

Thursday, 24 June 2021

(10.00 am)

SIR BRIAN LANGSTAFF: Now Mr Macpherson, I understand that you would wish to be called Alec?

THE WITNESS: I don't mind. Whatever.

SIR BRIAN LANGSTAFF: If you -- I think you may find that counsel will call you Mr Macpherson.

THE WITNESS: Fine.

SIR BRIAN LANGSTAFF: We will see how it goes. Mary will ask you to take the oath.

ALEXANDER MITCHELL MACPHERSON (sworn)

Questions by MS RICHARDS

MS RICHARDS: Mr Macpherson, you were the headmaster from Treloar College from 1974 until 1990.

A. Yes.

Q. You then retired in 1990.

A. Yes.

Q. Prior to that, I think you'd worked in various educational roles from 1961 through to 1974.

A. Yes.

Q. Had any of the other schools at which you worked been schools with a significant proportion of pupils with physical disabilities?

A. No.

Q. So Treloar's was different in that respect from

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when I went to Treloar, I got to know him very well.

He used to come to dinner quite often in my house, and we spoke on many, many occasions. He was a very fine man. Very clever man.

Q. I'll come back to some of his work and the work of some of the other doctors at a later stage of your evidence.

You were employed I think technically by the Trust, the Treloar Trust?

A. Yes.

Q. And it was the Trust that owned the land and the establishment and was ultimately responsible for the school and the college?

A. Yes, the Trust owned it. There were trustees who I suppose were the legal owners, and the governors governed. The trustees were all governors as well. So it was mainly administered through the governing body. The Trust were mainly to do with finances.

Q. And we'll look at a handful of examples of governing body minutes at a later stage this morning, but, generally speaking, how often did the governing body meet?

A. I think it was once a month.

Q. In terms of the organisation of the school, our understanding is that in 1974, when you took up your

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everywhere else?

A. Yes, yes. Completely different, yes.

Q. And what did you know about Treloar's before you took up your role as headmaster?

A. Almost nothing.

Q. How did you -- how did the different nature of the pupil cohorts at Treloar's affect your role and responsibilities?

A. Well, obviously there were physical things you had to take into account, but my principle was always to try to run the school the same as any other school I'd been at in my career, and run it like an ordinary -- make it as ordinary as possible and treat the pupils as we treated pupils in any other school I was in. We tried to make it ordinary and the same as anywhere else.

Q. I think before you moved into working in education you'd spent a period of time in the Royal Navy?

A. Yes.

Q. One of those doctors who was associated with the school was Surgeon Rear-Admiral Rainsford. Did you know anything of him in the Navy, of his reputation and work in the Navy?

A. No, when I was in the Navy I never met him and I didn't know anything about him then, but of course

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post, the Lord Mayor Treloar College was at Froyle at that stage and the Florence Treloar Schools for girls was based at Holybourne?

A. Yes.

Q. And then a few years in, in around 1978, they merged to become a co-educational establishment?

A. Yes, that's correct. We amalgamated the two schools. It was probably one of the most useful and the most important and the most worthwhile things that ever happened in the whole history of the school. It led to a huge number of improvements and possibilities.

Q. At that point then the upper school, which I think was generally referred to as the College, was at Holybourne and the lower school at Froyle?

A. Yes.

Q. Is it right to understand that there were number of boarding houses and each boarding house would have a housemaster or care manager, as I think they may have been known?

A. Yes, we had -- well, when we amalgamated and became co-ed we made the boarding houses all mixed. So there were boys and girls in every boarding house. And they were -- each house was run by a housemaster or a housemistress. It happened that they were all men to start with, but, later on, we found some

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1 housemistresses to run the houses, yes. And there
 2 were a lot of care staff there. They had a deputy and
 3 quite a big team under them. And night nurses.
 4 Q. I'll come on to the Haemophilia Centre in a moment but
 5 in terms of the health needs, the medical nursing
 6 needs of those pupils who did not have haemophilia,
 7 you had a college medical officer who was Dr Pat
 8 Tomlinson?
 9 A. Yes.
 10 Q. And very broadly speaking, how would the health needs,
 11 the medical needs, of the non-haemophiliac patients be
 12 organised and met?
 13 A. I'm not sure what you mean by that.
 14 Q. All the children who were at the school had physical
 15 disabilities or physical illnesses of some kind or
 16 another?
 17 A. Yes, yes.
 18 Q. If we leave aside for a moment the care --
 19 A. I didn't mean to say that they were ill or -- I mean,
 20 most of the time they were actually quite healthy.
 21 Q. But from time to time -- again, if we leave aside the
 22 treatment for haemophilia for the moment, from time to
 23 time pupils might have needs for healthcare or medical
 24 intervention.
 25 A. Yes, yes.

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1 I think there was some contribution to their salary
 2 from the NHS but I can't remember the details. But
 3 all these people worked together in the Haemophilia
 4 Centre, and there was never any question of "This my
 5 job, this your job, don't interfere here" or "I do
 6 this and you don't do that, and I do this". I never
 7 ever heard anyone say any of these things and people
 8 just got on with it. We were very, very lucky,
 9 actually, I suppose, looking back. But I don't think
 10 there was any problem over who did what.
 11 Q. And so your recollection is Dr Aronstam, Dr Wassef --
 12 A. Yes.
 13 Q. -- it would have been, were employed by the NHS?
 14 A. That's right.
 15 Q. The nursing staff, I think there was Sister Turk, is
 16 that right? No, I've got that wrong, I think.
 17 A. Yes, Sister Turk. To start with, yes.
 18 Q. And then there were a number of other nurses?
 19 A. Yes.
 20 Q. There were those involved in delivering various forms
 21 of physical therapy?
 22 A. Yes, yes.
 23 Q. Occupational therapy. Those were employed, as far as
 24 you can recall, by the Trust, were they?
 25 A. I think so. I think we employed them but we certainly

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1 Q. So for those who were not haemophiliacs, how would
 2 they get that healthcare?
 3 A. The same as in any other school. We had -- it was
 4 called a sick bay to start with and then of course PC
 5 makes you change the names of things and it became the
 6 health centre, with a charge nurse, who was originally
 7 known as a sister but became a charge nurse, in
 8 charge. And he or she looked after any pupils who
 9 were not well. And if he or she needed help, they
 10 would call in the doctor, Dr Tomlinson.
 11 Q. Now in terms of the Haemophilia Centre, did you or the
 12 school or college or the Trust have any oversight
 13 over, or involvement in the running of the Haemophilia
 14 Centre?
 15 A. Yes, we did. It was -- it probably could never work
 16 today, but we were very fortunate. We had very broad
 17 minded people involved. And we all got on well. And
 18 I don't think there were ever any rules laid down but
 19 it was just something that had to be run for the
 20 benefit of the boys with haemophilia.
 21 So we had Dr Aronstam and his assistant, who
 22 were employed by the NHS. They were not employed by
 23 us. And we had our sister in there, and all the
 24 nurses, and of course the physios and the occupational
 25 therapists and so on as well. And most of them --

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1 did not employ Dr Wassef and Dr Aronstam.
 2 Q. When the Centre moved into the college grounds, which
 3 I think was around 1979 as I understand it, previously
 4 it had been based at the Lord Mayor Treloar Hospital,
 5 do you know how that was funded, the actual setting up
 6 of the Centre itself?
 7 A. I think that was probably funded by the Trust.
 8 Q. The Treloar Trust?
 9 A. Yes. Because it remained our property.
 10 Q. And was there, as far as you can recall, any
 11 contribution either at that stage or when
 12 refurbishments were required, from any pharmaceutical
 13 company or any other third party?
 14 A. I don't think so but there may have been. I don't
 15 think so.
 16 Q. And then, in terms of the broader funding of the
 17 school before -- again, we'll come back to the
 18 Haemophilia Centre in more detail -- placements of
 19 individual pupils were largely funded by Local
 20 Education Authorities; is that right?
 21 A. Yes, that's correct. There were just a small number
 22 paid for by their parents privately, but that was
 23 a very tiny number.
 24 Q. And were there any other sources of funding that the
 25 school had?

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1 A. Well, the -- we had an appeals department who brought
2 in charitable money pretty regularly. But the Trust
3 was quite -- it was quite well off. It was reasonably
4 well off in those days.

5 Q. You've described the Centre, the Haemophilia Centre,
6 in your statement as a unique facility created by
7 collaboration between the NHS and the college. Can
8 you just expand on that a little more? You've told us
9 of Dr Aronstam and Dr Wassef being employed by the
10 NHS. Apart from that, what was the nature of the
11 collaboration?

12 A. I'm not sure what you mean.

13 Q. Well, I'm just really trying to understand, when you
14 referred in your statement to the Centre, the
15 Haemophilia Centre, being created by collaboration
16 between the NHS and the college, by "collaboration" do
17 you mean the NHS funding the involvement of the
18 doctors?

19 A. Yes. Well, it was -- it came about through discussion
20 that we were shipping the boys to the hospital and
21 back again, and this was a problem, and of course when
22 they were -- if they'd a bleed which necessitated bed
23 rest then they would miss lessons and it was obvious
24 that if they could have this treatment in the school,
25 in the school grounds, then they could probably go in

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1 A. That's right, yes that was the man, yes. Dr McHardy
2 he'd been in the RAF as a medical officer and came
3 from there to us. He was a very nice chap. But he
4 didn't stay long and then doctor -- he was replaced by
5 someone called Dr Painter or Pointer.

6 Q. Painter.

7 A. Painter, I think it was. Who stayed a very short time
8 which really infuriated our chairman of governors who
9 was the consultant orthopaedic surgeon at the
10 hospital. I think he only stayed one year. But
11 Dr McHardy was there a year or two.

12 Q. And then we've seen reference in a number of --

13 A. Dr McHardy was much more involved with -- was very
14 much involved with the haemophiliacs. Whereas, when
15 Pat Tomlinson took over, by that time, I think we were
16 into talking about Haemophilia Centre, and she did not
17 have any responsibility for the treatment of
18 haemophilia. She was looking after the health, the
19 general health of everyone.

20 Q. Then we've seen some reference in documents to
21 Dr Kirk. Dr Peter Kirk.

22 A. Yes.

23 Q. Do you have any recollection of his --

24 A. Yes, yes. He was a young chap. He was a very nice
25 young chap. He was involved in the Haemophilia

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1 a wheelchair to lessons or the teacher could go and
2 give them work to do in the sick bay, or the health
3 centre if you call it that. So, I mean, it was
4 just -- through discussion it became obvious that this
5 would be an enormous improvement for the boys who
6 suffered haemophilia. I suppose that was how it came
7 about: just through discussion. Is that what you
8 mean?

9 Q. Yes. And then you've mentioned Dr Aronstam and again,
10 I'll ask you some more about him in a moment, but
11 before Dr Aronstam became the Director of the Centre,
12 which was in around 1977, the Centre, then based
13 I think at the hospital, had been directed by
14 Dr Arblaster.

15 Did you have much to do with him?

16 A. Not a lot, no. Because I don't think he ever came to
17 the school.

18 Q. Other than Dr Aronstam, Dr Wassef, Dr Arblaster,
19 Dr Rainsford, can you recall any of the other doctors
20 who worked either at the Haemophilia Centre or were
21 involved with the care of the boys with haemophilia?

22 A. Yes. We had -- I mean the doctor, when I first went
23 there, the -- it wasn't Pat Tomlinson who was our
24 medical officer, it was -- I can't remember his name.

25 Q. We've seen some reference to a Dr McHardy.

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1 Centre. Yes. And I suppose he worked at the hospital
2 as well.

3 Q. Can I then ask you a little more about Dr Rainsford
4 and what you recall about his involvement and his
5 work. I think you say in your statement you can't
6 recall who Dr Rainsford was employed by; is that
7 right?

8 A. No, I've no idea. He was -- he may have been employed
9 by us, but I couldn't tell you.

10 Q. We know he was involved in research and I'll ask you
11 a little later on this morning about research, but do
12 you recall whether, from your dealings with
13 Dr Rainsford at the school or through him attending
14 your house for dinner and the conversations you'd had,
15 can you recall what his role at the school or college
16 was by the time you were appointed in 1974?

17 A. Well, I think you've got to consider the history of
18 the treatment of haemophilia. And he was -- I think
19 he was at the sharp end of introducing better
20 treatment for haemophilia, and he was to a certain,
21 I suppose, experimenting, in a way, with the use of
22 Factor VIII.

23 Because haemophilia is -- I mean I'm not
24 a doctor, but haemophilia, they used to call it the
25 Royal disease because Queen Victoria had an element

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1 of it in her family. And of course, if you go back
2 far enough, there was no treatment for haemophilia at
3 all. If you had a bleed, if a boy had a bleed, it
4 just bled, and you would have to wrap it up and it
5 must have been very, very painful, and these bleeds
6 would be caught by -- boys are naturally active people
7 and they run around, they want to kick balls and they
8 want to climb trees and things and so they get bleeds.

9 And these bleeds were very serious, if they
10 weren't treated. And just wrapping them up with
11 a bandage was not really enough to cure them. And
12 I think in the old days, haemophiliacs probably died
13 in their teens. Just for want of treatment, internal
14 bleeds and so on.

15 So this introduction of giving them Factor VIII,
16 which made the blood clot, was a wonderful thing. And
17 it was just absolutely tragic that some of it was
18 infected.

19 Q. We know --

20 A. Is that what you were wanting to know? So he was,
21 Dr Aronstam -- Admiral Rainsford's work was -- was
22 dealing with this new idea, this new treatment, and
23 I don't know, I didn't really discuss with him much
24 what he was doing. He would tell me bits about it but
25 a lot of it I didn't understand anyway. So there we

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1 Q. Yes, you did.

2 A. Well, I suppose what I meant was that he was -- like
3 all staff, he was welcome anywhere he went. I
4 suppose, he wasn't really working in other departments
5 of the college though, was he, come to think of it.
6 So I'm not sure that that was ... I'm not sure what
7 I meant by that. No, I don't know what I meant by
8 that. You're taking it out of context.

9 Q. It was simply a question to try to understand what you
10 meant, and if you can't add to it --

11 A. Yes, right.

12 Q. -- then you can't add to it.

13 Now did you have any involvement in the
14 appointment of Dr Aronstam --

15 A. No.

16 Q. -- as Centre Director?

17 A. No.

18 Q. So that was a decision taken --

19 A. No, he was entirely NHS.

20 Q. Does it follow from the fact that he was employed
21 by --

22 A. But when we were appointing people like Sister Turk or
23 other nurses, Dr Aronstam would be involved in that
24 interview. So we would bring him in -- although we
25 were paying for this nurse, we would bring him in to

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1 go.

2 Q. Is this right: you had the sense that he'd been
3 instrumental in introducing treatment with factor
4 concentrates and so on?

5 A. Yes, I think that's what he was doing. He was
6 trying -- you know, I suppose he was -- my guess is
7 that he was trying to work out about quantities of
8 Factor VIII required, prophylactic treatment -- which
9 I think nowadays that's what they all have. And
10 thanks to him and people like him, I mean, there's
11 absolutely no need for haemophiliacs to go to a
12 special school anymore. I'm sure they're all --
13 I think they all just stay at home and they treat
14 themselves or their mother treats them. Which is
15 great.

16 Q. And do you recall when Dr Rainsford left working in
17 the college or in the school?

18 A. You mean what year?

19 Q. Yes.

20 A. No, I don't remember.

21 Q. You mention in your statement or you put it this way:
22 that he "worked freely anywhere in the college". Can
23 you help us with what you meant by that?

24 A. Did I say that? Well, I don't think -- I'm not sure
25 what I meant by that. Did I say that?

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1 make sure he was happy.

2 Q. And does it follow from the fact that Dr Aronstam and,
3 I think your recollection is, Dr Wassef were employed
4 by the NHS, that you had no, as it were, line
5 management responsibility for them? They didn't
6 report to you as their boss, essentially?

7 A. No, they definitely did not. But, I mean, Dr Wassef
8 used to come and have coffee with me once a week, on
9 a regular basis, and I saw Dr Wassef -- did I say
10 Dr Wassef? Dr Aronstam came. And Dr Wassef, I used
11 to see him a lot as well. But we had a regular
12 meeting with Dr Aronstam which, for the most part, was
13 just to say "How are things?" and have a cup of
14 coffee, and so on. But sometimes we would sit and
15 discuss something at length, if there was a problem or
16 something he wanted to tell me about.

17 Q. Can you recall Dr Aronstam, whether at these weekly
18 coffee meetings, or at any other time, reporting any
19 particular problems to you, or --

20 A. Well, he would tell me about any particular -- any boy
21 who was having a serious problem at that time, who was
22 ill, who was getting -- you know, who was suffering
23 from, I don't know -- because hepatitis affects the
24 liver, it affects -- I don't know much about it,
25 really. But he would tell me about someone who was in

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1 pain and uncomfortable and we should be careful to --
 2 that the staff ought to realise that this boy was not
 3 well. Things like that.
 4 Q. Did he ever -- or did he, as in Dr Aronstam, or any of
 5 the other doctors, ever discuss with you what their
 6 policy or approach was to treatment?
 7 A. What do you mean by that?
 8 Q. Would he discuss with you, for example, the use of
 9 treatment on a prophylactic basis or the use of
 10 commercial products or anything along those lines?
 11 A. Well, when you say "discuss", discuss would not be the
 12 word. He would be telling me that this is what they
 13 were doing. Because, I mean, I had no -- I had
 14 nothing to do with making any decisions in the medical
 15 side of running things. But I was usually made aware
 16 of what was going on and I was kept informed, I think
 17 very well, by the staff. But I would definitely not
 18 have any part in making any decisions.
 19 Q. Do you recall Dr Aronstam ever discussing with you or
 20 mentioning to you the fact that he was using a lot of
 21 commercial factor concentrates from American
 22 pharmaceutical companies rather than solely using
 23 NHS factor concentrates? Did that ever come --
 24 A. I don't remember that.
 25 Q. This is maybe a hypothetical question, but if you had

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1 assess them, to make sure we could cope with them, and
 2 we could provide the education and the care they
 3 needed; and also to make sure that they were happy
 4 coming to our school.
 5 Q. And in terms of the admission --
 6 A. Is that what you wanted to know?
 7 Q. Yes. Then in terms of the admission of pupils with
 8 haemophilia, did that work in the same way or was
 9 there a different process?
 10 A. No, it was just the same. I would think that --
 11 I can't remember the details, but I would imagine
 12 Dr Aronstam was pretty well -- he knew most of the
 13 other Haemophilia Centres in Britain and he would
 14 probably know the doctor involved and he probably got
 15 details from the Haemophilia Centre, as well. But
 16 basically no, there was no great difference there
 17 except, I mean, the haemophiliacs were not really --
 18 they weren't a care problem. They were able to look
 19 after themselves.
 20 Q. Then in terms of the -- for the haemophilia pupils,
 21 most or all of whom would have been under the care of
 22 a Haemophilia Centre close to their home, we've seen
 23 plenty of examples of communication between
 24 Dr Aronstam and the home Haemophilia Centre. Did you
 25 ever have much involvement in dialogue yourself with

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1 had concerns about, say, what Dr Aronstam was doing,
 2 with whom would you have raised that?
 3 A. With my chairman of governors.
 4 Q. Do you recall you ever having to do that?
 5 A. No, absolutely not. I always had total faith in all
 6 the doctors.
 7 Q. Can you just help us, then, more broadly. I want to
 8 come back to some more specific issues about
 9 haemophilia, but in terms of the admission process,
 10 admissions to the school, how, in broad terms, did
 11 that process work in the seventies and eighties?
 12 A. Well, we would receive a request from a local
 13 education authority for a place for a particular boy
 14 or girl. And they would fill in a form which gave us
 15 details about them, and then they would -- we would
 16 invite the parents with the boy or girl to come and
 17 visit, and spend most of their day looking around and
 18 meeting me, meeting the housemaster -- one of the
 19 housemasters or housemistress and -- so that they
 20 would be able to assess the care needs. And, if
 21 necessary, one of the medical staff, so they could
 22 assess what was required and, if they were severely
 23 disabled, they would meet the occupational therapist
 24 as well, and people like that.
 25 So it would be a two-way assessment: for us to

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1 the home Haemophilia Centre?
 2 A. No. No, that would have been a medical matter.
 3 Q. In terms of any member of staff wanting to raise
 4 concerns about anything that was happening at the
 5 school, but in particular the care or treatment of any
 6 of the pupils at the Haemophilia Centre, do you think
 7 staff who had concerns would have been able to raise
 8 that with you freely? Was -- I don't mean quite
 9 whistleblowing but was there an atmosphere of staff
 10 being able to come to you and say they had concerns?
 11 A. Oh, I think so, yes. We had -- my life was just
 12 meeting after meeting after meeting and we met -- they
 13 met one another, they met with me, they met with the
 14 doctor. And I don't think anyone would have
 15 difficulty raising a concern if they wanted to.
 16 Q. And if Dr Aronstam had had concerns about either
 17 individual pupils or bigger concerns about whether he
 18 was taking the right approach in terms of treatment,
 19 would he have been able to raise those kind of
 20 concerns with you?
 21 A. Oh, he did. Oh yes, he did. I mean, he would come
 22 and tell me and you've got in there a note about
 23 a meeting I had once with the all the doctors, and
 24 they came to see me to say, "Look, you've got to stop
 25 the boys playing football", and, I mean, that was

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1 a bit of a shock. Can you imagine a headmaster having
2 to stop pupils playing football? This was one of the
3 things they loved. It was really quite horrific,
4 actually.

