12/85 Blood taken for Hb & VIII Screening

21.1.85

Well
active
Eats well



GRO-C

On Home & 5 bottles in last 2/12

Wt 24.5 kg

URT ✓

Enlarged nodes cervical
esp tonsillar
axillae
+ groin

Lungs ✓

Abdo - spleen tipped

Skin -

Feet ✓

CONTINUATION SHEET

Name

Ward.

Date

7-10
7-11-91

Hv Brian has 5 x huge mouth ulcers
which he's coating with ADOLYU-IN-
ORABASE paste.

Advised to continue prescription of acyclovir
deemed to be taken as ~~advised~~ ~~also~~
~~by Dr~~ as prescribed by Dr Bolton Mages.

Mum and V. tired, Brian bored but
not really fit for school.

11.11.91

1. Developed rash yesterday - on face and
thunk. Mother stopped Cefadroxyl

2. Not eating because not hungry
and if eats, feels sick

3. Mouth sore

WT 35kg
HT 153.2cm.

4. Breathlessness yesterday
Slight cough.

SE Thin

Face - slight rash.

T 37.3

Tonsils clean

Mouth ulcers - around inside of
gums

ASNAO

Chest clear. Not breathless at rest

Pulse oximeter 96%

Brian Hallwood 2

PBM/BC

IN STRICT CONFIDENCE

16 July 1990

TO WHOM IT MAY CONCERN - Medical Doctor

COPY

Dear Doctor

RE: BRIAN HALLWOOD - DOB [GRO-C] 77
[GRO-C] Liverpool [GRO-C]

This is to introduce Brian Hallwood who has a Factor VIII level of less than 1%. Unfortunately, Brian has been infected with HIV and was started on AZT (Zidovudine) in April 1989 because he had suffered from recurrent bacterial infections. Since then he has remained in very good health with no major complications. He receives monthly nebulised Pentamidine for pneumocystis prophylaxis and the last dose was given on the 16th July 1990.

His most recent T4 count is 200.

20th May 1991.

If you need any further information please do not hesitate to contact us at the above address.

Yours sincerely

PAULA BOLTON-MAGGS
SENIOR REGISTRAR IN HAEMATOLOGY



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP

Telephone 051-228 4811

Fax No 051-228 0328

Your Ref .

Our Ref . PBM/BC 329179 If telephoning please ask for :

IN STRICT CONFIDENCE

15 April 1991

Dr S Redmond
Lewisham Medical Centre
158 Utting Avenue East
Norris Green
Liverpool 11

Copy

Dear Dr Redmond

RE: BRIAN HALLWOOD - DOB GRO-C 77
GRO-C Liverpool GRO-C

Brian remains symptomatic particularly with his anal margins although this is considerably better than it was when I reviewed him last time. He has been helped by your prescription of Anusol. However, he is only opening his bowels about twice a week and he was very reluctant to try the laxatives that I gave him last time. I would be glad of your further help with this.

Since stopping the Cimetidine he has developed recurrence of his upper gastro-intestinal pain. We have never been sure what the aetiology of this is, however, it has been symptomatically helped by Cimetidine in the past and I have prescribed this for him today in a dose of 400 mg at night. He had a large ulcer on his lower lip on the inside for which I have prescribed Triamcinolone in Orabase and I have given him a further week's course of Flucloxacillin for a very sore and infected left nostril. This could be herpetic as could be the ulcer in his mouth and I have also given him a course of Acyclovir. I hope that he will take these but he finds taking any medication difficult.

He has been admitted to the ward today for a further course of Immunoglobulin and also we took the opportunity to give him some prophylactic Factor VIII.

He will be reviewed in the clinic again in six weeks' time.

With best wishes.

Yours sincerely

PAULA BOLTON-MAGGS
SENIOR REGISTRAR IN HAEMATOLOGY

PS Susan who I know very well is getting considerable symptoms of anxiety at present, episodes of chest pain. I wonder whether she might be helped by a small dose of Beta Blockers in addition to the relaxation course that she is being given by our Haemophilia Sister, Nicki Mackett. She will mention this to you when she sees you soon.



LIVERPOOL HEALTH AUTHORITY
ROYAL LIVERPOOL CHILDRENS HOSPITAL
ALDER HEY

Eaton Road, Liverpool L12 2AP
Telephone 051-228 4811

Your Ref

Our Ref **LB/BC**

If telephoning please ask for

IN STRICT CONFIDENCE

6 June 1990

Mr David Rollman
American Embassey
5 Upper Grosvenor Street
LONDON
W1A 25B

Dear Mr Rollman

RE: **BRIAN HALLWOOD - DOB** **GRO-C** **77**
GRO-C **Liverpool** **GRO-C**

This is to introduce to you Brian Hallwood who is presently a 12½ year old boy who is registered as suffering with severe haemophilia, Factor VIII level less than 1%. He wishes to travel to the United States for a holiday to Disney World which is being arranged for him probably around August or September of this year. Monies is being raised by a Legal Company who have been involved in the ongoing action against the Health Authorities.

He was diagnosed as being HIV sero positive when first tested in 1985. He remained relatively well until the beginning of 1989 when he was troubled with recurrent Henoch's Schonlein Purpura and recurrent urinary tract infections. he also developed pustula tonsillitis and has required admission to hospital on three or four occasions because of infection. He was therefore started on Zidovudine in March 1989 because of his persistent recurrent infections which had been of a serious nature.

He has been relatively well over the past year. His major problem being one of a recurrent ankle bleed which now seems to be settling. He is capable of giving his own factor VIII as is his mother and obviously this commodity would be provided for him to cover his visit to the United States.

Because he is well at the moment I feel this is the optimum time for him to visit Disney World as I would anticipate the risk of him becoming unwell minimal and his infectivity because he is a young boy and not sexually active to be negligible. I wonder whether or not this would be sufficient information for you to arrange a visa wave application to cover his planned trip which would be approximately two weeks. He would be accompanied by his mother and younger sibling, Thomas who is also haemophiliac but HIV negative. I think it is perhaps appropriate to mention that Brian's younger brother, Stephen was the initial child for whom we applied for access to America to visit Disney World. As you can recall, at that time there had been no entries granted to this group of patients and unfortunately Stephen became too unwell before we could arrange his trip and subsequently died. You can imagine how important therefore, particularly for this family, it is that their application this time goes smoothly. It has been complicated once again by the fact that the firm of Lawyers who were involved with **GRO-A**'s application (I am sure you remember the difficulties they produced) have once again ignored my recommendations that the mother herself applies for visa wave and I will as I have done here forward to you an appropriate medical cover.

6 June 1990

Mr David Rollman

They have told this mother there is a great deal of difficulty in acquiring this visa and I have tried to reassure her that direct contact with you from her with this letter should bring about no difficulty in gaining access for the purpose of visiting Disney World.

I look forward to hearing from you and I trust both you and your wife and children are well.

Yours sincerely

LYNNE BALL
CONSULTANT PAEDIATRIC HAEMATOLOGIST