

Liverpool Area Health Authority (Teaching)



**Broadgreen Hospital**

YOUR REF

OUR REF

TJB/MC/100871

If telephoning please ask for 28

Ext. **GRO-C**

THOMAS DRIVE  
LIVERPOOL L14 3LB  
TEL: 051-228 4878

22 March 1979

Dear Dr. Lushington,

re: William MURPHY. **GRO-C** Liverpool **GRO-C**

He was admitted again on the 3 March. He had brought up a small amount of blood. It was not clear whether he had, in fact, vomited this but subsequently it seems likely that this was bleeding from his gums rather than a haematemesis. He has, of course, recently been treated for gastro-intestinal bleeding from a duodenal ulcer and is taking Cimetidine.

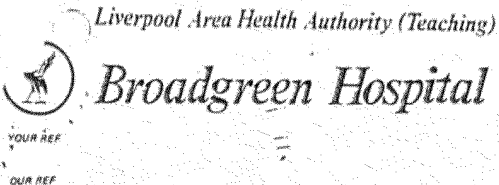
Whilst in hospital he began to complain of right upper quadrant pain and this was followed by the appearance of jaundice. The jaundice is, we think, probably due to hepatitis and we showed that he did, in fact, have a positive Australian antigen test. One cannot, of course, be certain how long this has been positive nor indeed can one be certain that this is in any way related to the large number of units of Cryoprecipitate that he had in December when he had haematemesis.

The problem was made rather more difficult by the fact that ultrasound of the abdomen suggested that he does have gall stones and dilated ducts within the liver. The pattern of abnormal liver function tests was however much more compatible with serum hepatitis. His jaundice is gradually fading.

We felt that it was probably quite reasonable to allow him home but we will see him from time to time and will, of course check whether the Australian antigen persists in his serum.

27 MAR 1979

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William Murphy

No active treatment is necessary. We feel, however, that he ought to continue to have Cimetidine.

As far as the gallstones are concerned we think that he should have an intravenous cholangiogram later but obviously surgical intervention is not contemplated.

Yours sincerely,

GRO-C

T. J. BAYLEY  
Consultant Physician.

Dr. L. Lushington  
GRO-C  
Liverpool GRO-C