5 And yes, they came and told me. They said,
6 "You've got to stop them because they're getting too
7 many bleeds, they're -- it's in their own interests".
8 So we had to do something about it, which was quite
9 a -- that raised a lot of problems.

10 Q. Just on that particular issue, can you recall whether
11 anything more was said to you about the reasons for
12 stopping football, or was it just to try to reduce the
13 number of bleeds, as far as you recall?

14 A. What do you mean? What more would they be saying?

15 Q. Well, was anything said to you about what the knock-on
16 consequences might be for the use of concentrates and
17 expenditure on factor concentrates, for example, by
18 the Centre?

19 A. Not sure what you're getting at.

20 Q. Was anything raised with you about whether resources
21 were having to be spent by the Haemophilia Centre --

22 A. Do you mean to save money?

23 Q. Yes.

24 A. We had to stop them playing football to save money?

25 Q. Yes.

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1 evidence this morning that the medical decisions,
2 decisions upon how to treat the boys for their
3 haemophilia, what concentrates, for example, to use,
4 in what volume, how often -- those were all decisions
5 for the haemophilia doctors and you did not get
6 involved in those decisions?

7 A. No.

8 Q. What, if anything, can you recall was your
9 understanding of any risks associated with that
10 treatment? Do you recall, for example, understanding
11 that there were risks of hepatitis?

12 A. Do you mean before it happened?

13 Q. Well, at any point during your headmastership from
14 1974 onwards, do you recall learning about hepatitis
15 being a possible consequence of treatment with factor
16 concentrates?

17 A. Well, obviously I did learn about it, because they
18 told me that unfortunately some of the blood was
19 contaminated, and some of the boys had been infected.
20 Is that what you mean?

21 Q. Do you recall who told you about hepatitis?

22 A. I can't recall actual specific meetings. But it would
23 be -- it would be Dr Aronstam, undoubtedly.

24 Q. And --

25 A. It may have been -- I mean, the nurse would -- I mean,

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1 A. I don't think that came into it. Not in my mind. It
2 was the welfare of the boys, and stop them having --
3 getting bleeds in their -- mainly in their knees, of
4 course. And that was the main thing, I would say.

5 I don't remember anyone ever saying to me, "This
6 is costing us far too much money. You've got to stop
7 them playing football because it's costing us extra
8 money". I don't remember that ever coming up at all
9 and I doubt if it would. I think they were more
10 interested in the welfare of the boys rather than
11 finances.

12 Q. Given the ethos of the school, as you've described it,
13 in part was to try to allow people to live as normal
14 and active a life as possible --

15 A. That's what we tried to do.

16 Q. -- do you recall whether you were surprised at the
17 haemophilia clinicians coming to you and asking you to
18 stop football?

19 A. Well, it was a bit of a shock, obviously, because --
20 and it was a bit -- it certainly caused us problems
21 but I mean, if that was the medical opinion, I was
22 perfectly happy to support them, and so were the
23 staff. We went out of our way to help to make this
24 work.

25 Q. Now, you've made clear in your statement and your

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1 the Sister quite possibly was the first one to tell me
2 that she'd concerns about it, that this was in the
3 air, and that they were beginning to wonder about it.
4 But I -- you're going back over 40 years. It's a long
5 time ago.

6 Q. Yes, I absolutely understand that. What, if anything,
7 can you recall about conversations with Sister Turk
8 about that?

9 A. Well, I don't remember exact specific conversations,
10 but I know we definitely had conversations about it.
11 And it was just concern. It was just, you know, this
12 is a big worry.

13 Q. We've had some evidence about there being an outbreak
14 of hepatitis in around 1974, 1975, with a number of
15 boys being infected. It may have been called serum
16 hepatitis, that might have been the term used. Do you
17 recall that? Quite early on in your headmastership,
18 do you recall an outbreak of hepatitis taking place?

19 A. Well, I remember the problems it caused, because we
20 had -- obviously hepatitis -- you know, I mean,
21 I think most of us really knew nothing about it, until
22 this came about. And then we heard about it. We
23 heard that some of the boys were infected. And of
24 course, this was concerning, very worrying, worrying
25 for the parents. And worrying for the care staff, who

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(6) Pages 21 - 24

1 had to look after them. Because none of us really
 2 knew how infectious this was, and that certainly
 3 caused a lot of anxiety. And I remember we had to --
 4 this is where Pat Tomlinson came in, actually,
 5 although it wasn't her, if you're talking about the
 6 earlier one, 1974, she wasn't there yet. This was
 7 when Dr McHardy or someone would have meetings with
 8 the staff and talk to them about it, and explain what
 9 the dangers were.

10 And we were fairly well reassured that this was
 11 not something that was all that easily transmitted to
 12 other people, except through specific ...

13 Q. One of the former pupils who has given evidence to the
 14 Inquiry has a recollection in relation to this
 15 specific outbreak of hepatitis in the mid-1970s of the
 16 headmaster, presumably you, given the time, addressing
 17 the school in an assembly or in a meeting saying there
 18 are two types of hepatitis, the fatal kind and the
 19 non-fatal kind, and this is the non-fatal kind and
 20 it's not something to worry about.

21 Do you have any recollection of that?

22 A. I'm sure that happened. I would certainly have talked
 23 to the school about it, because they had to be told.

24 Q. And your understanding of whether hepatitis was the
 25 serious -- or of different types of hepatitis, you'd

25

1 discussions at governors meetings about it as well.
 2 I mean, it was -- it was a pretty massive shock to
 3 find that you had this in the school, among a group of
 4 pupils. And it was something that really none of us
 5 had much idea about. We didn't know about it.

6 I mean, AIDS was something you thought was in
 7 Central Africa, and then you heard that the
 8 United States was troubled by it. We never expected
 9 to have it in our -- under our roof.

10 Q. So it was, you think, Dr Aronstam who would have first
 11 brought it to your attention?

12 A. Well, it had to be. I mean, who else could have done
 13 it?

14 Q. I'll look later with you at some records of governors'
 15 meetings from 1985 onwards at which how the school
 16 should deal with this is discussed. Again, I know
 17 these are a number of years ago, but do you have any
 18 sense of how long before that, before '85, when the
 19 governing body started to talk about it, Dr Aronstam
 20 alerted you to the situation?

21 A. Oh, it -- we would immediately start working on it.
 22 There would be no time delay there. I mean, this was
 23 too serious. Our policy was never to sweep things
 24 under the carpet. We would start working on what to
 25 do straight away. There was no question of delay.

27

1 have got your information from --

2 A. Oh, yes.

3 Q. -- the doctors?

4 A. I'm not a doctor.

5 Q. Can you remember --

6 A. We had to contact parents as well, of course, and tell
 7 them about it.

8 Q. Well, I'm going to come on to the question of contact,
 9 Mr Macpherson, in a few minutes.

10 Can you remember -- I'm moving on now from the
 11 mid-seventies to the early 1980s, '82, '83, '84. Can
 12 you remember how you first became aware of AIDS and
 13 the possibility that AIDS could be transmitted through
 14 the use of blood products to haemophiliacs.

15 A. Do you mean who told me?

16 Q. Yes.

17 A. Well, it would be Dr Aronstam.

18 Q. And have you got any -- I know it's a long time ago,
 19 Mr Macpherson, but have you got any recollection of
 20 what must have been very shocking information, of him
 21 telling you about that, and what he said?

22 A. Well, of course, we had to discuss it and discuss what
 23 we were going to do about it, not just with the boys
 24 involved but with the whole school, because it
 25 affected the whole school, and we had numerous

26

1 I mean, it was really quite worrying. This was
 2 a very worrying thing. I mean, a lot of staff were
 3 terrified that they were going to get it, and of
 4 course you had a lot of boy-girl relationships
 5 normally you have in any co-ed school. Fathers of
 6 daughters at the school were coming to see me.
 7 I mean, it was a massive problem.

8 Q. So if, for example, we see it being discussed by the
 9 governing body really I think properly for the first
 10 time in 1985, is the right inference to draw from that
 11 that you've been alerted to the problem only
 12 relatively shortly before that?

13 A. Yes, I think so.

14 Q. And so we know, for example, from individual medical
 15 records of pupils, and I understand you wouldn't have
 16 seen those records, but we know that Dr Aronstam was
 17 looking for what he called the "stigmata" of AIDS in
 18 pupils, and was carrying out what he called
 19 "AIDS-related investigations and tests", in the first
 20 half of 1983.

21 Do you recall him telling you about that?

22 A. No, I -- I mean, I think if he'd told me that this was
 23 something -- that this was something to -- that he was
 24 worried about, we would have taken action straight
 25 away. We would have started doing something about it.

28

(7) Pages 25 - 28

1 I'm pretty sure that we didn't hang around when we
2 heard about it. So are you saying that he knew about
3 it for a while and kept quiet about it?
4 Q. Well, that's one of the matters the Inquiry will have
5 to consider.
6 A. I can't help you with that.
7 Q. Can I then just come to the general topic of parental
8 involvement with the --
9 A. Of the what?
10 Q. Parental involvement.
11 A. Yes.
12 Q. The involvement of parents with the school.
13 A. Yes, yes.
14 Q. I am going to ask you generally and then ask you more
15 specifically about the families of the boys with
16 haemophilia. What, as far as you can recall
17 generally, was the parental involvement on a termly or
18 annual basis with the school? What kind of
19 communication would there be between the school and
20 parents?
21 A. Well, I would say virtually the same as any other
22 boarding school, but probably a bit closer in terms of
23 the boarding houses. Parents used to come and talk to
24 the housemasters and the care staff pretty regularly.
25 And I know that the housemasters had a pretty close

29

1 A. Absolutely, yes.
2 Q. In relation to the pupils who were not under the care
3 of the Haemophilia Centre, who would be responsible
4 for telling parents about their child's treatment?
5 Was it you or Dr Tomlinson or --
6 A. No, it wouldn't be me. I think Pat Tomlinson was
7 pretty good in this respect. She would ring up the
8 parents or arrange to see them, if it was anything
9 serious. And -- but if it was something minor, I mean
10 if -- I think in general, if a pupil went into sick
11 bay with a bad cold or something like that, the nurse
12 would ring the parents and just tell them what was
13 happening so they knew what was happening. I would
14 have said they were kept in touch. But I don't know
15 about the haemophilia side of it, really.
16 Q. So in relation to the Haemophilia Centre, would it
17 have been the responsibility of Dr Aronstam or the
18 staff at the Centre to keep parents informed about
19 their son's health?
20 A. Oh yes, yes.
21 Q. And as far as you understood, did you think that was
22 happening: that parents were being kept up to date?
23 A. I don't remember anyone ever complaining, at any time,
24 about it.
25 Q. The evidence the Inquiry has both heard and read shows

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1 relationship with a lot of the parents.
2 Q. We've seen some examples of there being school
3 reports, unsurprisingly, sent home in relation to the
4 pupils, which would deal with the various different
5 academic subjects, and we've seen examples, then, of
6 there being for the haemophilia boys, a small medical
7 report, so and so has had bleeds, had some
8 prophylactic treatment, has had a good term, along
9 those lines, and perhaps a physiotherapy report.
10 Did you have any involvement with the putting
11 together of the medical or physiotherapy reports that
12 went to the pupils?
13 A. No.
14 Q. And would you expect to have seen those reports?
15 A. I expect I would see them if I wanted to. If it was
16 a report going out to the parents. But I mean,
17 I didn't have time to read all things like that,
18 unless there was some reason for me to read it.
19 Q. What was your expectation of how -- of the kind of
20 information that would be given to parents about the
21 treatment of their children, the medical treatment of
22 their children? If there was a medical issue,
23 a medical concern, a requirement for ongoing
24 treatment, would you expect the parents to be told
25 about that?

30

1 very little contact, on what we've seen so far,
2 between the Haemophilia Centre and parents. Does that
3 surprise you?
4 A. That surprises me, yes.
5 Q. In terms of consent to treatment, I'll ask you just to
6 look at a couple of documents, I think, and then
7 I will ask you some questions about it. So I'm going
8 to ask you first of all generally.
9 There's a form at -- it'll come up on the
10 screen, Mr Macpherson.
11 TREL0000165_053.
12 This is a document from 1976, it's addressed to
13 you as headmaster. And then it says:
14 "As the Parent ... of [and we've redacted the
15 name of the pupil, this happens to be a pupil with
16 haemophilia] currently a pupil at Lord Mayor Treloar
17 College:
18 "1. I hereby authorise the School Medical
19 Officer [it would have been the Dr McHardy,
20 Dr Tomlinson role as I understand it], whenever he
21 deems it appropriate, to discuss with one or more
22 Governors and/or the Headmaster or, in the absence of
23 the Headmaster his deputy or my child's Housemaster
24 information concerning the health of the said
25 pupil ..."

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(8) Pages 29 - 32

1 Then it says:
 2 "2. And in the event of an illness to the said
 3 pupil I hereby authorise any one Governor or the
 4 Headmaster or in the absence of the Headmaster his
 5 deputy or my child's Housemaster acting under the
 6 advice of the School Medical Officer to sanction such
 7 action as the School Medical Officer deems necessary
 8 and appropriate in the circumstances including the
 9 authorisation of the use of anaesthetics and/or
 10 a major surgical operation in the event of an
 11 emergency. I give this authority unconditionally and
 12 it is understood that should either the use of
 13 anaesthetics or major surgery be deemed expedient
 14 every reasonable endeavour will be made to obtain my
 15 permission before proceeding; and
 16 "3. I hereby authorise one or more of the
 17 Governors or the Headmaster or my child's Housemaster
 18 or the School Medical Officer to sanction vaccination,
 19 re-vaccination, immunisation or inoculation of the
 20 pupil when deemed appropriate by the School Medical
 21 Officer."
 22 As far as you can recall, was this document or
 23 this kind of document completed for all children?
 24 A. Sorry, say that again?
 25 Q. Was this document or this type of document completed

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1 would have required or would have been likely to have
 2 received treatment on an ongoing basis, were there any
 3 other forms or documents or discussions about parents
 4 giving consent that you were aware of? Or would that
 5 be a matter for the Haemophilia Centre to sort out?
 6 A. Well, that would be a matter for the Haemophilia
 7 Centre, yes.
 8 Q. So, again, I'm going to just ask you about a sort of
 9 a hypothetical example in relation to the treatment of
 10 a pupil with haemophilia.
 11 If Dr Aronstam or one of the other clinicians at
 12 the Haemophilia Centre was proposing, for example, to
 13 give the child a range of different types of factor
 14 concentrates, perhaps different from what they'd had
 15 previously or in greater volume from what they'd had
 16 previously, would you expect Dr Aronstam to have
 17 discussed that with the parents?
 18 A. To discuss it with the parents? Um ... I don't know.
 19 That's a medical matter, really. I think you would
 20 have to talk to a doctor about that one.
 21 Q. So would this be right to understand, then: you'd have
 22 regarded that as an issue to be resolved as between
 23 the Centre and the parent?
 24 A. That's a medical matter. He wouldn't want me
 25 interfering in medical matters and I would not want

35

1 in relation to all children in the seventies, as far
 2 as you can recall?
 3 A. I think so, yes.
 4 Q. And this seems, in part, to be designed to allow the
 5 school legally to treat a child in an emergency.
 6 A. Yeah, I mean, at previous schools I'd been at, you've
 7 got something similar to this. It's pretty well
 8 essential, because if a child has an accident or is
 9 seriously ill, requiring urgent treatment, you're not
 10 going to hang around while you try to contact the
 11 parents, are you? They wouldn't want you to.
 12 So I think every -- I remember things like this
 13 happening when I was a housemaster in a previous
 14 school. I had to sign things. And that's pretty well
 15 the norm, I would say.
 16 Q. So we can see this document -- as you say, it caters
 17 for you being able to give or the school being able to
 18 arrange treatment in an emergency?
 19 A. Yes.
 20 Q. It's permission in relation to vaccination and
 21 inoculation programmes, and it allows there to be
 22 discussions about the child's health between members
 23 of staff.
 24 In terms of the ongoing treatment of pupils with
 25 haemophilia, who, unlike perhaps some at the school,

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1 him interfering in matters regarding discipline.
 2 I mean, the two -- we each had our own areas to look
 3 after.
 4 Q. Bearing in mind that you and the school were
 5 effectively *in loco parentis* for children whilst they
 6 were there during term time, did it ever occur to you
 7 to check with Dr Aronstam or with other staff at the
 8 Centre that they were keeping parents fully informed
 9 of what was happening?
 10 A. I couldn't tell you. I can't remember what happened
 11 in that respect. I find it -- if I'd ever had any
 12 parent say to me that they didn't know what was going
 13 on, or they weren't happy about something, I would
 14 certainly have investigated it.
 15 I do not remember any incident where that ever
 16 happened. Not in the whole time I was there.
 17 I never -- I don't remember that ever happening. And
 18 I think the -- I feel that if they had a genuine
 19 concern, I feel parents would have said -- either to
 20 me or to a housemaster or to the nurse, sister, or
 21 talking to a physio -- because the parents did talk to
 22 them -- I think they would have said.
 23 Q. And when you say the parents did talk to them, how
 24 often, typically, would parents physically attend the
 25 school? Was there an occasion each term at which

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1 parents were invited to come?
 2 **A.** Well, they would come -- they would come on occasions
 3 to collect their pupils and so on, but I think there
 4 was quite a lot of telephoning went on between the
 5 nurses and the parents to keep them informed. But
 6 I couldn't really answer that one.
 7 **Q.** Then if we just look at one other example of a consent
 8 form, it's TREL0000249_065.
 9 Let me give you another one. I've got several
 10 examples. TREL0000295_453.
 11 So this is just an example, Mr Macpherson, if we
 12 look at the bottom half of the page. Again, we've
 13 redacted pupil's name but it's a haemophilia pupil and
 14 we can see reference there to Dr Wassef. And it says:
 15 "I [and then it's your name] ... hereby consent
 16 to the submission of [pupil's name] to the operation
 17 of left knee ..."
 18 **SIR BRIAN LANGSTAFF:** "Aspiration".
 19 **MS RICHARDS:** "... aspiration under local anaesthetic the
 20 nature and effect of which have been explained to me
 21 by Dr M Wassef.
 22 "I also consent to such further or alternative
 23 operative measures as may be found to be necessary
 24 during the course of the operation and the
 25 administration of a general, local or other

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1 either local or general anaesthetic?
 2 **A.** I don't remember.
 3 **Q.** Do you ever recall there being any disagreement or
 4 difference of approach between the way in which the
 5 Haemophilia Centre cared for and interacted with
 6 pupils, parents, and the school medical officer and
 7 the general nursing staff?
 8 **A.** No.
 9 **Q.** You've told us I think Dr Tomlinson didn't get
 10 involved in the treatment of haemophilia. She might,
 11 I think, have become involved if she was treating
 12 a boy with haemophilia for some other general medical
 13 problem; is that right?
 14 **A.** Yes.
 15 **Q.** Were there ever, as far as you can recall, discussions
 16 across all the medical staff about the best way to
 17 treat any of the pupils with haemophilia?
 18 **A.** Sorry, are you saying, was Dr Tomlinson ever involved
 19 with the treatment of haemophilia? Or discussing
 20 treatment of haemophilia?
 21 **Q.** Yes, was she ever involved, as far as you know, in
 22 discussions with the Haemophilia Centre staff about
 23 treatment?
 24 **A.** Well, I mean, she must have been. She would go, every
 25 time she was in the -- came to the college, she would

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1 anaesthetic for any of these purposes."
 2 And we can see this one happens to be dated
 3 November 1981.
 4 Was it often that you were asked to give these
 5 kinds of consents?
 6 **A.** When you say "often", what would you call "often"?
 7 **Q.** Well, do you have a recollection of how common it was?
 8 **A.** Well, it wasn't uncommon. I mean, if they needed
 9 something done, like this, Dr Wassef would come and,
 10 as far as I can remember, he would bring the form in
 11 and say, "Look, you know", and explain what was going
 12 on, and say, "Could you -- we need a signature". And
 13 I was quite happy to sign it because I trusted him.
 14 **Q.** And again, I'm not asking you about any individual
 15 case or expecting you to remember individual cases,
 16 Mr Macpherson, but would you -- if you're signing this
 17 kind of form, would you assume that there had been an
 18 attempt to contact the parents first, and that they
 19 were only coming to you because there was -- they'd
 20 been unable to get hold of a parent, or were you the
 21 first line of person to sign, and they didn't go to
 22 the parent?
 23 **A.** I'm not sure I know the answer to that.
 24 **Q.** Do you think you would have asked if they'd contacted
 25 the parents if there was going to be some form of

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1 be -- the Haemophilia Centre was really in the sick
 2 bay, in the health centre, and so -- and it was the
 3 same sister who was dealing with both departments. So
 4 she couldn't -- I mean, she couldn't have avoided
 5 doing that, could she? I don't think -- I mean,
 6 that's -- that's -- just had to happen.
 7 **Q.** Now, there came a point in time when pupils at the
 8 school were tested for what we now call HIV, but was
 9 then referred to as HTLV-III, and a number of the
 10 pupils had positive test results, in other words
 11 they'd been infected with HTLV-III, the virus that was
 12 known to lead to AIDS.
 13 Can you recall what was said to you by
 14 Dr Aronstam about that? So not just now -- not the
 15 general risk of AIDS, but the actual knowledge that
 16 boys at the school had been infected?
 17 **A.** Well, he told me. I'm not sure what you mean by this.
 18 **Q.** Just trying to understand what you can recall about
 19 any conversations with Dr Aronstam, how and when he
 20 told you that boys under your care, the school's care,
 21 had been infected with HIV?
 22 **A.** Well, he came and told me that this was the situation.
 23 I'm not sure what you're getting at.
 24 **Q.** Well, I'm simply trying to probe what your
 25 recollection is, of what he told you. Again, I know

40

(10) Pages 37 - 40

1 it's a number of years ago. So he told you boys had
 2 tested positive, did he?
 3 A. Yes.
 4 Q. I know in your statement you couldn't say how many
 5 boys had tested positive, but at the time would he
 6 have told you how many boys?
 7 A. I can't remember.
 8 Q. Do you recall knowing --
 9 A. He probably would. I mean, I don't see any reason why
 10 he wouldn't. But I don't remember.
 11 Q. And do you recall whether you were told which boys had
 12 tested positive?
 13 A. I don't recall but I probably was.
 14 Q. Did you have any involvement, or your staff have any
 15 involvement, in the process of telling boys their test
 16 results?
 17 A. No.
 18 Q. So that was the responsibility --
 19 A. Yes.
 20 Q. -- of Dr Aronstam and his staff?
 21 A. Yes, yes.
 22 Q. We've heard some evidence that suggests that there
 23 were possibly quite significant delays in pupils being
 24 told their test results.
 25 A. Hmm.

