

2 JULY 1987: HAY'S WRITING "JUANDICE X 2"
 "1 CM NODES R..." "LIVER PALPABLE"
 "SLIGHT SPLENOMEGALY"

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE

2.7.87

A severe Hemophilia HIV - ve.

juandice x2.

bleeds infrequently now.

some morning stiffness. 2hr.

Aches and pains knees ankles.

not on home therapy.

O/E: 1 cm nodes R axilla.

liver palms.

slight splenomegaly.



Joints:

Knees: (C) FFD 30° com 30°-90°

(R) 5° - 125°

Ankle: (C) DF/PF 20° of mot (R) DF/PF 30° of mot.

Hips - no problems.

Thigh Bulk:

(R)

(L)

Calf Bulk R = L.

34 cm 2" 30

39.5 cm 4" 32

46 cm 6" 36

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

78

DA E

15.10.

DIAGNOSIS: Severe Haemophilia, HIV negative

1987

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

accounts (book keeping)

Well.

Good to B&H 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
use Paracetamol - especially with bleeds

Good dog 24/4/89
for H.I. only
see 28/4/89
635

continued
Page 80

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CONTINUATION SHEET

MED/C 11 12.74

"SEE 5 JUNE"

APRIL 1989: "WAS DROPPED BY HIS DENTIST
WHEN HIV SCARE CAME ALONG"

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
DATE						
24 4/89	LSE					
	57.95 9.1.16					
	(cont) Olson has been teaching his home					
	therapy.					
	Weight ↑. No diabetes.					
	Dentist: - was dropped by his dentist					
	when HIV scare came along.					
	and has not been reviewed for					
	some time ∴ willing to be seen					
	Leve.					
	Dental					
	3rd floor					
	10am Clin 5					
	11 May					
	Mr. Cassidy					
	No 7-21 May Italy!					
	Letter & ask re arrange					
	& let him know.					
	Joints					
	Fixed flexion (L) knee					
	> (R)					
	Elbows restricted - no difficulty getting					
	(L) hand to mouth.					
	(L) shoulder very restricted - no change.					
	Varicose veins (L) leg with skin discoloration					
	and evidence of old ulceration on medial side					
	No stigmata of chronic liver disease					
	Scar from op for recurrent D.U.					
	Tumor abdo.					
	1) arrange dentist					
	489-0913					
	2) Recount into Relifer trial?					
	but 2) DU op 1981					
	No dyspepsia since					
	b) LFT borderline - a almost					
	X3 ULN - started today					
	D/W CRMT - recruited to trial 007					
	Started today.					
	See 5 June					

* 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.
MR 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.

GRO-C

Charles Hay
Cons. Haematologist

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

GRO-C

* MAY 1990: HERNIA ONSET *

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HISTORY SHEET

ROYAL LIVERPOOL HOSPITAL

HEIGHT _____ WEIGHT 58.3 kg AGE 55

URINE ANALYSIS :-

unobtainable

GRO-C

MURPHY
WILLIAM

GRO-C

GRO-C 1934 M
80 0408 B MCVR
WD/DEPT

MR LEINSTER

DATE

22.5.90

CLINICAL NOTES

(Each entry must be signed)

Haemophilic.
Sudden pain lt groin about a month ago - lifted heavy wt. attributed pain to ? bleed.

(later on note of Dr. Hay - seen by.)
Hernia

Pt. noticed swelling often - lt groin about 25 days ago.
Used to disappear on lying down.

Seen no swelling last 15 days.

off No visible inguinal hernia.
Cough & walk about didn't bring swelling.

No cough impulse
lt-Ext. ing. ring allows tip of index finger.

- History definite of hernia (also noted Dr. Hay).

- Problem is possible progression & complication of obst/surg. disease

Plan: - Adv. to report to us/ GP if swelling reappears

- Review (sos) if pain.

- Review Clinic 3/12

GRO-C

GRO-C

MED/C986 7.80



APR 1990: H1A1: 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	William	m			Dr C. Hay	

DATE

23/4/90

DIAGNOSIS: SEVERE HAEMOPHILIA, HIV NEGATIVE

Mr Murphy presented to clinic between visits because of a painful lump in his left groin. He thought that this might have risen through exertion and there were no other relevant symptoms. On examination there was very little to feel although there was an area of localised tenderness in the left groin. There was no abdominal mass, no neurological deficit and certainly no evidence of any obvious bleeding. I have offered him qualified reassurance and we will review him in a couple of months.

