

30th April 1975

NIS/UML/502134

Dr. Katharine Dormandy,
Haemophilia Centre,
The Royal Free Hospital,
Pond Street.

Dear Katharine,

re: Mr. GRO-A (GRO-A1929)
GRO-A

Thank you for referring Mr. GRO-A, whom I saw on the first occasion on 1st April. Subsequently I had a social history taken from his wife and I saw him again myself on the 24th April. Professor Ingram very kindly sent me some information from St. Thomas's Hospital, where he had been previously seen on one or two occasions because of depression.

This man is an interesting personality and, I think, probably is genuinely gifted, but he has had a ~~genuine~~ incapacity to work recently, almost certainly because of a depressive mood swing with marked reduction in energy levels combined with anxiety and indecision. On careful consideration I have come to the conclusion that this man probably has a manic depressive diathesis and the depressive swings have, over recent years, become more marked and more incapacitating. I think the only satisfactory procedure would be to admit him to hospital, in due course, for further investigations and observation of his state and possibly to treat his depression, if he is depressed at that time, and to try the effects of long-term lithium stabilisation. As it happens this programme will have to be delayed, since he is very shortly to be admitted for an operation on his hip, which I expect is likely to be a fairly prolonged procedure and which I hope will be satisfactory with a relief of what must be quite considerable pain. We have arranged that on his discharge, or near to it, he will write ~~in~~ and then I will put him on the waiting list for observation here. Mr. GRO-A himself is very happy about these proposals and I very much hope that, in due course, we will be able to give him some relief and control his illness from a psychiatric point of view.

Best wishes,

Yours sincerely,

GRO-C

N.I. Swift

Consultant in Psychological Medicine

Dr. N. Swift,
Department of Psychiatry,
R.F.H.

Dear Dr. Swift,

Re: Mr. GRO-A d.o.b. GRO-A1929
GRO-A

I should be very grateful if you could see this patient who is a musicologist of some repute. He has very severe Christmas disease and is considerably disabled through joint bleeds. He is also a bit hypertensive and is on Navidrex and Propanalol and Indomethacin for arthritis.

Mr. GRO-A complains that he cannot work. He has had dexamethasone in the past and this makes him feel normal and able to work. He will tell you himself about his problems. Apparently he organises concerts, etc. and writes things for musical journals and encyclopaedias. As he cannot work he does not get music to practise in time and the final outcome of his failure to make arrangements has the most disastrous consequences. Because of all this he has become very depressed and has been turning down work. However, as he has a wife and family to support we cannot accept this as the solution.

Yours sincerely,

Katharine M. Dormandy

c.c. Dr. M.R. Tannen,
G.P.

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Dr Tannen and Dr Morris
25 Fairfax Road
London NW6

19th October 1993

Dear Dr Tannen and Dr Morris

Re: GRO-A (DOB: GRO-A/29)
GRO-A

I am sure you are well aware of the problems with your patient, Mr GRO-A. I believe that Dr Morris called fairly recently and as Mr GRO-A was unable to clarify his problem within the space of at least half an hour - I understand the visit was terminated. This is to let you know that all of us are having the same problem either on the 'phone or when Mr GRO-A is present. His physical condition has deteriorated and I presume he is less mobile than he was. For as long as I have known him he has either worked or operated from his bed so it doesn't seem vastly different now. However, there may be some things that need to be done to support him in the home. One of them is a practical thing - ie a commode.

I am writing to let you know what is happening from our point of view as maybe a brief discussion between the relevant people will need to happen in the not too distant future. Mr GRO-A and Mrs GRO-A seem to be having increasing difficulties which came to a head last week through continuous 'phone calls to our Centre and various other professionals. It has been agreed (a) Mr and Mrs GRO-A will come to see the Psychologist - Geoff Halpren - at 9.45 on the 22nd October and he will investigate the medication and whatever problems might arise. He has known Mr GRO-A for many years and seems to control the drugs that he takes. (b) Our community liaison sister - Patricia Lilley from the Haemophilia Centre - has been visiting although there isn't anything very much she can do. She will continue to be a link person and could be contacted should you need any help. (c) I have suggested to Geoff Halpren that what might be useful is a community psychiatric nurse. This might help with the medication and might in a professional brief way limit the number of 'phone calls necessary to everyone else. (d) I have suggested to Mrs GRO-A that following the appointment with Dr Halpren we can reassess what is needed.

It is my view that Mrs GRO-A is under a great deal of stress. Her own mother having taken ill in Kent and she tries to maintain her own work. However, they are not asking for any practical help such as home help or shopping at present so it is more the psychological things that are needed. I would be willing to speak to them from time to time even on a three way conversation over the 'phone.

This letter is for information and to say we would very much appreciate your views.

Yours sincerely

GRO-C

Riva Miller (Mrs)
Senior Medical Social Worker

Dr Lee