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1 some idea of what was happening. And I can't remember
 2 what the Haemophilia Centre did individually.
 3 Q. And am I right in understanding that that general
 4 letter that you're talking about --
 5 A. Yeah, that wouldn't mention any names.
 6 Q. Yes, it would have been a letter to all parents, not
 7 just parents of haemophilia boys?
 8 A. No, that went out to every parent of --
 9 Q. Because it was now known --
 10 A. Yes.
 11 Q. -- that some had been infected and you were trying to
 12 provide reassurance to all?
 13 A. Yes.
 14 Q. What, if anything, can you recall about the support
 15 arrangements for boys who were being given this
 16 devastating diagnosis? Do you know what was done to
 17 provide support to them?
 18 A. Well, I don't know what was done in the medical side
 19 but I know that the care staff took this on and the
 20 nurses took it on. And I'm sure the physios as well.
 21 But I think the care staff would bear the biggest
 22 brunt because, you know, that's the sort of thing
 23 that, going to bed at night, the boy would be all
 24 upset and chat to his house mother about it.
 25 Most of our house parents were married women

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1 Q. Did Dr Aronstam ever discuss with you that process
 2 or --
 3 A. No.
 4 Q. -- why he might delay?
 5 A. No idea.
 6 Q. And then we've heard and read quite a lot of evidence
 7 which suggests that many parents were not told by the
 8 Haemophilia Centre of their son's infection with
 9 HTLV-III. Does that surprise you?
 10 A. That very much surprises me, yes.
 11 Q. What would your expectation have been of what should
 12 happen in terms of telling parents?
 13 A. Well, I would have thought they'd be told immediately.
 14 Q. And did you ever, as far as you can recall, ask
 15 Dr Aronstam what --
 16 A. I don't remember. But, I mean, I would -- I would
 17 just assume that he had. I know we had to -- we
 18 wrote -- I can remember writing a letter which went
 19 out to all the parents pretty soon after this
 20 happened, to tell them about the AIDS in the school
 21 and explain a bit about it. I think it was written by
 22 me and by Pat Tomlinson. It may have been signed by
 23 Pat Tomlinson, not by me. I can't remember now. But
 24 anyhow, I'm sure we did a general letter to inform
 25 them of what was going on, so that they would have

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1 from -- who lived in Alton. And most of them had
 2 children of their own. And they saw this as -- they
 3 were horrified and they were desperate to help in any
 4 way, to -- you know, to listen to them, to talk to
 5 them, whatever they could do. I would think that was
 6 their biggest -- that was the best place for them to
 7 get help. But help on the medical side, I couldn't
 8 tell you about.
 9 Q. Your statement --
 10 A. But the emotional side was probably the worst side of
 11 all. And of course we had a lot of trouble with
 12 behaviour.
 13 Q. The statement makes reference to there being
 14 a counsellor and a consultant psychiatrist?
 15 A. Yes, we had -- I think we had two counsellors, and we
 16 had a psychiatrist who came and visited once a week.
 17 And if there was anyone with serious problems, we
 18 would refer them to the psychiatrist. But there
 19 were -- very, very few went to the psychiatrist.
 20 The counsellor saw quite a number of pupils.
 21 I think Pat Tomlinson dealt with that. I didn't tend
 22 to -- they weren't referred to her by me. That was
 23 Pat Tomlinson. I mean, I would have referred one of
 24 I wanted to, but I wouldn't know the details. I mean,
 25 I'm not -- I was -- I wouldn't be able to know enough

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(11) Pages 41 - 44

1 about that.

2 **Q.** The arrangement in relation to the consultant

3 psychiatrist, as I understand your statement and your

4 evidence, that wasn't a specific arrangement made in

5 response to the AIDS situation --

6 **A.** No, it wasn't. No. And I don't remember -- I don't

7 remember it being -- no, it wasn't, no. No.

8 **Q.** And in terms of the counsellors, again, there were not

9 specific counsellors brought in to counsel the

10 boys -- (overspeaking) --

11 **A.** No, we had counsellors for -- I mean, quite a lot of

12 our pupils had -- were very upset about their

13 condition and so on. And so they got help,

14 professional help, through them. But this was -- you

15 know, this was there, it was already there.

16 **Q.** The Inquiry has a statement from one of the

17 housemasters, Mr Scott. We haven't troubled you with

18 it. But he suggests that there was a lack of -- when

19 this happened, when it arose and it was learnt that

20 pupils at the school had been infected with HIV, there

21 was a lack of training to enable the staff to offer

22 psychological support to these pupils. Would you

23 accept that?

24 **A.** Well, I -- I mean, how do you train someone to give

25 that sort of help?

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1 exactly to others, is you mustn't talk to anyone

2 during the break about the evidence you have given, or

3 anything that you think you may yet be asked about.

4 You can talk about anything else you like. So

5 12 o'clock, if you please.

6 **MS RICHARDS:** Thank you, sir.

7 (11.14 am)

8 (A short break)

9 (12.03 pm)

10 **MS RICHARDS:** Mr Macpherson, I want to go back, first of

11 all, to the football ban and ask you to look with me

12 at one document.

13 It's TREL0000036_053. Have you not got that?

14 TREL0000036_053? No? I'll come ... I'll come back to

15 that, in that case.

16 I'd asked you some questions about what

17 Dr Aronstam told you about boys being infected with

18 HTLV-III, HIV. Can I just go back to that? As far as

19 you can remember, were you told about the infection of

20 boys with HTLV-III in one go by Dr Aronstam? In other

21 words, did he come to you and say, "We've tested the

22 boys, we've discovered X number are infected"? Or

23 were you told, as it were, at different times about

24 different boys?

25 **A.** Well, first of all, I -- you've hinted, or -- that he

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1 **Q.** Do you know whether anyone at the school,

2 Dr Tomlinson, Dr Aronstam, yourself, any of your

3 staff, contacted any external organisations asking for

4 help as to how to assist the boys best?

5 **A.** I don't think so, no.

6 **MS RICHARDS:** Sir, I note the time. I've still got a few

7 questions of my own for Mr Macpherson but I'm

8 conscious he's been going for an hour and a quarter

9 and everyone might want a break in any event.

10 **SIR BRIAN LANGSTAFF:** Yes, well, we'll take a break to

11 enable those who are maybe listening remotely, to give

12 you some questions, if they have any, because

13 I appreciate you may not have much more to ask.

14 **MS RICHARDS:** I don't have a huge amount more but I was

15 sent some questions overnight that I haven't had

16 a chance properly to look through, so could we take

17 a slightly longer break than normal and that will

18 enable people to suggest further questions as well?

19 **SIR BRIAN LANGSTAFF:** Well, we'll do that, so we'll come

20 back at -- would 12 o'clock give you long enough, do

21 you think?

22 **MS RICHARDS:** That would be ample.

23 **SIR BRIAN LANGSTAFF:** Very well.

24 Now Mr Macpherson, you're giving evidence. What

25 I say to all witnesses, it applies to you as it does

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1 didn't tell me straight away. I find that very

2 surprising. I find that hard to believe. And I would

3 be interested to see some evidence of that. But to

4 answer your question, I mean, he -- obviously he would

5 just tell me about who he knew about. At any time.

6 **Q.** So your recollection is that you learnt about it

7 possibly over a number of meetings?

8 **A.** Oh, we -- yeah, I mean there were dozens of meetings,

9 yes. I'm frozen, actually, in here. It's very cold.

10 I'm losing my voice.

11 **Q.** I'm not sure whether there's anything we can do --

12 **SIR BRIAN LANGSTAFF:** Well, let's, if you like, we can

13 take a break and see if we can get the temperature up.

14 **A.** No, carry on. Carry on. I'm just saying it's awfully

15 cold.

16 **SIR BRIAN LANGSTAFF:** I'm very sorry about that. You

17 wouldn't -- the weather as it is, you wouldn't have

18 a coat with you at all, would you?

19 **A.** Anyway, carry on.

20 **MS RICHARDS:** If you get too uncomfortable such that you

21 need a further break, let us know, Mr Macpherson.

22 **SIR BRIAN LANGSTAFF:** It shouldn't be an endurance test.

23 **A.** Thank you.

24 **SIR BRIAN LANGSTAFF:** That's the principle.

25 **A.** Yes, thank you.

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(12) Pages 45 - 48

1 **SIR BRIAN LANGSTAFF:** I'd want you to be as comfortable as
 2 we can make you.
 3 **A.** Thank you.
 4 **MS RICHARDS:** When you were told by Dr Aronstam about boys
 5 being infected with HIV, did you take any steps to
 6 satisfy yourself that the boys were being told and
 7 that their parents were being told?
 8 **A.** Well, I can't remember the exact -- exactly what
 9 happened. But, I mean, I would imagine -- I would
 10 guess that if he'd told me, he had already told the
 11 boys or was about to tell them. And that he would --
 12 he'd already told or was about to tell the parents.
 13 That would be my expectation.
 14 **Q.** And is it right to understand that, as far as you can
 15 recall, you yourself didn't take steps to check that
 16 he'd done that because your expectation was --
 17 **A.** No, it wasn't my job, was it?
 18 **Q.** Did you ask Dr Aronstam, as far as you can recall, how
 19 this had happened? How it had happened that --
 20 **A.** Well, it was explained to me how it had happened. Do
 21 you mean the infected blood?
 22 **Q.** Yes.
 23 **A.** Yes.
 24 **Q.** And did you challenge him? Did you say, "Was this
 25 avoidable, Tony?" Or anything like that?

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1 What's the factual basis for your confidence
 2 that nobody --
 3 **A.** Okay, none.
 4 **Q.** None?
 5 **A.** No, not really. I didn't know anything about it,
 6 really. I just had confidence in the staff, which --
 7 if you're telling me that my confidence was misplaced,
 8 then I'm very sorry. And I'm very sad. But at the
 9 time, I had utter confidence in this -- that the staff
 10 were being honest and doing their best here.
 11 **Q.** Can I then just look with you at a handful of
 12 documents which show some of the governors' meetings
 13 in 1985, 1986. We've got a number. I'm not going to
 14 go to all of them but I just wanted to ask for your
 15 clarification on a couple of matters.
 16 So if we go first of all to TREL0000363, please,
 17 Soumik. Do you have it?
 18 We don't have that.
 19 **A.** I can probably remember if you tell me what it's
 20 about.
 21 **Q.** It's probably easier to show you the document, and
 22 easier for others to follow as well, but thank you.
 23 **SIR BRIAN LANGSTAFF:** I think the thing is this: there are
 24 people watching online, it's not just the people here
 25 who you're talking to.

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1 **A.** No. I don't think so.
 2 Why would I?
 3 **MS RICHARDS:** There is a heater that we've got that could
 4 be plugged in next to Mr Macpherson.
 5 **SIR BRIAN LANGSTAFF:** Let's do that and see if that helps.
 6 **MS RICHARDS:** Ms Fraser Butlin is going to give up her
 7 heater for the witness.
 8 **SIR BRIAN LANGSTAFF:** Thank you very much.
 9 **MS RICHARDS:** Mr Macpherson, you've said in your
 10 statement -- I'll just show it.
 11 WITN5561001.
 12 If we can go to page 12.
 13 **SIR BRIAN LANGSTAFF:** Just one moment because there may be
 14 a distraction.
 15 **MS RICHARDS:** I'll wait.
 16 **A.** It's okay, carry on.
 17 **MS RICHARDS:** Page 12, please, Soumik, please, the last
 18 page.
 19 In paragraph 67 you say:
 20 "We were all extremely upset when we were told
 21 that some of our pupils had been infected due to blood
 22 contamination."
 23 Then you say this:
 24 "I am confident that nobody in our school had
 25 any idea that it was unsafe to use for transfusions."

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1 **A.** Right.
 2 **SIR BRIAN LANGSTAFF:** And they need to be able to see what
 3 the document is. But I suspect you've probably had
 4 a few lessons in your time which didn't entirely go as
 5 planned.
 6 **A.** Of course.
 7 **SIR BRIAN LANGSTAFF:** I think we have to treat this as one
 8 of those sorts of lessons.
 9 **A.** Right, right.
 10 **SIR BRIAN LANGSTAFF:** If we need a break to get it sorted
 11 out in case this happens with other documents, we will
 12 take a ten-minute break. It may give you a chance to
 13 walk around and warm up as well.
 14 **MS RICHARDS:** I think we've got them now. The difficulty
 15 is that the documents get sent in different files and
 16 folders and obviously there's been a lot going on this
 17 week.
 18 **SIR BRIAN LANGSTAFF:** I see.
 19 **MS RICHARDS:** So Mr Macpherson, this is an extract from
 20 "Minutes of a Meeting of the Governing Body ...
 21 21 October 1985".
 22 If we go to the bottom of the second page, we
 23 can see the heading at the bottom, "Medical Matters",
 24 and there's a reference to a report from Dr Tomlinson
 25 about AIDS.

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(13) Pages 49 - 52

1 And if we can go to the next page, top half of
 2 the page. So I'll just read it out for the benefit of
 3 those following and then ask you:
 4 "Dr Whitfield highlighted the main effects of
 5 the present situation with regard to AIDS, and
 6 emphasised that although the large majority of
 7 haemophiliacs are carrying the antibody, indications
 8 are that very few of them will develop AIDS. Heat
 9 treatment of donated blood, and blood products derived
 10 from it, meant that there would in future be virtually
 11 no risk of infection from blood transfusion or
 12 Factor VIII. In the very long term, the possibility
 13 existed that a vaccine might be found to prevent, or
 14 even cure, the disease."
 15 Then he goes on to say this:
 16 "Until such time when this vaccine was
 17 available, the risk is twofold:
 18 "(i) through accidental contact with infected
 19 blood; in this respect the College's present strict
 20 precautions are as good as possible, and have been
 21 extremely effective in the past with regard to
 22 Hepatitis."
 23 Just pausing there, Mr Macpherson, do you recall
 24 what the strict precautions were to prevent accidental
 25 contact with infected blood?

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1 A. Well, I mean, this is -- it's a standard problem in
 2 any co-ed school, and I had had experience of exactly
 3 this in my previous job. It's just the normal -- what
 4 you would do normally to -- what you might do with
 5 your own daughter, if you had a daughter, to help her,
 6 to prevent her from getting pregnant.
 7 Q. Do you know what was done? For example, were all the
 8 pupils told of the risk of sexual transmission?
 9 A. Oh yeah, of course. They all knew that, yes. Yes.
 10 But, I mean, this is something your -- the house staff
 11 are obviously going to be involved in talking to boys
 12 and girls about anyhow and, when you've got a boy-girl
 13 relationship in a boarding school, the staff will
 14 obviously talk to the boy and the girl and make sure
 15 they know what the risks are and make sure that -- try
 16 and make sure that they're not going to go and have
 17 sex.
 18 You can't entirely prevent it, but you do your
 19 best to prevent it, and you do your best to talk to
 20 them about it and make sure that they know what's
 21 going on. I mean, I would have -- I have certainly
 22 had housemasters come in and say, "Look what I've
 23 found in so and so's locker", some condoms. And, you
 24 know, we discussed what you're going to do about it.
 25 Q. And then --

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1 A. Well, I mean, there wouldn't be, normally, infected
 2 blood in the school. You mean if someone had an
 3 actual bleed, an external bleed? Is that what you're
 4 talking about?
 5 Q. I'm simply trying to understand what's being discussed
 6 here. And it refers to there being strict precautions
 7 to prevent accidental contact with infected blood,
 8 presumably from child to child through accidental
 9 contact.
 10 Do you know what those precautions were?
 11 A. No, I can't remember. I don't remember about this,
 12 really. I mean, I think -- I would guess we're
 13 talking here about making sure that the pupils
 14 realised they had to wash their hands and wash any
 15 blood and -- that sort of thing. I don't know.
 16 Q. And then the next is to identify a risk of:
 17 "(ii) through intimate sexual contact ..."
 18 And that's said that it:
 19 "... could be a particular problem at the
 20 College because of the presence of girls who know that
 21 they have a short expectancy of life, and may
 22 therefore be prepared to accept the risk."
 23 Can you recall what, if any, steps were taken to
 24 try to reduce the risk of -- through sexual contact,
 25 of the infection being transmitted?

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1 A. This isn't actually -- this is not really to do with
 2 haemophilia. You see, it -- but I mean it obviously
 3 becomes -- it becomes a very much more serious
 4 situation, more serious matter, because of the
 5 additional risk.
 6 Q. And then if we just read the next paragraph, it says:
 7 "In general discussion it was agreed that there
 8 must be no ostracism of haemophiliacs at the College,
 9 and that the Headmaster's policy of keeping everybody
 10 concerned as fully informed as possible was producing
 11 the required results, in eliminating unnecessary panic
 12 and alarm among staff, pupils and parents."
 13 Do you recall whether there were problems with
 14 ostracism of haemophiliac children?
 15 A. When this -- when this arose, when -- when we first
 16 heard about it, it caused a great deal of concern
 17 among staff and other senior pupils who were able to
 18 know about it, and parents, and certainly parents
 19 of -- fathers in particular -- of daughters at the
 20 school who had a boyfriend who was a haemophiliac.
 21 Yeah, it caused a lot of concern. And we
 22 actually anticipated that there would be girls
 23 withdrawn from the school, and I anticipated that
 24 maybe some staff would say, "I don't want to work here
 25 anymore". But I'm glad to say I don't think --

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(14) Pages 53 - 56

1 I don't remember any member of staff leaving and
 2 I don't remember any girl actually being withdrawn,
 3 because I think we were as open as we could, and we
 4 said, you know, "This is the situation. If you want
 5 to leave, you've got to leave". I don't think anyone
 6 did. But yes, it was -- of course it was. I mean,
 7 what do you expect? It was really worrying.
 8 Q. Then if we just look at the next set of -- or a next
 9 set of minutes, it may not be the next set.
 10 February 1986.
 11 It's TREL0000365.
 12 Sir, we can see this is an extract from the
 13 "Minutes of a Meeting of the Governing Body ...
 14 24 February 1986".
 15 If we go to the second page, there's
 16 a discussion about AIDS, but I just want to look at
 17 the last paragraph on that page. It says at paragraph
 18 (d):
 19 "During further discussion it was pointed out
 20 that the parents of pupils carrying the AIDS antibody
 21 are already aware of this fact ..."
 22 Now, do you know what the factual basis was for
 23 your belief that all the parents of infected boys were
 24 aware?
 25 A. Well, I'd been told that they'd been informed.