GRO-C

24/9/90 haemophilic (Saxce)
HIV NEG.

very well

only no bleed (R fibro) since Jan '90

- used 2 bottles FVIII

- otherwise has used no FVIII in past 6/12

hematoma not troublesome - remains easily reducible.

Thrombocytopenia { @ above } rather
{ both knees }

Quadriceps wasting persists

✓ Bloods

See 6/12

GRO-C

SHEET 85 ?

SEP 1990: NO REF TO LIVER DISEASE *



LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No
Mr Mrs Miss - Murphy	William				Dr J. Martin	

DATE

24/9/90

DIAGNOSIS: SEVERE HAEMOPHILIA, HIV NEGATIVE

Mr Murphy was quite well when reviewed in clinic today. He has had only one bleed into his right elbow since January of this year consuming only 2 bottles of factor VIII. He has otherwise used factor VIII in the past 6 months. His inguinal hernia is not troublesome at present and remains easily reducible. He continues to be troubled by arthritis in the right elbow and both knees, and his left quadriceps wasting is unchanged. I have arranged to see him again in 6 months.

22.10.90

Self referral to ward 74

C/O

Pain associated with Inguinal hernia

HPC,

Hernia first noticed Mar/April 1990

- sudden pain on lifting heavy bags
- noticed swelling
- Swelling came + went.

Since then swelling comes and goes

- always able to reduce it.

- No overlying erythema.

No change in bowel habit.

Had 4/5 of symptoms.

- pain "dull ache" in groin on walking 4-5 mins.

- swelling there or NOT.
- relieved by rest 5 mins.
- worse at end of day.

SEP - TO - OCT 1990

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LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME
Mr
Mrs
Miss

INITIALS

SEX

AGE

WARD

CONSULTANT

UNIT No.

DATE

Plan,

— Note need for urgent referral should
inguinal hernia become symptomatic

— Mr Lester's clinic

Tuesday 23rd October 2.00pm

GRO-C

Dear Mr Lester,

Thank you for renewing Mr Murphy,
a 56 year old gentleman with a hernia and
a 10/12 Hx of recurrent reducible (L) inguinal
hernia. He has previously been
renewed by yourself and was advised to
seek further advice if the hernia became
troublesome.

At present he has had dull ache in (L)
groin on walking to 4/52 & increasing difficulty
in reducing the hernia.

Could you please renew and advise.

Yours sincerely

GRO-C

23/10/90

Thank-you!

Please see note in SJL sec 23/10/90

GRO-C

4/0



OCT 1990: NO REF TO LIVER DISEASE

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8

DATE
23.10.90

WT 58.8 kg - 9st 3½

CLINICAL NOTES

(Each entry must be signed)

Hemid now irreducible & painful

∴ TCI stable

For surgery

GRO-C

~~23/10/90 Mr. William Murphy 55 yr old book-keeper~~
~~P/C Admitted via S/L clinic this p.m.~~
~~∴ incarcerated L.H.~~

23/10/90 Mr. William Murphy 55 yr old book-keeper
P/C Admitted via S/L clinic this p.m.
∴ incarcerated L.H.

HPC Self referral to ward 7th day
∴ 4th day add'l pain 2nd to 3rd known
L.H.

Longtime pt of Dr. Hay's ∴ Haemophilia
First seen ∴ L.H. in May 1990.

Last 4/52 ∴ Now v. much 4th lower add'l
pain - worse on exercise/walking
and 4th difficulty at reducing
hemid.

∴ No recent development of asthma
chr. cough
urinary symps
4 Int etc

PMH Haemophilia since birth
- knees/ankles/elbows worst areas
Bleeding DU overseas 10 yrs ago.

DTx: Regular Factor VIII PRN
9% nil.

∴ Known allergies.

2.5

112

"alcohol occasionally"

OCT 1990 "2 brothers (with haemophilia, now deceased)"

* * .89

LIVERPOOL AREA HEALTH AUTHORITY (TEACHING)

CONTINUATION SHEET

SURNAME Mr. Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
Murphy	W	♂	55	5B	SJL	

DATE

PHx

2 brothers - haemophilia
Now deceased.

SHx

Married.

hus & wife.

° Snorer

- gave up 3 yrs ago.

Alcohol occasionally.

°/e: Pleasant gentleman.

° Axillary Temp 36.4°C

° Cy° J° C° B° An.