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1 haemophiliacs were at risk here, and that it was
 2 easier to assume that it was possible that any one of
 3 them had the AIDS virus.
 4 Q. Yes, I understand that. It was more about the last
 5 sentence, which would suggest that, from the school's
 6 perspective --
 7 A. Well, I mean --
 8 Q. -- you didn't know?
 9 A. Well, as far as I can remember, there were very few
 10 who didn't have it. It was quite rare. I only know
 11 of one haemophiliac who came to the school who
 12 actually never ever suffered in any way, and no one
 13 knows why he didn't get affected. That was quite
 14 rare. I mean, it just so happens sometimes that some
 15 people don't get something. He was lucky, I suppose.
 16 But I don't -- I mean, I think at the beginning
 17 we probably were told the names of them, but after
 18 a little while, it was pretty well everyone who had --
 19 every one, every haemophiliac was infected, as far as
 20 I can remember. There were very, very few who didn't
 21 get infected, so you just assumed they all had it.
 22 I don't think we went into the -- it didn't
 23 really matter to us. We just assumed that they all
 24 had it, because I think most of them had.
 25 Q. Do you -- we can take that down, thank you.

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1 Q. By Dr Aronstam?
 2 A. I can't remember who it would be. It would presumably
 3 be him. It would either be him or Pat Tomlinson. But
 4 it would be more likely the Haemophilia Centre would
 5 do that, wouldn't it? I certainly -- that was our
 6 understanding.
 7 Q. And then just one further document. It's a couple of
 8 years later, a year later.
 9 It's TREL0000092_131, please.
 10 This is a letter from you, Mr Macpherson,
 11 16 July 1987, to the Social Services department of --
 12 looks like the London Borough of Croydon. And I'm not
 13 asking you anything about any -- the individual child
 14 to which this relates. But we'll see in the second
 15 paragraph, you say this:
 16 "In this College we have a large number of boys
 17 suffering from haemophilia and we work on the
 18 assumption that every one of them is a carrier of the
 19 AIDS virus. We take all the precautions for every
 20 haemophiliac based on this assumption. We do not know
 21 which of the haemophiliacs are AIDS virus carriers."
 22 That would tend to suggest that you yourself
 23 didn't know which children were infected. Do you
 24 think that's right?
 25 A. I think we worked on the assumption that all the

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1 Do you recall any occasions when the media came
 2 to the school gates because --
 3 A. No, I -- yes, I read that somewhere. I find that hard
 4 to believe, because if we'd heard of that, we would
 5 have jolly well soon sent them packing. It may have
 6 happened once or twice, but I mean it never came to my
 7 attention. Certainly not. And I don't know what the
 8 basis is for that story.
 9 Q. And then, if we go to WITN5561003, and we go to the
 10 second page. This is an extract from the school
 11 prospectus that you've exhibited to your statement.
 12 I think your statement tells us it's the
 13 1989 prospectus. Yes, 1989 to 1990 prospectus. But
 14 I just wanted to look at what it says about healthcare
 15 and then just ask you a little about that. It says:
 16 "The aim of the medical staff at the College is
 17 to have an interdisciplinary team of doctors, nurses
 18 and therapists all working closely together to assess
 19 and treat each child's individual problems so as to
 20 achieve as much independence as possible. The medical
 21 team works closely with the parents, the teachers and
 22 care staff in the houses, and with the hospital
 23 consultants involved with each child.
 24 "The team is led by the College Medical Officer,
 25 Dr Pat Tomlinson ..."

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(15) Pages 57 - 60

1 Then there's reference to some of the other
 2 staff. Then if we see the next paragraph it says:
 3 "When a child is ill, he or she will be admitted
 4 to the Medical Centre and looked after by the nursing
 5 staff under the direction of Dr Tomlinson. The
 6 parents will be informed and if the child needs
 7 hospital treatment this will, if possible, be at their
 8 home hospital where the child is already known."
 9 And then there's some further discussion then
 10 about arrangements during the holidays and so on.
 11 That's talking about the general medical centre and
 12 the work of Dr Tomlinson, but would you have had the
 13 same expectation of parental involvement for the
 14 Haemophilia Centre?
 15 A. Yes.
 16 Q. And although this is a 1989 to '90 prospectus, would
 17 that have been your expectation, really, throughout
 18 the whole period of time that you were headmaster?
 19 A. Yes.
 20 Q. Thank you.
 21 Is it right to understand that, in terms of the
 22 Haemophilia Centre, perhaps because of its slightly
 23 unusual status with the doctors being NHS employees,
 24 you left it to the Haemophilia Centre to fulfil that
 25 expectation rather than yourself trying to oversee

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1 easy to obtain as in the past and it is even more
 2 vital that we do not waste material on boys who cannot
 3 be bothered to follow the most basic advice."
 4 That might suggest that the question of
 5 expenditure and being able to get hold of treatment,
 6 products, did play a part at least in the doctors'
 7 minds in advocating the football ban. Do you have any
 8 recollection of that?
 9 A. Well, he's saying supplies may not be as easy to
 10 obtain as in the past. I mean, that's a question of
 11 supply and demand. That's something I don't know
 12 anything about and, you know -- I don't see anything
 13 wrong with this, to be quite honest. We should not be
 14 wasting money on -- if we can be sensible and good and
 15 husband what we've got. But I mean all he's saying
 16 here is that the boys have got to be sensible and
 17 they've got to actually learn to look after themselves
 18 in a way that they don't get bleeds. This is
 19 obviously in their best interests.
 20 And if he's saying that we shouldn't waste -- we
 21 should try and not expend money on something that can
 22 be avoided, to a certain extent, it's fair enough.
 23 I don't think -- I think you're probably reading too
 24 much into this, actually, to be quite honest. I think
 25 he's -- who is this, Dr Painter? Yeah, I don't think

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1 their work?
 2 A. Well, yes, but in fact even if they had been employed
 3 by us, it would have been the same situation. I mean,
 4 as far as Pat Tomlinson was concerned, I would never
 5 have dreamt of saying to her -- or interfering in
 6 anything she was doing. Never ever. Because I'm not
 7 a doctor.
 8 Q. And then I was going to ask you the rest of my
 9 questions after the break just about the football ban.
 10 I am hoping we might now have the document.
 11 TREL00000036_053.
 12 So this is a letter from Dr Painter -- you're
 13 absolutely right, was there for about a year -- to
 14 you. This is dated 17 May 1978. Again, it's about
 15 a particular child who was found playing football and
 16 I'm not asking you about the individual child. But if
 17 we could just look at the last paragraph of the
 18 letter, it says:
 19 "I am afraid it does make our task even more
 20 difficult when we find that boys are blatantly
 21 disregarding medical advice they are given and in
 22 consequence run an increased risk of requiring further
 23 transfusions, which, of course, come at great expense
 24 to the National Health Service. There is also a worry
 25 that our supplies of Factor VIII may not be quite as

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1 he was trying to ... I don't -- I think what you're
 2 implying is not quite right. I don't think that was
 3 what was behind it.
 4 Q. We can take that down, thank you.
 5 Did Dr Aronstam ever attend the meetings of the
 6 governing body to provide updates to them about the
 7 work of the Haemophilia Centre?
 8 A. I can't remember.
 9 Q. Do you recall whether the governing body ever sought
 10 to exercise any oversight over the work of the
 11 Haemophilia Centre?
 12 A. No, I don't think so. I mean, why would they?
 13 I don't think they would have any reason to, actually.
 14 I can't think of any reason why they would want to.
 15 The governors are there to govern. They're not there
 16 to run the school. That was my job.
 17 Q. Do you recall representatives of pharmaceutical
 18 companies ever attending the school site?
 19 A. No.
 20 Q. And the Inquiry has had some evidence that
 21 pharmaceutical companies would leave branded gifts for
 22 the pupils, teddy bears and kites?
 23 A. Leaving what?
 24 Q. Branded gifts, gifts, for example, bearing the name of
 25 the pharmaceutical company?

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(16) Pages 61 - 64

1 A. What sort of gifts?
 2 Q. Kites, teddy bears and the like. Is that anything you
 3 had any knowledge of? I think your answer to that is
 4 no?
 5 A. Sorry?
 6 Q. You shook your head and the transcript can't pick up
 7 a shake of the head, so is your answer to that "no"?
 8 A. Okay -- yes, but we had quite a strong parents
 9 committee, who met quite regularly. And they raised
 10 money for the school and they organised social things
 11 for parents. One of the things they organised was an
 12 annual ball, a ball, in the school hall, which had
 13 a big attendance, a lot of people came from Alton to
 14 it, as well as our own parents. And they had some
 15 absolutely incredible prizes there for sort of raffle
 16 prizes and I know they all came from gifts from
 17 somewhere. So it is possible that what you're talking
 18 about went there. But I don't remember anything else,
 19 anything directly to individual pupils or anything.
 20 Q. Then can I then ask you about research that was
 21 undertaken in relation to pupils with haemophilia.
 22 The Inquiry is aware from documents it's seen
 23 that there were a number of research projects
 24 undertaken involving, for example, Dr Rainsford and
 25 Dr Aronstam and Dr Kirk at various points in time.

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1 going on, is that because your expectation is that the
 2 doctors would have told parents or did you yourself
 3 tell parents about research activities?
 4 A. I don't think I ever told the parents about it,
 5 because I didn't know what it was about. I didn't
 6 know what they were doing. I really can't -- I don't
 7 think I can answer that one.
 8 Q. Can I just take you back briefly to the hepatitis B or
 9 serum hepatitis outbreak that there was in the
 10 mid-1970s -- '74, '75.
 11 Do you recall being aware at the time that that
 12 outbreak was caused by treatment with factor
 13 concentrates?
 14 A. Sorry, can you say that again?
 15 Q. Of course. When there was the hepatitis outbreak in
 16 1974, '75 --
 17 A. Was I aware of what?
 18 Q. Were you aware that the cause of the outbreak was the
 19 treatment with the factor concentrates?
 20 A. Yes.
 21 Q. And were any steps taken by the school to try to
 22 mitigate the risk of any future outbreaks?
 23 A. When you say by the school, do you mean by my part of
 24 the school?
 25 Q. Yes.

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1 What knowledge did you have of that area of activity?
 2 A. Not very much. Just chatting to them about it
 3 occasionally, about, "How are you getting on?" That
 4 sort of thing. But I wouldn't get any details.
 5 Q. So is it right to understand that neither you, as
 6 headmaster, nor the governing body or the school as an
 7 institution, was asked for its permission or agreement
 8 for research to be undertaken?
 9 A. Well, we must have given permission, mustn't we,
 10 otherwise they couldn't have done it?
 11 Q. But you've no recollection of any specifics?
 12 A. No recollection of what?
 13 Q. Of any specific pieces of research or any discussions
 14 about permission?
 15 A. No. I don't remember -- I don't remember anything
 16 particularly there. I mean, as far as I can remember,
 17 these were -- these were thought to be very
 18 worthwhile. What they were doing was thought to be
 19 very worthwhile, and to be encouraged. That was our
 20 feeling.
 21 Q. Do you know what, if any, parental involvement or
 22 parental knowledge of the research there was?
 23 A. I'm pretty sure the parents knew what was going on,
 24 but they probably didn't know much about the details.
 25 Q. When you say you're pretty sure they knew what was

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1 A. Well, no. It was not our -- there was nothing --
 2 I wouldn't have seen that as being something that I
 3 had really anything to do with.
 4 Q. So your expectation would be if there were further
 5 steps to be taken it would be the haemophilia doctors?
 6 A. No, that had to be the haemophilia doctors, yes. Yes.
 7 Q. And do you know whether --
 8 A. We didn't have a haemophilia -- at that time we didn't
 9 have a Haemophilia Centre in the school, of course.
 10 Q. And do you know whether there was any report of the
 11 outbreak made by the school or the doctors to an
 12 external body?
 13 A. No, I've no idea. Why, are you supposed to report
 14 these things?
 15 Q. It's just an open question, Mr Macpherson.
 16 The questions I asked about research were about
 17 research in relation to the boys with haemophilia.
 18 Was research undertaken, as far as you know, in
 19 relation to any of the other pupils at the school, so
 20 the non-haemophiliac pupils?
 21 A. When you say "research", it depends what you mean by
 22 research. I mean, people sort of investigating
 23 numbers of this and numbers of that, and parents and
 24 so on. I remember our -- a deputy head who
 25 investigated or researched into the situation with

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(17) Pages 65 - 68

1 parents at our -- of children at our school, and found
2 that only 40 per cent of the children at the school
3 were from what you would call a "normal" family,
4 two-parent family home. Which is a bit of a surprise.
5 Well, it was a surprise to me that it was -- that
6 60 per cent were from not a completely normal -- and
7 quite a number had no parents at all, or their parents
8 had rejected them.

9 And she found that quite a lot were
10 single-parent families, and that the child was
11 actually the cause of the break-up of the marriage.
12 And the child usually knew that, which was another
13 psychological factor. But I wouldn't -- I couldn't
14 tell you how many of these were haemophiliacs.

15 So that sort of research went on. Is that what
16 you're talking about?

17 Q. Do you recall whether there was any medical or
18 clinical research in relation to any of the other
19 cohorts of pupils, the non-haemophiliac pupils?

20 A. I know that Pat Tomlinson talked about it a bit but
21 I don't think she actually did anything particularly.
22 Not at the school. I mean, there were -- certainly
23 a lot of our pupils went to Great Ormond Street, and
24 I know Great Ormond Street were doing research into
25 a number of things which quite a number of our pupils

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1 A. Right.

2 Q. When you joined the school in 1974, and in the
3 following years during the course of the 1970s, what
4 was your understanding of what Dr Rainsford's role
5 was, in connection with the college in the pupils
6 there?

7 A. Do you mean detailed? Are you asking for a detailed
8 answer to that --

9 Q. No, I'm asking --

10 A. I mean, my understanding was that he was doing some
11 research of some -- and I thought worthwhile -- I was
12 given the impression it was worthwhile -- to do with
13 giving transfusions of Factor VIII, and prophylactic
14 transfusions, and all that sort of thing. But, I
15 mean, that's about as far as it went with me.

16 Q. And was it your understanding that -- or what was your
17 understanding of his involvement with the actual
18 treatment of the boys? Was that part of his job as
19 far as you understood it, or not?

20 A. I think he was -- I think he was involved with the
21 treatment. Yes. Yes. As far as I know, he was.
22 I couldn't guarantee that. I mean, I really had no
23 involvement with the medical side except where I heard
24 about it or talked about it, or whatever.

25 Q. I'd asked you before the break about counselling. Was

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1 were absolutely definitely involved in there. There's
2 no question about it. I remember hearing about them,
3 things like bone marrow transfers that would cure this
4 and cure that, and they never did, and operations that
5 were meant to make pupils walk again. And I remember
6 a boy coming in to me and saying, "Next time you see
7 me, I'll be walking because I'm going to have this
8 such-and-such an operation", and he actually was
9 walking at that time on crutches. And you know what?
10 He came back in a wheelchair for the rest of his life.
11 And we used to look at these and we used to say,
12 "Well, oh dear, is this in the best interests?" But
13 these weren't haemophiliacs. So I'm going off the
14 subject now.

15 So yes, there was quite a lot of research going
16 on to do with our pupils. I don't think there was
17 a lot -- I mean, there wasn't really very much at our
18 school. There wasn't time. They were busy. There
19 were lessons that were being taught. There were ...
20 so no, I don't think there was really very much -- not
21 that we were involved in anyway. Does that answer
22 your question? I'm not absolutely sure what your
23 question was.

24 Q. If I can then just go back to the question of
25 Dr Rainsford.

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1 there anything further about counselling that you can
2 assist us with?

3 A. Yeah, well, I think, yes -- yes, I did want to add
4 a bit about that.

5 You were saying that Mr Scott was saying that he
6 thought we could have done more. And my answer to
7 that would be: you can always do more. You can always
8 improve on things. But we had -- the housemasters did
9 meet with this -- our psychiatrist. He visited about
10 once a week and I think most of these times the
11 housemasters did have a meeting with him, for -- to
12 discuss whatever they wanted and I'm sure that this
13 would be one of the topics that they would discuss
14 with him.

15 I went -- I occasionally went to these meetings,
16 but very occasionally, because -- only if there was
17 something particularly coming up that I wanted to hear
18 about. But I can't guarantee it but I'm pretty sure
19 they discussed with him the counselling of boys with
20 haemophilia. But I would say that all the boys,
21 I think the boys -- I'm pretty sure that they all had
22 someone that they could talk to, and who was willing
23 to listen to them and I would just point out that they
24 weren't mentally ill. They didn't need psychiatric
25 help. They weren't -- they were perfectly sane. What

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1 they had was a rage inside them, a frustration that
 2 here they were, that they had suddenly been made ill
 3 and they were probably going to die in the not too
 4 distant future. And, "Why me? Why me?" And it
 5 was -- you could see it when you -- because they --
 6 you know, they broke out quite often and they would be
 7 very rude to staff and go into town and get drunk and
 8 this sort of thing. Smoking, the younger ones.
 9 I mean, the older ones were allowed to smoke but the
 10 younger ones smoking.

11 You know, they were rebelling. Well, young boys
 12 rebel, but this was much -- this was way over the top
 13 rebelling, because they just -- you know, "Why me?"
 14 They had this rage inside them and you could see it
 15 when you talked to them. You could see it. And this
 16 was the result of being given these -- this disease.
 17 It had a dreadful effect on them.

18 If you're trying to say that we should have done
 19 more in terms of counselling them, I would say I don't
 20 think we could have done any more. I think the staff
 21 probably did everything they could and did as much as
 22 they could. There was actually nothing you could do
 23 about it. They were infected and they were going to
 24 die and that was it. And you just had to help them
 25 get on with life and live life to the full, and make

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1 So for another five years or so after it became known
 2 within the school as a whole that the pupils had been
 3 infected with HIV.

4 During those years, did the school -- the
 5 school, the college -- try to learn lessons from what
 6 had happened to try to prevent anything like that
 7 happening again?

8 A. Well, are you talking about infecting pupils with --
 9 in some way?

10 Q. Well, was there any aspect in which the college
 11 looked at what had happened and said, "We should do
 12 things differently" -- or, "could do things
 13 differently from now onwards"? In any respect at all?
 14 Treatment, support, parental involvement?

15 A. Well, I'm sure we learnt a lot about how to help
 16 pupils who were -- who were ill in a way that they
 17 were going to die. I mean, we had lots of other
 18 pupils in the school who were going to die. We had
 19 about 20-odd boys -- boys again -- suffering from
 20 Duchenne Muscular Dystrophy, and they actually died
 21 a lot earlier than the haemophiliacs. Most of them
 22 died before they left the -- before they left us.
 23 Whereas most of the haemophiliacs had left the school
 24 before they died.

25 So, I mean, it was -- these were things that

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1 the best of life that they could. And what we did
 2 was, we tried to stop them thinking about their lives,
 3 their -- this horrible thing that was happening to
 4 them, as much as we could. We tried to -- and our way
 5 of doing it was to try to keep them busy. So after
 6 school, the staff ran all sorts of clubs and took
 7 outings and organised table tennis and billiards
 8 and -- swimming was a great one. The doctors did
 9 approve of swimming. So I think everyone on the
 10 staff, and including me, were on a rota to supervise
 11 free swims at -- you know, when they were free, and at
 12 weekends. So they were able to go and have a -- we'd
 13 very good swimming pools at both schools. And it was
 14 a question of trying to keep them busy and keep them
 15 from thinking about the horrible future that they had.
 16 That was ...

17 And I think that the staff did their best in
 18 that respect. I don't know. I don't know. Well, you
 19 can ask some of these people over there whether they
 20 feel that they -- we could have done more for them.
 21 But we didn't think we could. I don't know. I think
 22 the staff did everything they could.