° Haemarthroses at present

° C° lymphadenopathy

CVS

Pulse 72 bpm reg. gr.

BP 130/80 mmHg

Apex ° displaced

° Third off-beat

HS I+II+O

RS

Trachea ⊕

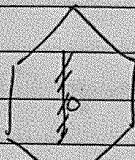
Expans ⊕ = ⊕ = O.K.

Recession note resonant

AE =

BS vesicular ° Added sounds

Abdo



⊕ indirect irreducible inguinal
hernia

Sgt ° Tender

Glasses ° LKKS

Fans ✓ ✓

- pt tried to reduce it

- too painful.

° lg lymphadenopathy

Bowel sounds: O.K.

° PR done.

DATE

OCT 1990 = HERNIA



90

CNS: grossly intact
 o formerly tested.

hapt

55 y-old HIV+ haemophilic - irreducible
 LIH

? ulcer for theatre.

Elevate foot of bed.

ON Nod for pain relief at present
 as hernia o painful at rest.

GRO-C H/o

1/W Mr. Chang -

Hernia now reduced by pt/Dr. Mudenda

∴ No need for urgent theatre tonight.

∴ let eat + drink

To- FBC ✓

U+Es ✓

CKP ✓

ECG ✓

Discuss re haematologists re: X-match

GRO-C H/o

23/10/90

HAEMATOLOGY

55⁺ HAEMOPHILIC (2-3%)

HIV NEG- 1988

PREVIOUS HIV B.

NAME
 B1

Admitted for repair of (2) inguinal hernia.

Wt = 58 kg.

Aim for 100% FVIII levels

∴ give $\frac{(100-3) \times 58}{2}$ UNITS bd = 2813 UNITS

OCTOBER 1990: HERNIA

LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss		INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.			
MURPHY.		WILLIAM	M	55	74/SB	HAY/COINSTON				
DATE										
23/10/90.	250 u / bottle									
	∴ give 11 bottles FVIII bd. starting tonight.									
	please measure FVIII levels immediately before dose and 20mins after. (9mls blood into 1ml citrate - bottle can be obtained from coagulation laboratory)									
	Contact haematology laboratory for FVIII use gloves. draw up FVIII through filterneedle provided but remove filter needle before injecting FVIII iv.									
	If in doubt about how to draw up FVIII contact 71. (2476) - or ask the patient!									
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">GRO-C</div>									
	<table border="0"> <tr> <td> 15 ± 3.9 $Na^+ 142$ $Urea 3.8$ </td> <td> $\left. \begin{array}{l} \\ \\ \end{array} \right\} \text{mull!}$ </td> <td> $Hb 13.2 \text{ g/dl}$ $Plts 99 \times 10^9/l$ $WCC 4.6 \times 10^9/l$ </td> </tr> </table>							15 ± 3.9 $Na^+ 142$ $Urea 3.8$	$\left. \begin{array}{l} \\ \\ \end{array} \right\} \text{mull!}$	$Hb 13.2 \text{ g/dl}$ $Plts 99 \times 10^9/l$ $WCC 4.6 \times 10^9/l$
15 ± 3.9 $Na^+ 142$ $Urea 3.8$	$\left. \begin{array}{l} \\ \\ \end{array} \right\} \text{mull!}$	$Hb 13.2 \text{ g/dl}$ $Plts 99 \times 10^9/l$ $WCC 4.6 \times 10^9/l$								
	Factor VIII pre-ig. 49% post ig. 168%! clinically good stage - 1 gon-throat.									
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">GRO-C</div>									
24/10/90	Now reduce FVIII to 6 bottles bd. and recheck pre+post levels. Continue FVIII bd for 5 days post op									
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">GRO-C</div>									
25.10.90	1.35pm 6 bottles f VIII FHC									
	250 u given. Pre + post levels taken.									
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">GRO-C</div>									

OCTOBER 1990 : HERNIA

X

92

DATE

24/10/90

Repair LEFT inguinal hernia

Cransh

Mudenda

CA fabricum

I Skin crease

F Large cyst of the cord attached to a small sac

weak posterior wall

P Cyst excised (fluid sent → eds / cytology)

sac transfixed ICC

repair 1 nylon

C ICC

3mm redovac

clip → skin

Postop

Re 107

recheck clotting please

GRO-C

24/10/90

D/C Dr. Rodgers - SHO haematology

Continue 2 6 bottles Factor VIII 6ds
for 5 days

GRO-C

25/10/90

WR SJL

Doing well. Continue with
management 2 haematologists 2h to 5pm

GRO-C

Pre-op FVIII level: 74%

Post-op " " : 132%

JANUARY 1991: START OF KNEE

LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME MR MRS MISS	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT NO.
MURPHY	WILSON	M		HMBM	MAN	