23 They weren't mentally ill, you know. They were
 24 just in a rage for what had happened to them.

25 Q. And you were headmaster until 1990, when you retired.

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1 were happening in the school anyway. I'm sure we --
 2 I'm sure that a lot of things were learned but I'm not
 3 sure what you're getting at here.

4 Q. It was an open question, Mr Macpherson, I'm not
 5 getting at anything --

6 A. I think one -- you spend your life as a schoolmaster
 7 and as a headmaster and as a housemaster, or whatever
 8 it is you're doing, looking at what's going on and
 9 seeing if you can improve on it next time. And yes,
 10 I'm sure we did try to learn from everything we did,
 11 not just to do with the haemophiliacs, and make
 12 a better job of the way we ran the place.

13 You're always trying to improve, aren't you?
 14 Well, I think we were. But I'm not sure what you're
 15 getting at, actually.

16 Q. I'm really not getting at anything, Mr Macpherson, I'm
 17 just asking questions.

18 A. Mm.

19 Q. With the benefit of hindsight, do you think that the
 20 school, college, should have had greater oversight
 21 into the activities of the Haemophilia Centre?

22 A. Well, I don't -- I don't -- you're -- I think we've
 23 probably got to wait to hear the result of this
 24 Inquiry before I can answer that, because, I mean, to
 25 my knowledge -- I mean, I always thought they were

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1 doing the best they could, and that they were honest.
 2 And if they didn't immediately take action when they
 3 knew that infected blood was being used, I'm very
 4 surprised, and I think that -- I think that was remiss
 5 and that was a mistake which I would say was culpable.
 6 And I think that's what you've been implying, to a
 7 certain extent here. Maybe you haven't.

8 **Q.** -- (*overspeaking*) -- Mr Macpherson --

9 **A.** Maybe you haven't, maybe I picked that incorrectly,
 10 but if that was true, then that's disgraceful. But as
 11 to -- I don't think any of us in the school had really
 12 had enough -- we didn't know about it, and we didn't
 13 have any authority or reason to interfere in any way.
 14 No reason whatsoever. I mean, you can't -- doctors
 15 are -- doctors are god, let's face it, aren't they?

16 **MS RICHARDS:** Mr Macpherson, those are the questions
 17 I have.

18 Sir Brian, do you have any questions?

19 **Questions from SIR BRIAN LANGSTAFF**

20 **SIR BRIAN LANGSTAFF:** I do. I have a few.

21 I just want to ask you one question first if

22 I may, Ms Richards. What is the earliest reference in
 23 the governors' meetings to AIDS?

24 **MS RICHARDS:** I'd need to check that, sir, because I've
 25 seen the documents that were given to Mr Macpherson,

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1 mathematics, and then -- I did that for a year or two,
 2 and then the head of maths wanted me to take over
 3 a lower sixth group for -- when I taught them
 4 statistics. So I taught for several years. But then,
 5 the way things are going in schools, there's more and
 6 more and more bureaucracy and paperwork and problems.
 7 And the school was getting bigger as well. And I just
 8 didn't have the time, after that, and I had to give it
 9 up, which was very sad.

10 So I did teach for several years but I had to
 11 give it up. Because I just didn't have enough time to
 12 do it.

13 **SIR BRIAN LANGSTAFF:** Well, I thought that might be the
 14 case. The school itself, at any one time, roughly how
 15 many pupils did you have, boys and girls?

16 **A.** Well, we ended up with about 200 and something or
 17 other. I can't remember the exact number.

18 **SIR BRIAN LANGSTAFF:** So as schools went, it was
 19 relatively small?

20 **A.** Yes, relatively small if you compare it to a secondary
 21 modern school, or something like that. But I think
 22 all the other -- if you look around the country, all
 23 the other boarding schools for physically handicapped
 24 or disabled children are in the thirties, thirties or
 25 forties. That's about the average. So we are vastly

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1 which I think start in 1985 in terms of references to
 2 AIDS, but I wouldn't -- I've not seen earlier ones,
 3 but I haven't myself checked all the earlier
 4 governors' meetings. I wouldn't want to give you an
 5 assurance for that.

6 **SIR BRIAN LANGSTAFF:** Well, I think I'd like -- at some
 7 stage I'd like to know and plainly, if they were held
 8 monthly, as you told us, roughly, then --

9 **A.** Sorry, what was your question?

10 **SIR BRIAN LANGSTAFF:** No, I'm not questioning you. I'm
 11 asking Ms Richards. Just making sure you're in the
 12 loop.

13 **MS RICHARDS:** It was one of the things I was going to
 14 check before completing the presentation tomorrow.

15 **SIR BRIAN LANGSTAFF:** Very well.

16 Let me ask you the questions which I have and,
 17 be assured, an inquiry is here to ask questions. It
 18 will give answers as best it thinks on the -- based on
 19 the answers to the questions it gives, but it doesn't
 20 start with a view that something happened, you prove
 21 it didn't, or the other way round.

22 The first question I want to ask you, really, is
 23 about your role as a headmaster. You were running the
 24 school. Did you actually do any teaching?

25 **A.** When I went there at first, I taught the first year

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1 bigger. And the same abroad. I suspect there are
 2 very few schools in the whole world, boarding schools,
 3 for handicapped children, anything remotely as big as
 4 that.

5 **SIR BRIAN LANGSTAFF:** And does it make it more difficult,
 6 having 200 rather than 30, to get to know each child
 7 as an individual?

8 **A.** Well, no, because 200 isn't actually a big number of
 9 pupils to get to know. I mean, it was -- in terms of
 10 previous schools I've been in, it was quite a small
 11 school.

12 Don't forget, when you say "school" -- we had --
 13 we had training courses when I went there, at first,
 14 and they were for pupils, older pupils, training them
 15 to -- for example, to -- in tailoring. And this suit
 16 I'm wearing now was made by pupils in the tailoring
 17 course. I mean, two of them were actually
 18 haemophiliacs, who are sadly now no longer with us.
 19 And that tie here was made by a boy with
 20 thalidomide -- who suffered -- whose mother had taken
 21 thalidomide and who had -- he'd absolutely no arms at
 22 all and he made this with his -- he made this using
 23 his toes, with his feet. That's the sort of thing
 24 that they did.

25 So we had a lot of these courses for older

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1 pupils. So a lot of the pupils were aged well over
2 18 -- I mean, I think we had a 23-year old at one
3 stage -- on these courses. And that continued. It
4 became more sort of FE, if you like. And then we
5 managed to develop -- we had very good relations with
6 the sixth form college, and we managed to develop
7 a special arrangement with them whereby our sixth form
8 went -- instead of us teaching them in the school --
9 because with the small number, I mean 200 people, you
10 can't really run a decent sixth form with that very
11 efficiently.

12 And so we arranged with the local sixth form
13 college that our sixth form would go there, which was
14 much, much better for them, and it was great for
15 everyone. And it was just a private arrangement that
16 we sent them, and we sent whatever staff, care staff,
17 were required to help them and, in return for our
18 pupils going there, we provided one or two teachers
19 who went to the sixth form college and taught in the
20 sixth form college, so a sort of -- there was no money
21 involved.

22 **SIR BRIAN LANGSTAFF:** The question was really about how
23 well you think that you knew each of the children.

24 **A.** How well did I know them?

25 **SIR BRIAN LANGSTAFF:** Each of the children, as an

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1 housemistress. And in fact, they used to go home at
2 weekends -- those who could went home at weekends, and
3 Sunday evening was a coffee evening in all the houses
4 where the parents would sit and have coffee with the
5 staff and so on.

6 **SIR BRIAN LANGSTAFF:** So you knew a number of the children
7 individually, some better than others. You knew
8 a number of the parents quite well? You were *in loco*
9 *parentis*. It's a phrase you use in your statement.
10 And it's a rather slippery word/expression, isn't it,
11 in terms of education, the idea that a teacher is the
12 parent to the child for the time being.

13 How did you see it as reflecting on your duties
14 to children?

15 **A.** I'm not sure what you're getting at.

16 **SIR BRIAN LANGSTAFF:** Well, I'm just asking what it
17 involved for you. For instance, you had to sign, on
18 some occasions, consent for various activities on
19 behalf of the child, as though you were the parent,
20 did you?

21 **A.** Yes.

22 **SIR BRIAN LANGSTAFF:** And consent for various medical
23 procedures, that might come to you, might it?

24 **A.** Yes.

25 **SIR BRIAN LANGSTAFF:** And when the child was going to be

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1 individual.

2 **A.** Oh, I see. Well, yeah, some I would -- I suppose
3 I got to know better than others. There were some who
4 kept being sent to me, and there were others I would
5 just happen to meet and chat to.

6 **SIR BRIAN LANGSTAFF:** So you knew the misbehavers.

7 **A.** Absolutely.

8 **SIR BRIAN LANGSTAFF:** And the parents would come now and
9 again, perhaps --

10 **A.** Yes.

11 **SIR BRIAN LANGSTAFF:** -- if they were -- (*overspeaking*) --

12 **A.** There were quite a lot of parents I would know quite
13 well, but others I didn't know at all. I mean, I met
14 them all when they came for interview initially.

15 **SIR BRIAN LANGSTAFF:** Well, of course, but you would
16 actually --

17 **A.** But after that I would not necessarily see them.

18 **SIR BRIAN LANGSTAFF:** But over time, presumably, they'd
19 come in the cars or some form of transport to the
20 school to drop their child off at the start of term
21 and pick up at the end of term, and you might see them
22 those times, if not at other times?

23 **A.** Yes, but they wouldn't come and see me really unless
24 they'd a purpose -- a reason to see me. They would --
25 they did that with the housemaster, or the

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1 told something which could be of life-shattering
2 importance, give them that rage burning inside them,
3 you might perhaps be asked to come with them to the
4 meeting if the parent wasn't available? Might you?

5 **A.** I might have been.

6 **SIR BRIAN LANGSTAFF:** Were you ever?

7 **A.** I didn't go to these meetings, no. I wasn't invited
8 to the Haemophilia Centre to hear -- to these
9 meetings, no.

10 **SIR BRIAN LANGSTAFF:** As far as you know, was any other
11 member of staff invited as if a parent, because they
12 too would have a degree of *in loco parentis*
13 obligations?

14 **A.** Yes, it would, yes. As far as I know, the boys were
15 told individually, or in a small group, about this.
16 And the doctor then informed the -- well, he informed
17 me, but also informed the care staff and, of course,
18 the nurses would all be informed.

19 **SIR BRIAN LANGSTAFF:** So the way it went was the doctors
20 saw the pupil, then told the care staff and the
21 nursing staff?

22 **A.** I don't know the exact order it would happen in.

23 **SIR BRIAN LANGSTAFF:** That was roughly your understanding?

24 **A.** Well, it might have been the other way round.

25 **SIR BRIAN LANGSTAFF:** Yes and, so far as you know, was

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1 ever any arrangement made for the parent to come to
 2 school because there was an important issue to
 3 discuss?
 4 A. Yes.
 5 **SIR BRIAN LANGSTAFF:** That did happen, or not?
 6 A. Oh, yes.
 7 **SIR BRIAN LANGSTAFF:** It did?
 8 A. Oh, yes.
 9 **SIR BRIAN LANGSTAFF:** So as far as you know --
 10 A. -- (overspeaking) -- would ask a parent to come and
 11 talk to me about a particular problem.
 12 **SIR BRIAN LANGSTAFF:** If it was a medical problem?
 13 A. If it was purely a medical problem, they would go to
 14 the -- and see the doctor. Or the sister, or someone.
 15 **SIR BRIAN LANGSTAFF:** Who would be involved in that
 16 arrangement, as you would understand it? Would that
 17 be --
 18 A. Well, if it was purely medical --
 19 **SIR BRIAN LANGSTAFF:** Purely medical?
 20 A. -- it would be Pat Tomlinson who would ask them to
 21 come and see her. Or if it was the haemophilia
 22 people, it would be them, yes.
 23 **SIR BRIAN LANGSTAFF:** Thank you.
 24 A. No, that certainly happened.
 25 **SIR BRIAN LANGSTAFF:** The next question, really it's going

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1 **SIR BRIAN LANGSTAFF:** So there was a period of time when
 2 there wasn't a ban on football, and then you felt --
 3 obviously, you would feel -- that you were going to
 4 have to deal with something which is quite restrictive
 5 on what the pupils wanted to do. So did you ask the
 6 medics who were saying, "Look, we need this ban on
 7 football", "Why now? What's changed?"
 8 A. I'm sorry, I'm not entirely sure what your question
 9 is. Are you saying to me why didn't this happen years
 10 ago?
 11 **SIR BRIAN LANGSTAFF:** Well, obviously it didn't.
 12 A. Yes.
 13 **SIR BRIAN LANGSTAFF:** And then it did.
 14 A. Yes.
 15 **SIR BRIAN LANGSTAFF:** And the proposal that it should be
 16 a ban comes to you from the -- (overspeaking) --
 17 A. Well, I suppose the doctors realised that -- that was
 18 when the doctors realised that this was causing
 19 a problem, and we'd better do something about it.
 20 I think you're -- what you're saying is why
 21 didn't they say this earlier and why didn't we realise
 22 it earlier?
 23 **SIR BRIAN LANGSTAFF:** I'm not really asking about them.
 24 I'm asking a question which is about your reaction.
 25 A. Yes.

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1 back to the football question, when you first came as
 2 head to the school, 1974, do I understand that some of
 3 the boys played football?
 4 A. Yes, it was very popular.
 5 **SIR BRIAN LANGSTAFF:** And in 1975 they would as well?
 6 Because that's the sort of thing they liked to do, you
 7 said. So they were out there playing football. Did
 8 anyone say to you at that stage, "Well, look, this is
 9 something that those who have haemophilia really
 10 shouldn't be doing, because it may disturb their
 11 joints"?
 12 A. That's what actually happened. Sorry, I'm --
 13 **SIR BRIAN LANGSTAFF:** No, sorry, in 1974, '75 it didn't,
 14 as far as we know, because it happened later -- with
 15 the material we saw in 1978, wasn't it?
 16 **MS RICHARDS:** Yes, the letter from Dr Painter is 1978.
 17 I don't think we know the exact date the football ban
 18 was imposed.
 19 **SIR BRIAN LANGSTAFF:** Right, I see. So --
 20 A. You've got a thing from -- there was a memo I sent
 21 round to staff. You've got that as part of my thing.
 22 **SIR BRIAN LANGSTAFF:** I think what --
 23 A. I think it was earlier than that.
 24 **SIR BRIAN LANGSTAFF:** Roughly when was it?
 25 A. I can't remember.

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1 **SIR BRIAN LANGSTAFF:** And what answer you may have had.
 2 And it's not difficult to see a head in your position,
 3 being asked to restrict pupils doing what they really
 4 want to do in their free time, to say, "Well, why?
 5 Why now? What's changed? Why is this ban now
 6 needed?" That's what I'm asking. Did that cross your
 7 mind? Because it's --
 8 A. Yes, I think it did, yes. Yes, I think it did. And
 9 I think the answer to that was that the number of
 10 bleeds was -- had increased. They were -- it was
 11 getting more serious.
 12 **SIR BRIAN LANGSTAFF:** Do you understand --
 13 A. I don't know why, but it was just -- it was getting
 14 more of a problem.
 15 **SIR BRIAN LANGSTAFF:** So it was more of a problem but you
 16 didn't -- you asked why, presumably?
 17 A. I'm pretty sure I did, yes.
 18 **SIR BRIAN LANGSTAFF:** You don't recall what answer you
 19 got?
 20 A. Oh, you're talking about 45 years ago.
 21 **SIR BRIAN LANGSTAFF:** I know. I'm not blaming you for not
 22 knowing. I am just wondering if you did remember.
 23 A. I'm pretty sure that we did -- I mean, we talked it
 24 through, yes. Yes.
 25 **SIR BRIAN LANGSTAFF:** So some explanation was given to you

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1 about why now and why is it --
 2 A. Yes. I mean, the "why now" was because things were
 3 getting worse, "We're getting more and more of these
 4 knee bleeds and we've got to do something about it."
 5 **SIR BRIAN LANGSTAFF:** Thank you.
 6 When it was known that the -- many of the pupils
 7 were infected with AIDS, you said if you'd known -- as
 8 soon as you would have known, you'd have done
 9 something about it. And you've told us what the
 10 governors, with your help, then decided to do, and
 11 what you decided to do in running the school.
 12 A. I'm having great difficulty hearing you.
 13 **SIR BRIAN LANGSTAFF:** I'm sorry. I shall speak more
 14 slowly.
 15 A. It's not more slowly. You need to speak up a little
 16 bit.
 17 **SIR BRIAN LANGSTAFF:** Right. Okay.
 18 When --
 19 A. That's better, thank you.
 20 **SIR BRIAN LANGSTAFF:** Thank you, good.
 21 When you learned that some pupils had been
 22 infected with what might be the virus that caused AIDS
 23 or was the virus that caused AIDS, you said, "Well, if
 24 I'd known -- as soon as I'd have known that I would
 25 have done something about it, if I'd known earlier".

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1 A. I think, in all these cases, we would -- as soon as we
 2 knew about a problem with hepatitis or AIDS or
 3 anything else, we would have done whatever we felt we
 4 could do to whatever was appropriate. I don't think
 5 we would delay, if that's what you're saying. There
 6 was no reason to delay. I can't think of a reason to
 7 delay.
 8 **SIR BRIAN LANGSTAFF:** I'm not saying you delayed at all.
 9 I'm not saying. I'm just asking the question.
 10 A. No, I mean there was no reason to delay, was there?
 11 Well, I don't think there was.
 12 **SIR BRIAN LANGSTAFF:** Now, the last question I want to ask
 13 you is this: you've said the governors themselves
 14 weren't in a position to exercise any form of
 15 oversight over the Haemophilia Centre and, plainly,
 16 that's right. It was an NHS operation within the
 17 grounds of the school. But one of your trustees was
 18 an orthopaedic surgeon, was he?
 19 A. The chairman of governors was an orthopaedic surgeon,
 20 but he was only there for a short -- I mean, I think
 21 he retired quite soon. He was quite old and he
 22 retired. I can't remember when he retired. But as
 23 far as I can remember, he was replaced with another
 24 head of -- another chairman. Probably within one or
 25 two -- probably within two years. But I can't be sure

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1 And you've told us what you did do. Did you take any
 2 similar action when you knew about a risk of
 3 hepatitis?
 4 A. As far as I can remember, the same situation. I mean,
 5 as soon as we knew about it, we did something about
 6 it. We did what we could. You know, whatever we
 7 could do we did. I don't think we -- I don't think
 8 anyone -- I don't think we delayed, if that's what
 9 you're saying, for any possible reason. There was no
 10 reason to delay. I mean, why would we? Is that what
 11 you're asking?
 12 **SIR BRIAN LANGSTAFF:** Well, I'm asking what you did in the
 13 light of the knowledge that there was hepatitis, and
 14 it may simply have been that you thought there was
 15 nothing you could do about it. And --
 16 A. Well, I think the hepatitis was there before -- when
 17 I arrived. I think that was something that was there.
 18 And I was just told about it. That was -- I can't
 19 remember now. I'm not sure what -- I'm not sure what
 20 your question is.
 21 **SIR BRIAN LANGSTAFF:** Well, my question was what my
 22 question was. It was, as counsel has said, on
 23 a number of occasions, an open question. Looking for
 24 the answer. And you've given me an answer.
 25 The --

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1 of that. But it would be about two years.
 2 **SIR BRIAN LANGSTAFF:** Well, that answers that question.
 3 Thank you very much.
 4 **MS RICHARDS:** Sir, the date of the football memorandum was
 5 January 1978.
 6 **SIR BRIAN LANGSTAFF:** Thank you.
 7 **MS RICHARDS:** And Mr Macpherson's statement sets out the
 8 text and it's right to note it refers to an increase
 9 in the number of bleeds suffered by haemophiliacs
 10 "last term" compared to previous terms. So that's
 11 what the memorandum said in terms.
 12 **SIR BRIAN LANGSTAFF:** Thank you.
 13 **Further questions by MS RICHARDS**
 14 **MS RICHARDS:** Mr Macpherson, there's just one further
 15 question arising out of your response to the chair's
 16 questions.
 17 When the boys were going to be told of their
 18 HIV diagnosis by Dr Aronstam or the staff at the
 19 Haemophilia Centre, do you know if the housemasters or
 20 mistresses were told about it and ever invited to
 21 participate in those meetings?
 22 A. Well, I have to say, I had -- the description I've
 23 heard of these meetings came as a shock to me. It's
 24 not how I would have handled it, if I'd been asked to
 25 do it. And I do think that -- I do think that was

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1 badly handled.