DATE	
14.1.91.	HIV NEG.
	HYPERPHILIA A.
	Only problem at present is @ knee.
	Injuries many yrs ago but none recently.
	clicks, locks (in flexion), and gives way.
	tender over medial joint line.
	stiffness on sitting.
	+ few years but getting much worse recently.
	<u>o/e:</u>
	flexion ~ 90° - 140° + crepitus.
	No effusion
	consistent lateral ligts ✓
	? loose body
	Per X-rays incl tunnel views
	? refer to Prof Newman.

GRO-C

MED/C 11 12.74



22/7/91 "was warned re hepatitis
from 1981/78"



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LIVERPOOL HEALTH AUTHORITY

CONTINUATION SHEET

SURNAME Mr Mrs Miss	INITIALS	SEX	AGE	WARD	CONSULTANT	UNIT No.
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DATE	
7.3.91	LK/JLH/

Seen with Dr Hay today. He is a hemophiliac who is HIV negative and has a grossly arthritic left knee which requires a total joint replacement. He has pedal pulses. His X-rays were not available, but I am sure they will be grossly osteoarthritic. We have asked for them to be sent along. Needs a pre-operative assessment check by Dr Cohen.

22/7/91

Knee a little improved, due 12/1/91 TKR TCI under Professor Klenerman, @ knee: Ankle @ 20° painful, no knee pain mainly on pain. Latched around 2" to knee joint; but doing good exercises. Ankle well. (Edm 4)

@ knee from "crept"

ankle just denigrates

limited movement 175° both elbows - tied

pre/supination

unable to reach back of head @ arm

but can @ arm

revers on ward up-d-up
was warned re hepatitis from 1981/78.

(6/12)

active.

HISTORY SHEET

ROYAL LIVERPOOL HOSPITAL

HEIGHT _____

WEIGHT _____

AGE _____

URINE ANALYSIS :-

27/5/91

CHD? OR

GH? "No other

health problems"

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AFFIX IDENTIFICATION LABEL

DATE

CLINICAL NOTES

(Each entry must be signed)

27/5/91

Ref by LK

for LCRT knee replacement

Haemophilia

Always trouble in haemolyse into

(2) knee

- severe problems 15 yrs
- getting worsePain - worse in mornings
- disturbing sleepKnee - unstable
- stiffLungs
- shuffly
- No smokeAnkles also painful
Elbows sometimes "G.I. Well
No other current health problems

Home treatment Factorate

- needed 1/month
- usually from elbow bleed

1991 pre-knee op (cancellation)

"Non A/B" '1968' 'alcohol
very occ

98

DATE

P.I.

CLINICAL NOTES
(Each entry must be signed)

D. U

1968 - 1981

→ P. ~~sanctuary~~
Cytology history

R L H

No problem since
bleeding problem in ulcer

No other bleeding problem.

Hepatitis

1978

1981

Non A/Non B.

L. I. H

1990

Low anesthesia -
proctip recovery) in comp limited

supervised by human to logs to

No chest

heart

breathing

blood (color)

skin - pruritus - uses cream

G. I. T. (all)

CNS

Allergies

Aspirin

Hayfever - 25 yrs ago

HIV Negative

N. I. B.

Diabetes

R. L. H.

less Dr. Hay 1/2 by

P. I. I

Booth house

Dances

activity limited by knee pain

for 4 yrs

Smokes

Alcohol

1/2

712

CONTINUATION SHEET

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SURNAME
Mr
Mrs
Miss

INITIALS

SEX

AGE

WARD

CONSULTANT

UNIT No.

DATE _____

GC - Long

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Richard L. L.

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See Light Loadings

→ last c 10 minutes

-) air / 2 month

-1 many years

2. 10

Lipseth. ✓

Wesley -

Stachy u

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Howells

Days No regular days

COE Alot Then.
Pah complo

AS Trailer (1)

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a6 / R = 2 MAJ

Pr

Adm	Nat
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cus Pay 70/-
 50 130/-
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HS - WTS

No. 57

D. dentatus L.

Peryst. pulch. — —

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Cell 14