2 **Q.** Because the housemaster or mistress would be perhaps

3 the person in a position to provide pastoral care and

4 support?

5 **A.** Yeah, I think the -- I think even -- yes, and I think

6 parents would have -- should have been much more

7 involved, by the sound of it, as well. I have to say,

8 if what you say is true -- I really don't know.

9 I find it hard to believe that's how they did it. It

10 sounds pretty -- a pretty horrific way to do it.

11 I can't believe that's true, actually. But these

12 chaps, they'll be able to tell you whether it's true

13 or not. But that's -- I just -- that would not have

14 been -- that wouldn't have been the way we would have

15 done it, if it had been left to the school staff to do

16 it, I'm pretty sure. That wasn't -- that was not --

17 that was not good.

18 **MS RICHARDS:** Those are the questions I have for you. Is

19 there anything you wanted to add, Mr Macpherson?

20 **A.** I think you've really been over pretty well everything

21 that we wanted to talk about.

22 Yeah, I would just say, I know Dr Aronstam died

23 some time ago so he's not here to tell us what went

24 on, but I find it very hard to believe that -- if it's

25 true that he didn't do something straight away when he

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1 the Arctic, as you've found it, to try to recollect

2 matters which happened, what, some 30 years after you

3 retired.

4 **A.** 45 years.

5 **SIR BRIAN LANGSTAFF:** After you retired?

6 **A.** Oh, after I retired, I beg your pardon.

7 **SIR BRIAN LANGSTAFF:** But to think back to a career which

8 ended so long ago is no mean feat and to be pressed on

9 matters which weren't so much directed towards your

10 teaching and management of the school in itself, but

11 the interactions between the school and the rather

12 unusual arrangement with the medical centre on site.

13 So can I thank you for that, and for the precision

14 that you've taken with identifying what the question

15 might be, and even for the worry about where it might

16 be leading. It is the answers that we want. You'll

17 have to leave the working out what it all means

18 ultimately to me. But thank you.

19 **A.** You're welcome.

20 **MS RICHARDS:** Sir, that concludes the oral evidence for

21 this week, but I will be resuming this afternoon the

22 examination of the documents, and also in the course

23 of the afternoon I suspect we will be playing

24 a documentary, Blood Brothers, which again was

25 addressing issues relating to Treloar's.

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1 knew about this infected blood. I find that doesn't

2 seem to go with what knew of him. And I'm very

3 surprised if that's true. And I'm pretty horrified

4 and disgusted as well. Because that's not -- that's

5 certainly not how I would have wanted to -- it dealt

6 with.

7 But the medical side was really completely

8 separate and I knew nothing about it. But that does

9 horrify me a bit. Yeah.

10 **MS RICHARDS:** Thank you.

11 **A.** I think -- I've really got -- I think you've pretty

12 well covered the whole thing. Just one comment, if

13 I may, sir?

14 **SIR BRIAN LANGSTAFF:** Certainly.

15 **A.** Phil Judge, where on earth do you find such an

16 efficient, brilliant, detailed, courteous man? He --

17 I've never -- I've never come across anyone as

18 efficient and as well organised as he is. He's --

19 I haven't met him today, I don't know if he's here,

20 but I just compliment you on your staff.

21 **SIR BRIAN LANGSTAFF:** I'm delighted to accept any

22 compliment for my staff. I am very pleased that

23 that's how you responded to him. I'd like to thank

24 you for more than passing my staff a compliment

25 though, I'd like to thank you for coming, coming into

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1 **SIR BRIAN LANGSTAFF:** Yes, we'll do that, shall we, at

2 2.15.

3 **MS RICHARDS:** Thank you, sir.

4 **SIR BRIAN LANGSTAFF:** So 2.15.

5 (1.20 pm)

6 (Luncheon Adjournment)

7 (2.15 pm)

8 **Presentation by MS RICHARDS (continued)**

9 **MS RICHARDS:** So, sir, I'm going to pick up the

10 presentation this afternoon by looking at some

11 evidence as to what was known about hepatitis in its

12 various forms, and HIV/HTLV-III. There are numerous

13 references in the materials and medical records and

14 the like in particular to hepatitis through the

15 seventies, so I'm just going to try to pick

16 a selection of documents to try to give a flavour of

17 what we understand.

18 It's clear that there were risks of hepatitis

19 was well known to the clinicians at Lord Mayor Treloar

20 College.

21 If we start by looking at TREL0000382.

22 This is a letter from 1969, 5 May 1969. It's

23 from Dr Rainsford, described at the bottom as

24 a research fellow in haemophilia, to a Dr Kelley. It

25 looks like it's to a GP and it refers in the first

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paragraph to a boy with severe haemophilia who had been transfused on numerous occasions.

Then says this:

"You will realise, therefore, that his present condition is almost certainly due to his transfusion with plasma and that he is suffering from Homologous Serum Jaundice and not Infective Epidemic Hepatitis. The reason I am writing to you about the diagnosis is that the Public Health Authorities are under the impression that he [might be] suffering from Infective Hepatitis. I thought this information might be of some value to you."

Then in the second paragraph this:

"Furthermore this Haemophilia Research Centre is a branch of the Medical Research Haemophilia Centre at Oxford which, in agreement with other Haemophilia Centres, is now conducting a nation wide survey into the incidence and cause of Homologous Serum Jaundice."

Then you'll see the GP is asked to complete an enclosed form and answer various questions.

So reference there to essentially a distinction between what we would call hepatitis B and hepatitis A, but as a result of transfusion with plasma, a boy identified as suffering from homologous serum jaundice, and then we can see the participation

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We looked at bits of the document for different purposes on Monday. If we go to the bottom of page 2, we can pick this up with the heading "Hepatitis" at the bottom of the page:

"Two boys with inhibitors [then they're given case numbers] and eight of the haemophiliacs [again given case numbers] developed hepatitis during the Autumn Term."

So that would make it autumn term '74.

"With the exception of 69, 97 and 45, all cases were extremely mild, icterus being absent and bilirubin levels were only very slightly raised above 1mg. All, however, had some symptoms. The remaining three cases, 69, 97 and 45, were more severely affected: all there is boys were jaundiced with significantly raised bilirubin levels. All ten boys had markedly raised SGPT and SGOT levels. One thing common to all cases was a batch of Hemofil with which they were all treated. Furthermore, Case 69 had received no other replacement therapy with the exception of hits batch of Hemofil.

"This outbreak is being further investigated by the Public Health Laboratory Service in conjunction with Dr Peter Kirk who has spent a great deal of time and trouble with these investigations. It is hoped

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of the then research centre at Lord Mayor Treloar Hospital in this nationwide survey into homologous serum jaundice.

SIR BRIAN LANGSTAFF: We wouldn't necessarily call homologous serum jaundice B, would we?

MS RICHARDS: Not necessarily.

SIR BRIAN LANGSTAFF: It's a mixture of whatever is causing jaundice, which may be not A nor B.

MS RICHARDS: Yes, so it could be non-A, non-B. It's a distinction, as it were, on the one hand, between something caused through blood transfusion --

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: -- and hepatitis A.

SIR BRIAN LANGSTAFF: Absolutely. So it's either in the serum or it's elsewhere.

MS RICHARDS: Yes.

Then we've obviously heard evidence about the outbreak of hepatitis in what seems to have been probably 1974, it may have been that there was a subsequent outbreak again in 1975.

If we look at NHBT0107241.

This is a report from Dr Rainsford, again self-described as a research fellow in haemophilia, dated January 1975. And it's a report into the summer term of '74 and the autumn term of '74.

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that a full report concerning this outbreak will eventually be published. No boy at the school, other than those suffering from coagulation disorders, has suffered from jaundice."

So that's one account of what may well have been the same outbreak that Nick Sainsbury told us about on Tuesday.

SIR BRIAN LANGSTAFF: Well, it may be the outbreak, might it, that Dr Craske reported on?

MS RICHARDS: I'm sorry?

SIR BRIAN LANGSTAFF: Might it be the same outbreak that Dr Craske in due course reported upon?

MS RICHARDS: That's a separate one, I think.

So Dr Craske reported upon an outbreak in Bournemouth but he also -- so Dr Kirk and Dr Craske together certainly, I think, investigated this and there are references to it in various UKHCDO minutes.

SIR BRIAN LANGSTAFF: Yes.

MS RICHARDS: Yes, it's part of what was reported on. Dr Craske also reported on, I think, some other instances.

Then we can pick up some other references to hepatitis in 1974. Probably to the same outbreak.

TREL0000027_35.

Sir, this is December '75. It's Dr McHardy,

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described there by reference to the Haemophilia Centre at the bottom of the page, writing to a consultant haematologist at the Princess Alexandra Hospital in Harlow, Essex, and referring to a boy:

"... transfused with a batch of Hemofil ..."

And the batch number is there given:

"... while at School at Lord Mayor Treloar College.

"It has been found that this batch was infected with, what was almost certainly, 'B' hepatitis virus and several of the other boys who received the same batch have become jaundiced, though none of them severely."

We can see, if we go to TREL0000142_049, an almost identical letter being sent to Dr Rizza at Oxford in relation to two boys, presumably under the care of the Oxford Haemophilia Centre, as a home Haemophilia Centre, infected with the same batch.

There is then some further correspondence about it, and there appears at some stage to have been a lack of clarity as to whether it was hepatitis A or some form of serum hepatitis.

If we look at HHFT0000931_001, we can see here that Dr Holgate, a principal medical officer within the Department of Health and Social Security wrote on

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There's a further letter which talks about whether it could be hepatitis A or B from Dr Maycock.

So if we go to DHSC0100018_107.

This is 5 March 1975, it's addressed to Dr Smith of the Wessex Regional Transfusion Centre. And the signature has been redacted but it's from Dr Maycock. It says:

"Thank you for a clutch of reports" -- sorry, it's headed "Post-transfusion Hepatitis". The title is obviously of some significance.

"Thank you for a clutch of reports of cases of hepatitis at Lord Mayor Treloar's School.

"It is extremely difficult to decide what forms of hepatitis these children had. I suppose that one can conclude that those with antibody [then a list of names that obviously we've redacted] may have had clinical or sub-clinical hepatitis B on an earlier occasion, as it seems unlikely that the event reported was hepatitis B. But this may be a wrong conclusion.

"The three cases [then three identified] negative for antigen and antibody may, I suppose, be either hepatitis A or hepatitis B.

"Of the two cases with short incubation periods ... [one] has obviously been exposed to hepatitis B antigen at some time ..."

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23 December 1974 to Dr Rainsford at Treloar's:

"Thank you for the detailed information regarding what appears to be hepatitis A developing after Hemofil ..."

Then the same batch number: 591V081A1.

"Some of these were, I believe, notified earlier and, according to Dr Craske there has been a single case to batch 13A1. It is of great relief that no cases are really severe but I do hope now that the virus of Hepatitis A has been claimed isolated we might get a test for it in blood products so as to hope to avoid such situations."

There's -- so whether that's just misunderstanding, and he's meant to say hepatitis B is unclear, because there doesn't appear to be any doubt about the nature of the hepatitis, that it was not hepatitis A. But in any event ...

SIR BRIAN LANGSTAFF: In due course you might be able to tell me when it was that there was any form of test for hepatitis A, which -- I think A itself had been identified or isolated in 1973.

MS RICHARDS: Yes.

SIR BRIAN LANGSTAFF: I had assumed that a test was then available but it might not have been.

MS RICHARDS: I don't know, I'm afraid, without checking.

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And then it's suggested that the other "may be hepatitis A".

Then there's a follow-up the following month, April '75, from Dr Maycock.

DHSC0100018_174.

It's addressed to Dr Vaughan:

"Post-transfusion Hepatitis

"I attach copies of reports of icteric and anicteric hepatitis following the use of blood or blood products. I have divided these reports into the following categories."

The first is "Probable". We don't need to look at that for present purposes. The second category is "Possible or doubtful". And then the third category relates specifically to "Lord Mayor Treloar School":

"There are 17 patients in this group. Almost all were mild cases and transfused on many occasions over long periods. Some were diagnosed on transaminase levels alone. In some instances, the incubation periods are not in the usually accepted range for hepatitis B. Hepatitis A may, therefore, have occurred. I have divided them into two groups on the basis of [antigen] and [antibody] tests on the patients."

Then we can see there's then a list of names

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1 we've redacted and reference to one being given only
 2 Hemofil.
 3 Then over the page, those who were -- well,
 4 a further list in his second category.
 5 And then the rest of the letter is concerned not
 6 with Treloar's. We can see the author is Dr Maycock
 7 and it's dated 7 April 1975.
 8 Sir, we can see the outbreak, whatever its
 9 precise clarification, has been reported to and is
 10 being discussed within the Department of Health in
 11 spring 1975.
 12 There's then I think one further letter.
 13 DHSC0100018_182.
 14 Again, from Dr Maycock to Dr Smith at the Wessex
 15 Regional Transfusion Centre. So the Centre local to
 16 Treloar's, 16 May 1975:
 17 "Post-transfusion Hepatitis
 18 "Thank you for the following reports ..."
 19 Then obviously the names are redacted but:
 20 "[The first] which I agree is probably a case of
 21 post-transfusion hepatitis.
 22 "[The second name]. This is probably also
 23 a case of hepatitis B."
 24 Then the third name, it says:
 25 "... this seems to be a case of hepatitis,

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1 Again, throughout the second half of the 1970s
 2 into the early 1980s, there is almost always
 3 a Treloar's clinician present at the Haemophilia
 4 Centre Directors meetings when issues relating to
 5 hepatitis are being discussed.
 6 As we've also seen from some of the records that
 7 we've looked at during the course of oral evidence
 8 this week, pupils were being assessed and tested for
 9 serum hepatitis in the course of the 1970s and early
 10 eighties, and we've seen also examples of the stamp
 11 "Hepatitis Risk" on medical records.
 12 Then if we look, please, at TREL0000070_056.
 13 This is a letter, 20 January 1976. In form,
 14 it's a questionnaire sent to Dr Kirk, so
 15 Dr Peter Kirk, from a Dr Hamblin, a consultant
 16 pathologist in the department of pathology in
 17 Bournemouth, at the Royal Victoria Hospital, but it's
 18 the answers that are of interest, so the answers
 19 presumably completed by or on behalf of Dr Kirk.
 20 Sir, there's a question about cirrhosis in
 21 questions 1 and 2. 2 says:
 22 "Are there any features suggesting primarily
 23 biliary cirrhosis?
 24 "No - except raised alkaline phosphatase.
 25 "3) Does your patient have any other liver

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1 probably attributable to Factor IX concentrate."
 2 So it's clear that both at Treloar's
 3 specifically and within the Wessex -- or the area, the
 4 catchment area of the Wessex Blood Transfusion Centre,
 5 in the autumn of 1974 through into the spring of 1975,
 6 there was particular concern about this outbreak of
 7 hepatitis and these cases of hepatitis.
 8 What doesn't appear in these exchanges is any
 9 consideration of what the medical literature by this
 10 time, as we've seen previously, was identifying as
 11 neither A nor B, but some other form of hepatitis.
 12 I referred yesterday to the multiple UKHCDO
 13 meetings that were attended by clinicians from Lord
 14 Mayor Treloar College or the Haemophilia Centre there,
 15 and I wouldn't go back over those, but risks of
 16 hepatitis from blood products were the subject of
 17 discussion at number of the Haemophilia Centre
 18 Directors meetings in the first half of the 1970s.
 19 And in particular, Dr Kirk and, on occasions also,
 20 Dr Rainsford are recorded in the minutes as discussing
 21 aspects of their research, and Dr Kirk had
 22 a particular involvement in hepatitis research and the
 23 work of the Hepatitis Working Party, which we will
 24 look at when we look at the issue of research
 25 tomorrow.

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1 disease?
 2 "Possibly - please see below."
 3 Then if we go further down the page:
 4 "What other diagnosis has been established in
 5 your patient?
 6 "Severe haemophilia ..."
 7 Then "Comments". So it refers to:
 8 "He had an icteric illness in [January] 1976",
 9 and then it gives details of liver function test
 10 results. It goes on to say:
 11 "He is negative for [hepatitis B] ... His blood
 12 picture suggested glandular fever, but EB-virus
 13 studies were negative as was examination of his" --
 14 I think that might be urine, it looks like, I'm not
 15 quite sure -- "for CMV and EM of faeces for virus
 16 particles."
 17 Then this:
 18 "Presumptive diagnosis therefore: non-B
 19 hepatitis, probably associated with the transfusion of
 20 Kryobulin."
 21 Then in brackets:
 22 "He is not our only case of non-B hepatitis of
 23 short incubation after receiving concentrates."
 24 **SIR BRIAN LANGSTAFF:** I think it must be right that it's
 25 urine because it talks about examination of faeces at

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1 the end of the line.
 2 **MS RICHARDS:** Yes, it does. Yes, it probably is.
 3 The signature overwrites it, which is why it is
 4 slightly difficult to read. But in any event the key
 5 is really those last two lines: a presumptive
 6 diagnosis of non-B hepatitis and the associations with
 7 the transfusion of Kryobulin, and we learn that this
 8 isn't the only case of non-B hepatitis following
 9 transfusion with concentrates.
 10 So that's 1976.
 11 We looked earlier in the week, I won't go back
 12 to it, but in 1978 at a report from a Speywood
 13 representative of a meeting with Dr Aronstam, in which
 14 Dr Aronstam talked about hepatitis as strictly
 15 a function of the number of doses given, but also
 16 referred, as you'll recall, to 48 of his present
 17 patients at Lord Mayor Treloar's having hepatitis and
 18 referring to it frequently occurring.
 19 Then we can see two letters from Dr Painter who,
 20 as we heard, was based at Lord Mayor Treloar College
 21 or at the centre for a year or so. So two letters
 22 from 1978.
 23 Soumik, the first is TREL000100_096 -- or I may
 24 have written that down wrongly. Is that not coming
 25 up? I might have put an extra zero in. TREL0000?

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1 "termly full blood counts".
 2 Then he encloses a detailed list of the
 3 particular patient's liver function tests over the
 4 previous year.
 5 So that's Dr Painter's description of the
 6 situation in January 1978, with a significant number
 7 of haemophiliacs at the college having abnormal liver
 8 function tests, which certainly appear to be of some
 9 concern to Dr Painter.
 10 Then if we can go to TREL0000257_044.
 11 This is another letter from Dr Painter. This is
 12 to a Dr Winfield, a consultant haematologist in Derby,
 13 7 March 1978. Again, it's referring to a particular
 14 individual. We can see from the year of birth it's
 15 a child, and it says:
 16 "I saw [and that's probably a reference to the
 17 parents] as they were concerned about [his] condition.
 18 Talking to them it seems that they have not been put
 19 in the picture concerning the state of his liver, and
 20 this is an oversight for which I offer my most
 21 profound apologies.
 22 "As you know, [he] is HBs [antigen positive] and
 23 has been so for the last four years. Since joining
 24 the College his liver function tests have shown
 25 persistent abnormalities, particularly the SGOT, which

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1 That's the problem with handwriting things and not
 2 being able to read my own handwriting. I don't have
 3 a hard copy to check either.
 4 **SIR BRIAN LANGSTAFF:** So the first set of figures is
 5 always seven digits, so it'll have to be four 0s.
 6 **MS RICHARDS:** That's it. Thank you.
 7 So a letter of 30 January 1978 from Dr Painter
 8 to Dr Goldman at the Royal Free Hospital. Again, it's
 9 about an individual but it provides a snapshot of what
 10 was known at the time.
 11 Second paragraph:
 12 "As regards his abnormal liver function tests,
 13 we are finding that this is a very common problem with
 14 our 55 haemophiliacs at the College inasmuch as
 15 probably half of them have SGOTs (AST) of two to even
 16 three times the normal limit. The significance of
 17 this is not readily apparent, and we are currently
 18 looking into this matter with some urgency.
 19 "We have some boys who have become jaundiced,
 20 and in these cases their enzymes increase
 21 dramatically, usually to at least ten times the normal
 22 limit."
 23 Then there's a reference in the last paragraph:
 24 "In addition to LFT's we also ..."
 25 Doing a wide range of other tests, including

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1 has remained usually above 150 units. It is pretty
 2 certain that he does have chronic hepatitis, but it is
 3 difficult to decide without any liver biopsy if this
 4 is chronic progressive or chronic persistent."
 5 Then there is a reference in the next paragraph
 6 to liver biopsies:
 7 "The general thinking is against doing liver
 8 biopsies on haemophiliacs, and at the moment we tend
 9 to observe them. If they are liable to repeated bouts
 10 of jaundice or if their general condition
 11 deteriorates, then we consider a trial of steroids.
 12 "At the moment [his] clinical condition is very
 13 good, and I would not have thought that we need to
 14 consider steroids at least in the foreseeable future.
 15 I did explain this, at best I could, to his parents,
 16 but I told them that one could not predict the feud in
 17 these cases, particularly as it seems that
 18 haemophiliacs do not follow the usual pattern of
 19 events when it comes to chronic hepatitis. I did warn
 20 them, however, that the future might be rather grim,
 21 but that this was something that we would discuss with
 22 them more fully should circumstances change."
 23 So three things to draw attention to in this
 24 letter. Firstly, it is an example of Dr Painter
 25 communicating directly with the parents of a patient.

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1 It's a third-party account of it. He's giving his
2 account of his discussion with them to the consultant
3 haematologist, presumably at the home Haemophilia
4 Centre, but nonetheless it does appear to record
5 a detailed conversation with a parent, and it's one of
6 very few examples along those lines.

7 Secondly, we can see there the particular
8 concern about abnormal liver function tests being
9 expressed by Dr Painter.

10 But thirdly, and, again, relatively unusually in
11 terms of the written material, instead of seeing
12 hepatitis dismissed or characterised as something mild
13 or benign or not to be concerned about, here
14 Dr Painter is apparently warning the patient's parents
15 that the future might be rather grim, which would tend
16 to suggest that he regarded hepatitis as something of
17 significant concern.

18 There's some information in relation to
19 hepatitis B about numbers of patients infected.
20 Again, it's something of a snapshot but it's at
21 HHFT0000054.

22 If we look at the very top of the page, it says:

23 "Summary diagram of Australia antigen/antibody
24 studies, Lord Mayor Treloar College", and we can see
25 the dates given, 1971, '72, '73, and then there's

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1 specimens you sent to us ... was negative ... it seems
2 therefore that [he] has contracted another attack of
3 Non-A, Non-B hepatitis as he is already known to be
4 positive for hepatitis A antibody. He had the first
5 attack of [non-A, non-B] hepatitis in 1977, following
6 transfusion with Oxford factor VIII. This is another
7 example of a phenomenon we have observed for the past
8 two years. It appears that one type of [non-A, non-B]
9 hepatitis is associated with Hemofil and possibly
10 other American concentrates. The second type of short
11 incubation of [non-A, non-B] hepatitis appears to be
12 associated with transfusions of NHS concentrate or
13 Kryobulin, manufactured by Immuno Limited. Since we
14 know that Immuno acquires much of this plasma from one
15 of the American drug companies, it appears unlikely
16 that the association of the two types of [non-A,
17 non-B] hepatitis with different products can be
18 related to different sources of donor plasma. It
19 appears much more likely that it is due to different
20 methods used in the preparation of American and
21 European concentrate."

22 So we know that this was one of Dr Craske's
23 hypotheses or theories at the time. He discussed it
24 in meetings of the Haemophilia Centre Directors. But
25 the key here really is, as well as knowing that

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1 a box for hepatitis history.

2 It's not very easy to show and analyse on the
3 screen, but if we just go to the bottom left-hand
4 corner we can see the key to the table, which tells us
5 that the black box is antigen detected, the diagonal
6 lines are antibody detected, blank is negative and
7 then "NT", not tested.

8 Then if we just go back and look at the overall
9 picture, I think we can see, amongst other things,
10 clearly hepatitis B at this point in time is regarded
11 as something significant -- sufficiently significant
12 to warrant this kind of study and analysis and record
13 being undertaken.

14 And you can see a fair number of those in whom
15 antibody had been detected just by looking at the
16 pattern of results on the page, and then some in
17 respect of whom the antigen has been detected.

18 Then if we go to HHFT0000909.

19 This is a communication in October of 1979
20 between Dr Craske at the Public Health Laboratory
21 Service in Colindale, and Dr Aronstam, and it talks
22 about, in part about non-A, non-B hepatitis.

23 Sir, below the list of headings 1 to 5, it says:

24 "This is also confirmed that our screening tests
25 for [hepatitis B antigen] on [patient] on the

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1 Dr Aronstam and others would have been absorbing this
2 information from Dr Craske through the regular
3 meetings, we can see here Dr Craske specifically
4 writing to Dr Aronstam presumably about a patient
5 under Dr Aronstam's care -- although that's
6 a hypothesis, I think, rather than being clear, but
7 talking about non-A, non-B hepatitis as a phenomenon
8 observed for the preceding two years.

9 **SIR BRIAN LANGSTAFF:** A little while back in the Inquiry
10 proceedings I remember asking about whether anything
11 was known of the source of the Immuno Kryobulin
12 product. Here, it appears that Dr Craske thinks that
13 quite a lot of the pool from which it was manufactured
14 was from the United States paid donors.

15 **MS RICHARDS:** That seems to be his understanding.

16 It is a matter that we'll hopefully be reporting
17 at the Inquiry hearings in September,
18 September/October, when we look at the pharmaceutical
19 companies in more detail.

20 **SIR BRIAN LANGSTAFF:** But he's got that understanding from
21 somewhere?

22 **MS RICHARDS:** Yes, I would have thought so.

23 Then interestingly, in terms of what we know
24 about the approach to treatment at Treloar's,
25 Dr Craske says this:

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1 "It follows from this that it might be wise to
2 try to maintain patients who have received only
3 Kryobulin and, or, NHS material in the past on one or
4 other of these products during their stay at the Lord
5 Mayor Treloar School. Similarly patients who have had
6 mainly American concentrate should be kept on these
7 products. A high proportion of the haemophiliacs have
8 now received all the products at present on the market
9 and therefore this will obviously only apply to
10 a minority of the boys attending the school. I hope
11 these comments will be of some help in deciding what
12 proportions to use in the treatment of the boys."

13 Then if we go over the page there's reference
14 then to being interested in receiving specimens of
15 a particular patient's serum taken over the period of
16 his illness.

17 But if we go back to the bottom of the previous
18 page, there is apparently Dr Craske advocating
19 a policy of keeping patients on one type of
20 concentrate only, although he appears to think it's
21 a policy only worth pursuing for patients who haven't
22 already been exposed to multiple types of concentrate.

23 Then to complete the picture in relation to
24 Dr Aronstam and hepatitis, by the early eighties.

25 If we go to Dr Aronstam's thesis, at

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1 pools."

2 Then again we can see multiple references there,
3 many of them older in origin.

4 He then in the next paragraph talks about the
5 introduction of cryoprecipitate, and if we pick it up
6 four lines down, it says:

7 "Davis, Grizzle and Bryan ... applying maximum
8 likelihood methods of statistical analysis shows that
9 glycine precipitated AHF and fibrinogen fraction AHF
10 prepared from large donor pools carried a higher risk
11 than cryoprecipitate which in turn carried a higher
12 risk than whole plasma."

13 Then there's a discussion about the incidence of
14 hepatitis in patients using Swedish Factor VIII.

15 Then if we go to the next page, there's
16 a discussion of hepatitis B. I'm not going to go
17 through the detail of that but it records various of
18 the discoveries of -- in relation to hepatitis B.

19 Then if we go further down the page, just
20 picking it up before the second paragraph, we can see
21 he says -- he refers to:

22 "... outbreaks of [hepatitis B] positive
23 hepatitis, following the use of lyophilised
24 concentrates ... emphasise this continuing problem."

25 And there's a reference there to Dr Craske's

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1 TREL0000517, and if we can turn to page 72.

2 There are several pages here about both acute
3 and chronic hepatitis and I think it probably is worth
4 reading quite a lot of this so we can see what
5 Dr Aronstam was writing on this topic in 1981. So
6 under the heading "Acute Hepatitis" he says:

7 "In this section acute hepatitis is taken to
8 mean a clinical syndrome characterised by jaundice,
9 gastrointestinal symptoms and pyrexia, associated with
10 transfusions and of presumed viral etiology. It may
11 rarely be due to type A or short incubation hepatitis.
12 It is often due to type B hepatitis and is recognised
13 increasingly frequently as being due to a type or
14 types of hepatitis which are neither A nor B."

15 So non-A, non-B hepatitis.

16 "Hepatitis [Dr Aronstam says] has always been
17 a risk for the patient with haemophilia who required
18 therapy with plasma or plasma products ..."

19 We can see there he refers to publications in
20 1974, '5 and '7.

21 "... but the risk increased markedly with the
22 introduction of pooled concentrated preparations of
23 Factor VIII. Many of the earlier reports of
24 transfusion-related hepatitis concerned patients who
25 had received concentrates derived from large plasma

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1 publication in 1975.

2 Then he says:

3 "The exposure of multi-transfused patients to HB
4 [antigen] is far more widespread than the incidence of
5 acute hepatitis would lead us to suspect."

6 Reference there to publication by Seeff and
7 Hoofnagle in 1977, and to Breckenridge in 1975,
8 stating that "100% of his patients were positive for
9 hepatitis B [antibody] or [antigen]".

10 "This high degree exposure in the presence of
11 routine screening is likely to be due to the use of
12 very large pools for production of starting plasmas
13 for concentrated preparations of factor VIII ... and
14 to the concentration of the antigen in
15 cryoprecipitates of plasma ... which apart from their
16 use as single units for treatment, are often the
17 starting points for the preparation of concentrates."

18 Then we go to the next page -- sorry, there's
19 a blank page. Then if we pick it up in the second
20 paragraph:

21 "Because exposure to [hepatitis B antigen] is so
22 widespread in multi-transfused patients, the
23 implications need to be considered in a much broader
24 concept ..."

25 Then he goes on to articulate the consequences

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1 of exposure to hepatitis B.
 2 "There are variety of responses to exposure to
 3 hepatitis B virus in human beings.
 4 "(a) Acute hepatitis which may resolve
 5 completely or progress to chronic hepatitis.
 6 "(b) Asymptomatic infection with little or no
 7 liver damage, transient production of [antigen] and
 8 the development of protective titres of anti HBs.
 9 This result is obviously the ideal.
 10 "(c) Asymptomatic infection with little or no
 11 liver damage", et cetera.
 12 Then he refers to these patients becoming
 13 chronic carriers, so that's his third category. Then
 14 (d), his fourth category:
 15 "Chronic hepatitis including chronic persistent
 16 hepatitis ... and chronic aggressive hepatitis ...
 17 Post-necrotic cirrhosis and probably primary
 18 hepatocellular carcinoma may occur as sequelae."
 19 So a clear recognition there of both the
 20 prospect of developing chronic hepatitis, including
 21 chronic aggressive hepatitis, regarded as the more
 22 serious of the two types so described, but then
 23 a clear recognition of the very serious consequences
 24 in terms of cirrhosis and cancer that might ensue.
 25 Then the fifth example -- sorry, the fifth

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1 were observed during five years in six haemophilic
 2 children after infusion of commercial factor VIII
 3 concentrates prepared by two different manufacturers
 4 ... Cytomegalovirus, Epstein-Barr virus and Toxoplasma
 5 virus were excluded as were hepatitis A and B. They
 6 suggested infection with one or more non-A, non-B
 7 hepatitis agents associated with factor VIII
 8 concentrates. One form has been called hepatitis E
 9 ... Whatever the nomenclature, this form of hepatitis
 10 is as likely to progress to chronic hepatitis as the
 11 hepatitis B variety ..."
 12 Reference there then to Spero, 1978, Seeff,
 13 1975.
 14 "... and is therefore at least as important."
 15 Then if we go over the page there's a heading
 16 "Chronic Hepatitis", and Dr Aronstam then has
 17 a discussion about disordered liver function tests.
 18 I'm not going to read that out but he refers to
 19 various publications or studies in which disordered
 20 liver function tests have been reported.
 21 There is then a heading:
 22 "Relationship to frequency and volume of
 23 transfusions", and again the association is there
 24 described by reference to a number of reported papers.
 25 If we go to the next page, perhaps I can just

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1 category is:
 2 "Persistent production of hepatitis B viral
 3 antigen and antibody to surface (and probably core)
 4 antigens."
 5 And reference there to a number of disease
 6 syndromes that may result.
 7 We can see over the page, I'm not going to go
 8 through these, but he describes on the next page
 9 a number of immune complex diseases associated with
 10 hepatitis B.
 11 Then if we go to the next page, we'll see he
 12 turns his attention to "Non-A, Non-B hepatitis", and
 13 he refers here to a number of papers, some of which
 14 we've looked at in earlier hearings.
 15 "Alter et al (1972)", he there refers to. If we
 16 pick it up four lines down:
 17 "The introduction of commercial factor VIII
 18 lyophilised concentrates was followed by at least
 19 three separate outbreaks of hepatitis among
 20 haemophilic recipients and both hepatitis B and
 21 non-hepatitis B varieties were implicated and two
 22 patients contracted both types."
 23 Reference there again to Craske, Dilling and
 24 Stern 1975.
 25 "Nine episodes of short incubation hepatitis

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1 pick up the top four lines, he refers to:
 2 "Mannucci ... [in 1975] found that the incidence
 3 of liver function abnormalities increased with age and
 4 presumably, therefore, with increasing exposure to
 5 factor VIII-containing preparations."
 6 There's then a heading "Histological
 7 abnormalities" and he says this:
 8 "With the proliferation of reports detailing
 9 abnormal liver function tests it has become
 10 increasingly important to study the relationship of
 11 the histological appearance of the liver to the
 12 chemical abnormalities in the blood."
 13 Then he refers to an understandable reluctance
 14 to undertake liver biopsy in severe haemophilia but
 15 refers to a number of reports including of course the
 16 1978 Preston publication from Sheffield.
 17 "A total of 38 biopsies were studied in these
 18 four series, all done on severe haemophiliacs who had
 19 persistently abnormal LFTs for at least the previous
 20 six months. One hundred per cent showed histological
 21 as abnormality of which 47% showed the appearance of
 22 CPH [chronic persistent hepatitis], 34% showed CHA
 23 [chronic active or aggressive hepatitis] and 18%
 24 showed at least some progression to cirrhosis."
 25 This is then Dr Aronstam's own analysis of the

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1 picture:

2 "It appears therefore that at present about half
3 of all severely affected haemophiliacs have
4 persistently abnormal liver function tests and more
5 than half of these will have histological evidence of
6 serious chronic liver disease. This bleak picture has
7 developed in spite of the use of increasingly
8 sophisticated screening tests for [hepatitis B] and
9 donor blood."

10 Then if we pick it up a few lines from the
11 bottom of that paragraph he says:

12 "We also know that even if [hepatitis B] could
13 be eliminated non-A, non-B hepatitis would still be
14 capable of inducing chronic liver damage ... The
15 addition of a further chronic disabling disease to the
16 lot of patients already suffering from severe
17 haemophilia is a therapeutic catastrophe and will be
18 a major concern to those concerned with the
19 transfusion therapy of haemophiliacs for some time to
20 come."

21 It might be thought to be somewhat prophetic in
22 the way in which he describes matters in those last
23 few lines.

24 So that's Dr Aronstam in his thesis in, as
25 I say, I think 1981.

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1 with. We see in the bottom half of the page the list
2 of attendees, and we can see there, approximately
3 halfway down the list, that Dr Aronstam was indeed
4 present at that meeting on 24 January.

5 Then if we go back to page 3, we have the
6 heading almost halfway down the page "Acquired
7 Immunodeficiency Syndrome (AIDS)". Then we have the
8 update that was provided by Dr Craske in relation to
9 the AIDS syndrome, what was known. He reported the
10 cases from the US. He was effectively updating people
11 on the position as published in the MMWRs and
12 elsewhere in late 1982.

13 And then if we pick it up towards the last
14 two paragraphs on the page. We can see there the
15 update:

16 "Up to 10 December 1982, some 800 people had
17 been reported as suffering from AIDS, and there was
18 a 45% mortality.

19 "Ten haemophiliacs in the US have been affected
20 and five have died. The youngest was aged 7. All
21 cases have had prolonged treatment with factor VIII,
22 but there is no specific implication of one particular
23 product or batch. Other cases involving blood and
24 blood product transmission have included platelets
25 transfused in three cases. In one of these cases, one

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1 That, as I say, is an overview, as it were, of
2 some of the material relevant to knowledge of risk of
3 hepatitis at Lord Mayor Treloar College.

4 I'm going to turn next to the question of HIV
5 and AIDS. I won't go to the minutes of the first
6 Haemophilia Centre Directors meeting where the issue
7 was discussed. It was the 13 September 1982 meeting
8 when Dr Craske provided some (inaudible) information
9 about AIDS. The relevant point to note is that
10 Dr Aronstam was in attendance at that meeting in
11 September 1982.

12 He was then in attendance at the meeting in
13 January 1983 at the London Airport hotel and, although
14 we have looked at it on a number of occasions, we
15 won't necessarily have looked at it in the context of
16 Treloar's.

17 So if we could go to PRSE0002647.

18 This is one of the two records of the meeting
19 that we've got, notes of the meeting with Immuno at
20 London Airport, 24 January, and we know that's the
21 24 January 1983.

22 There is, as we've seen before, a discussion
23 about what was regarded as potential hepatitis reduced
24 concentrates. Then the discussion moved on to AIDS.

25 If we can just go to the fourth page to start

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1 of the donors was a young New York man in his
2 twenties. A second case was a 20-month old child with
3 Rhesus HDN who had received several units, including
4 platelets known to have come from a homosexual donor
5 who was asymptomatic at the time, but who later died."

6 Then we see reference to the child having
7 developed a possible AIDS state. That's the
8 San Francisco baby case.

9 And I've read that out again because, although
10 we've looked at it on multiple occasions, it's
11 important to understand that Dr Aronstam was present
12 and hearing this update.

13 If we go over the page, there's reference to the
14 incubation period for the syndrome appearing to be
15 6 months to 2 years. Reference to so far only one or
16 two cases having been reported in the UK. Then the
17 next paragraph talks about precautions possibly being
18 taken.

19 "Protocols from the United States are being
20 considered by the Hepatitis Working Party in the UK.
21 Apparently the American fractionation companies are
22 very aware of the problem and are taking some
23 unspecified measures to screen out such donors."

24 Then we can see the attention of the meeting
25 being specifically drawn to those articles in the New

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1 England Journal of Medicine in January of 1983.
 2 Again, we've looked at those. The purpose here
 3 is to make clear that, whether or not Dr Aronstam had
 4 read those articles prior to this meeting, through his
 5 attendance at this meeting, he would have become aware
 6 of the position.
 7 So that's 24 January 1983.
 8 Then if we go to HCDO0000411.
 9 And we go to the second page, we can see these
 10 are the draft minutes of the Reference Centre
 11 Directors meeting 14 February 1983 and we saw
 12 yesterday that, although Dr Aronstam was not
 13 a Reference Centre Director, he was invited to
 14 participate in Reference Centre Director meetings
 15 because of the significance of the cohort of pupils at
 16 Lord Mayor Treloar College, and we can see there
 17 Dr Aronstam's attendance.
 18 If we go, first of all, to page 4, halfway down
 19 the page we can see there's:
 20 "Reports from Working Party Chairmen ..."
 21 And the first report is the Hepatitis Working
 22 Party and Dr Craske. It looks, to start with, at the
 23 protocol for a prospective study of the use of
 24 hepatitis-reduced Factor VIII concentrate.
 25 And then if we go to the next page, picking it

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1 it contained Dr Craske's most recent version of his
 2 paper about the AIDS syndrome.
 3 Again, we've looked at it on multiple occasions
 4 but you'll recall it describes the plausible
 5 connection between blood products and the development
 6 of AIDS.
 7 So that's the position as at March 1983 and, of
 8 course, we know from individual medical records that
 9 it's around this time, possibly earlier, we haven't
 10 yet examined every single set of records, that the
 11 clinicians in the Haemophilia Centre at Treloar's
 12 start looking for what they describe as "stigmata" of
 13 AIDS or signs of AIDS in Treloar's patients, and I'll
 14 come back to that in a few minutes.
 15 **SIR BRIAN LANGSTAFF:** I was just -- as you said that,
 16 I was just looking back to see if there'd been any
 17 reference by you to such a report in January.
 18 Certainly there had been in March.
 19 **MS RICHARDS:** Yes. We are undertaking an analysis of the
 20 Treloar's medical records to try to work out what the
 21 time frame was in terms of those -- the looking out
 22 for stigmata or signs of AIDS, and to see what the
 23 first was that we can find.
 24 **SIR BRIAN LANGSTAFF:** Certainly if it was earlier than
 25 this meeting it's highly indicative of the state of

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1 up six lines down, we can see there "The AIDS
 2 Syndrome".
 3 Again, we've looked at this on a number of
 4 occasions previously, but we can see Professor Bloom
 5 referring to AIDS being discussed at the Stockholm
 6 meeting of the World Federation of Haemophilia.
 7 "Reports from the [US] indicated that the
 8 incidence of AIDS was higher than at first thought and
 9 there was some concern that the haemophilic population
 10 of the UK who had received American concentrates might
 11 be at risk".
 12 Reference again to Dr Craske summarising the
 13 latest information from the US, referring to
 14 approximately ten cases of AIDS thought to have
 15 occurred in non-haemophiliacs in London, one in
 16 Glasgow, and one in Manchester. Then reference to a
 17 form for reporting of cases and it was agreed that
 18 Dr Craske would arrange for it to be circulated to
 19 Haemophilia Centre Directors.
 20 And if we go then to HCDO0000517_001, this is
 21 the letter of 22 March 1983 so sent out the month
 22 following that meeting, by Dr Craske, Dr Rizza, and
 23 Dr Bloom to all Haemophilia Centre Directors, so it
 24 would have gone to Dr Aronstam. And it sets out the
 25 criteria for reporting cases. It provided forms, and

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1 knowledge.
 2 **MS RICHARDS:** Yes. Yes. Well, we'll report back once
 3 we've completed an analysis of all the records that we
 4 currently have.
 5 We know that Dr Aronstam didn't attend the
 6 13 May 1983 special meeting of Reference Centre
 7 Directors but he would have been a recipient of
 8 HCDO0000270_004.
 9 And this is, again, a document we've looked at
 10 on numerous occasions, the 24 June 1983 letter sent to
 11 all directors from Bloom and Rizza with the general
 12 recommendations and it's the second recommendation
 13 which is perhaps of particular significance given the
 14 cohort of patients at Treloar's.
 15 "For treatment of children and mildly affected
 16 patients or patients unexposed to imported
 17 concentrates, many Directors already reserve supplies
 18 of NHS concentrates (cryoprecipitate or freeze-dried)
 19 and it would be circumspect to continue this policy."
 20 We know of course that was not the policy at
 21 Treloar's, and there is no evidence to suggest that at
 22 this time, or in response to this letter, there was
 23 any significant change of approach at Treloar's. So
 24 children continued to be treated with multiple
 25 commercial concentrates. There's no evidence to

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1 suggest any positive attempt to either revert to
2 a greater use of cryoprecipitate or to try to use more
3 NHS concentrate.
4 And then, if we look at just a couple of
5 examples of the kind of material we see in some of the
6 Treloar's patient records, TREL0000108_006. We
7 looked at a similar table in relation to one of the
8 witnesses who gave evidence in the course of this week
9 in which the entry was for, I think, a date in
10 February 1983.

11 This is a date -- the precise date is unclear,
12 it's the 20-something I think of January 1983.

13 **SIR BRIAN LANGSTAFF:** Yes.

14 **MS RICHARDS:** And we can see there the lymphocyte and
15 T-cell results there being recorded.

16 **SIR BRIAN LANGSTAFF:** So for some reason in January of '83
17 those responsible for medical care at Treloar's are
18 testing pupils for T-cell ratios.

19 **MS RICHARDS:** Yes.

20 Again, sir, we're undertaking an exercise to see
21 what the earliest records of those tests being
22 systematically carried out is. So we're looking
23 across the range of records that we have to see what
24 we can find or whether there is any pattern that we
25 can discern.

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1 by the spring of 1983, being monitored for signs which
2 might indicate AIDS or an AIDS-related complex: weight
3 loss, difficulties swallowing, lymph nodes and the
4 like.

5 Again, we're looking to see over what period of
6 time those kind of examinations were being undertaken
7 and what the earliest is that we can find.

8 Then of course, again as we've seen in the oral
9 evidence this week, and in the documents we've
10 explored with individual pupils, there are then, in
11 the course of 1983, these references to AIDS-related
12 investigations or AIDS-related tests and references to
13 looking for the stigmata of AIDS.

14 The documents that we've seen to that effect,
15 the letters, are invariably letters sent to other
16 clinicians. They're not letters sent to parents.
17 We're trying to see what the time frame is.

18 I should say, because I've been asked by some
19 what the position is, the letters, as you'll recall,
20 some refer to AIDS-related tests or investigations
21 being enclosed with the letter. It is not possible,
22 from the medical records that we have examined, to
23 identify what the actual enclosures were with that
24 letter, so we don't know precisely what else was being
25 sent to the home Haemophilia Centre to accompany the

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1 **SIR BRIAN LANGSTAFF:** And by that time, very shortly
2 before that time, there had been some suggestion, had
3 there, in the medical press that T-cell ratios might
4 be altered?

5 **MS RICHARDS:** Yes, I'll have to check the date but I think
6 it's January of 1983.

7 **SIR BRIAN LANGSTAFF:** Yes.

8 Are you aware of any other reason, or those
9 behind you, are they aware of any other reason for the
10 testing of T-cell ratios at this stage?

11 **MS RICHARDS:** No. We were discussing that over lunch,
12 sir. No.

13 **SIR BRIAN LANGSTAFF:** Thank you.

14 **MS RICHARDS:** And then we can see, this next document is
15 an extract from the records, one of the sets of
16 records we've looked at in the course of the week.
17 This document is not from someone whose oral evidence
18 we've heard this week.

19 If we go to TREL0000267_028, sir, this is an
20 extract from Lee's records, Lee Stay, who we heard
21 from yesterday. And if we just go to page 4, just as
22 a reminder for any who were not following yesterday's
23 evidence, we see this entry in March of 1983 and the
24 bottom of half of the page.

25 We can see there an indication that pupils were,

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1 letter, or whether it was a table of the like we
2 looked at or something different. The records simply
3 don't tell us at the moment.

4 Can we then look at TREL0000239_037. Oh, no,
5 hang on. Let me just check I've given you the right
6 reference. Sorry. Can we go to ... no, that's one of
7 the examples that we looked at in the course of the
8 week.

9 Could we go to TREL0000145_065, please.

10 This is an exchange of correspondence between
11 Professor Bloom and Dr Aronstam in June of '83.
12 7 June '83, from Professor Bloom to:

13 "Dear Tony ...

14 "This it just [I think it should be 'is just']

15 to let you know that [patient's name redacted] had
16 received, in 1980, some of the factor VIII of the same
17 batch as one used for our suspect AIDS patients.
18 Although our patient may not be suffering from AIDS
19 I nevertheless thought that you should know."

20 That is presumably a reference from
21 Professor Bloom to the Cardiff AIDS patient, and we
22 examined what information we have about his condition,
23 his care, in an earlier presentation. But we can see
24 here as it were some form of notification or alert
25 from Professor Bloom to Dr Aronstam, about a patient,

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1 presumably a patient under Professor Bloom's care as
 2 home clinician but who was being also treated by
 3 Dr Aronstam as a pupil at Treloar College.
 4 **SIR BRIAN LANGSTAFF:** Just as a matter of interest, this
 5 is one letter to one doctor about one patient, which
 6 refers to one batch.
 7 It's not "the same batch as [the] one used for
 8 our suspect AIDS patient", it's "as one used".
 9 **MS RICHARDS:** Yes, you're right.
 10 **SIR BRIAN LANGSTAFF:** So one imagines that the patient
 11 concerned, from the records that we looked at earlier,
 12 had a number of different batches.
 13 Did he write to every person that he knew or
 14 might have known was in receipt of such a batch?
 15 **MS RICHARDS:** Not that we've seen. That doesn't mean he
 16 didn't. It just means we haven't identified similar
 17 correspondence. We've located this letter because it
 18 appears in records relating to Treloar's, presumably
 19 because it concerns a patient who was both under the
 20 care of Professor Bloom and under the care of
 21 Dr Aronstam.
 22 **SIR BRIAN LANGSTAFF:** I mean it doesn't look like
 23 a template letter because the name Tony is actually
 24 typed as opposed to handwritten in, which it might
 25 have been if it had been a template, but ...

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1 from this fairly clear that the decision to review the
 2 T-cell ratios was a deliberate systematic decision in
 3 response to the risk of AIDS, and it tells us both
 4 what the findings were, and a plan to repeat all the
 5 same works, so some form of ongoing monitoring of the
 6 T cell ratios.
 7 There is also, if we go to TREL0000143_058, what
 8 you might think, sir, but it's a matter for you,
 9 a somewhat telling letter in terms of its tone and
 10 content, of 14 June 1983, so it's the following day.
 11 It's a letter to a GP. It does not appear to be about
 12 a pupil at Treloar's and I say that because of the
 13 year of birth that's there identified.
 14 So it would appear to be one of the adult
 15 patients who come within the Haemophilia Centre's
 16 catchment area.
 17 "[He] was reviewed at our clinic today. I am
 18 sorry to report that he has lost movement in both
 19 elbows and both shoulders. This appears to be
 20 a direct result of his reluctance to treat himself
 21 adequately because of the current hysteria about AIDS.
 22 I have explained the very small risk numerically of
 23 him acquiring the disease, but he is adamant and is, I
 24 am afraid, retreating very much into himself."
 25 So the risk of AIDS referred to in those terms

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1 **MS RICHARDS:** And then Dr Aronstam's reply is also
 2 instructive.
 3 It's at TREL0000145_066.
 4 It's dated 13 June 1983:
 5 "Dear Arthur ...
 6 "Thank you for letting me know that [the
 7 patient] has received some factor VIII from the same
 8 batch as one of your AIDS suspects.
 9 "We reviewed the T cell sub-sets of all our
 10 college boys earlier this year and found that 15 out
 11 of 43 had reversed ratios. [He] was one of these with
 12 a reversed ratio and I enclose a summary of our
 13 results. The reversed ratio was associated with
 14 a high rather than low absolute lymphocyte count. He
 15 had in addition, a raised IgG and some
 16 circulating immune complexes. We are repeating all
 17 this work on our boys at present and was planning to
 18 let you have all the results when the second survey
 19 had been completed.
 20 "Clinically he exhibits none of the stigmata of
 21 AIDS. He is leaving us shortly and will let you have
 22 an up to date summary of all our findings in the very
 23 near future."
 24 It tells us, I think, a lot about what
 25 Dr Aronstam was doing at Treloar's. It would appear

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1 by Dr Aronstam, "current hysteria", his,
 2 Dr Aronstam's, view was a very small risk of a patient
 3 acquiring AIDS.
 4 Then we see set out in the next paragraph:
 5 "It is worrying in this respect as he has lost
 6 some weight, we have found a few lymph nodes and his
 7 T lymphocytes are showing the same sort of inverted
 8 ratio that characterises the illness.
 9 "We will be keeping a close watch on him."
 10 So it is a letter which simultaneously says
 11 there's a current hysteria about AIDS and a very small
 12 risk of this patient acquiring it, and then sets out
 13 in the second paragraph the very indications that
 14 might suggest that the patient has indeed acquired the
 15 illness.
 16 **SIR BRIAN LANGSTAFF:** Well, it appears to add further
 17 weight to the fact -- to the suggestion -- it's not
 18 yet a fact, but the suggestion -- that the only reason
 19 for conducting T cell ratio tests is because it is
 20 thought they characterise AIDS.
 21 **MS RICHARDS:** Yes.
 22 If we just go to TREL0000108_033, we're still in
 23 June of 1983, we're now towards the end of June, and
 24 it's another example of the type of letters that we
 25 see being written by the Haemophilia Centre. This is

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from Dr Wassef, as a number of them were, to the home Haemophilia Centre, with an update in relation to bleeding episodes, transfusions, prophylaxis, and so on, and then the reference under the heading "AIDS Related Investigations":

"Clinically he exhibits none of the stigmata of AIDS."

Then there's reference to a particular examination of lymph nodes undertaken on 11 March '83.

"For your information we have undertaken the enclosed AIDS related tests. We have repeated these tests and we will let you have the results when they are available."

As I indicated a few moments ago, we can't trace in the records what the enclosures were, and whether it's the tables, the T cell ratios, or something else.

There were a number of other examples, again from witnesses from whom we've not heard orally of letters of this kind, and we've seen also examples in earlier oral evidence of letters of this kind.

There's then, if we just move into July of '83, I think one more document worth considering.

It's TREL0000248_094.

This is a letter from Dr Evans at the Royal Manchester Children's Hospital, 14 July 1983, to

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8 October 1983. You'll recall Professor Bloom gave an address, and if we go to the bottom of the second page, if we look at the last paragraph, we can see it says:

"The chairman reported that Professor Bloom had given a most helpful introduction to AIDS outlining its background and the present situation in the United Kingdom. Those present were unanimous in their appreciation to Professor Bloom, Dr Rizza and Dr Aronstam for a most useful and informative session, which had helped to allay many fears created by the media."

So Dr Aronstam had participated in that Haemophilia Society address in October of 1983. I'm not proposing to really go to any documents beyond October 1983 because what we've looked at amply demonstrates a state of knowledge throughout the course of 1983.

There is no evidence that we have yet discerned in either the documentation that has been analysed or in the statements that have been received by the Inquiry and indeed the oral evidence given to the Inquiry, of any change of approach or treatment policy, or any particular response to the risk of AIDS on the part of Treloar's Haemophilia Centre, other

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Dr Aronstam. It would appear it's in response to the type of letter that we've just looked at. It says:

"Thank you for sending me the reports about [then the name of the patients identified] ... We have not seen [one of them] recently and I do not know what is happening to him. We had arranged to continue [his] injections, but will be discussing the AIDS implications with the family shortly and will let you know what we eventually decide to do."

So there was an example of a home clinician, it appears, actually proposing in July 1983 to hold a discussion with family members. And there's a post-script, a handwritten post-script which says:

"We've discussed with his mother (but not yet his father; they are separated) and will probably stop the 'desensitisation'."

SIR BRIAN LANGSTAFF: That may be a reference, probably is a reference, to giving a huge dose of Factor VIII regularly, because of inhibitors.

MS RICHARDS: Exactly, yes. That's exactly what I think it's a reference to.

Then I think the final document in relation to 1983 to look at, is at HSOC0019923_006.

This just a report of the minutes of the meeting of the Council of The Haemophilia Society,

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than the process of monitoring that we see reflected in those records and those clinical communications.

The return data and other data we have indicates that commercial concentrates were still used in large measure. There's no evidence of any attempt to adhere to a single brand or limit exposure to batches. There's no obvious evidence of any reduction in terms of the volume of product used.

SIR BRIAN LANGSTAFF: Well, quite the opposite. In 1984 it was the highest single year of use of concentrate.

MS RICHARDS: Yes, yes, and as far as we can see from the individual medical records, the approach to prophylaxis continues in 1983 and 1984. And it's really only when one gets the switch to heat-treated concentrates that one comes across any particular -- any change of position.

There is some evidence, we've seen it in I think some of the oral evidence this week, of a trial, a limited trial in 1983, of a heat-treated product for one patient. And there's also some evidence of participation by Treloar's pupils in a trial of Lister heat-treated product in the autumn of 1984, but the switch to heat-treated products for all appears to be essentially from the end of 1984 and early 1985, as indeed is fairly common in relation to other centres

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1 as well.
 2 In terms of the process of testing patients or
 3 pupils at Treloar's for HTLV-III once a test was
 4 available, we've looked already at those letters with
 5 that rather curious wording which refers to tests
 6 being undertaken in early 1984, but which in all
 7 likelihood we think must be a reference to
 8 retrospective testing on stored samples.
 9 We can see if we go to TREL0000313_133, this is
 10 a letter from 27 December 1984 to a Guernsey doctor.
 11 It refers in the first paragraph to taking the
 12 opportunity of sending a blood sample to Colindale to
 13 check for the presence of antibody to HTLV-III. It
 14 refers to the results being equivocal. They would
 15 wish a further sample to be sent.
 16 So that's some indication that in terms of who
 17 undertook the tests, testing was being undertaken at
 18 Colindale for some at least of the Treloar's pupils.
 19 Then Dr Aronstam says this in the next
 20 paragraph:
 21 "I would not like to unnecessarily alarm the
 22 mother as the presence of this antibody occurs in
 23 almost all severe haemophiliacs. However, it is
 24 important to clarify the possibility that he might be
 25 negative, in which case it would be essential that he

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1 But in any event, I may come back to this for other
 2 purposes tomorrow, but if we look at the heading
 3 "AIDS/HIV" it says:
 4 "This problem has overshadowed all other aspects
 5 of haemophilia care over the past few years and will
 6 continue to do so. I feel that the region should be
 7 aware of the impact on its Regional Haemophilia Centre
 8 and make no apologies for the detail of this
 9 presentation.
 10 "43 of our patients are HIV antibody positive.
 11 Retrospective sampling has made it possible to
 12 estimate the year of infection in 33 patients. Two
 13 seroconverted in 1980, five in 1981, ten in 1982, 11
 14 in 1983 and five in 1984. The remaining ten have all
 15 been seropositive for at least three years."
 16 We don't have any of the underlying
 17 documentation in relation to that process of
 18 retrospective sampling. It may be it was held in
 19 Colindale, I know not. But we only have this which
 20 reports 43 patients antibody positive and those may
 21 not be all pupils of the college, they may relate to
 22 some within the wider catchment area of the centre,
 23 again it's not clear.
 24 If we then look at the recent data provided
 25 provisionally by HCDO, it's at INQY0000250, and if we

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1 be treated only with heat-treated Factor VIII."
 2 Then there's reference to -- there's a request
 3 to forward a sample to the public health laboratory in
 4 Colindale, and then the last paragraph:
 5 "Incidentally it is now pretty well accepted
 6 that haemophiliacs who are severe should be switched
 7 to heat-treated concentrate."
 8 And he expresses the hope that that would be
 9 a possibility in Guernsey.
 10 So that's Dr Aronstam's view on the position of
 11 heat-treated concentrates at the end of 1984. And, of
 12 course, that follows the meeting in Elstree on
 13 10 December 1984 at which the AIDS advisory guidance
 14 was drawn up.
 15 Sir, there are then just I think two further
 16 pieces of information I was proposing to, and then I'm
 17 proposing to play a documentary, and that will I think
 18 take us to a convenient end for the afternoon.
 19 The information is about numbers of patients
 20 infected with HIV after treatment at the Treloar's
 21 centre. If we go to HHFT0001073, please. We
 22 looked at this I think at an earlier stage because of
 23 what it said about the use of concentrates.
 24 You can see it's a report to the region, it's
 25 from I think 1986. I can't now find the precise date.

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1 go to the second page please. At the bottom of the
 2 page, "Centre 35. Basingstoke and Treloar's". It
 3 gives a total of 61 cases and we can see there the
 4 years, so one recorded for 1984; for '81, 8; for '82,
 5 16; for '83, 13; for '84, 19 for '85; none for '86,
 6 '87 or '88.
 7 Now, whether that is referring only to the
 8 Treloar's Haemophilia Centre or captures any wider
 9 data, we're not clear about, but that is the centre
 10 number for this Haemophilia Centre.
 11 Sir, what the difference -- the significance of
 12 the differences between that data of 61 patients and
 13 the 43 patients being reported in 1986 by Dr Aronstam
 14 is unclear.
 15 Sir, as I say, I'll want to come back to
 16 Dr Aronstam's report in more detail, but I'll do that
 17 tomorrow.
 18 For present purposes what I propose we do is
 19 play the documentary.
 20 **SIR BRIAN LANGSTAFF:** I think before we do that we ought
 21 to give people a break for the usual reasons, in the
 22 middle of the afternoon, and if I may suggest
 23 a quarter of an hour. I hope that gives those of you
 24 who need a break long enough to use it properly. So
 25 quarter of an hour. We'll be back at 3.50.

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1 **MS RICHARDS:** Thank you, sir.
 2 **(3.33 pm)**
 3 **(A short break)**
 4 **(3.50 pm)**
 5 **MS RICHARDS:** Sir, we're going to conclude for today by
 6 playing the documentary Blood Brothers. Whilst it is
 7 not exclusively concerned with Treloar's, it does
 8 contain a lot of enlightening and relevant material
 9 looking at Treloar's, and so it fits properly within
 10 the course of this week.
 11 **SIR BRIAN LANGSTAFF:** Very well.
 12 **MS RICHARDS:** If we could have that, please.
 13 **(Documentary Blood Brothers played)**
 14 **MS RICHARDS:** Sir, that concludes matters for today. And
 15 then we resume tomorrow, and I will complete the
 16 process of looking at documents, with a particular
 17 focus tomorrow on issues relevant to research and
 18 studies that were being undertaken at Treloar's.
 19 **SIR BRIAN LANGSTAFF:** 10 o'clock tomorrow. 10 o'clock.
 20 **(4.14 pm)**
 21 **(Adjourned until 10.00 am the following day)**
 22
 23
 24
 25

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