

DATE

(Each entry must be signed)

2/1/86

Annual tetanus

Had 'Fit as fiddle' apart from @
 Jerez. Discussed AIDS - "not
 interested". Didn't want to know as
 might panic if didn't know
 enough.

Sw. turns at home. @ sold off 22
 2 hr + side on recently
 transported since no apes
 are wanted - got sack.

Trainers to be drivers instructed
 but short of money to complete
 training.

Spit up @ @ hard @ 5 yrs
 upset but has 'break of water'

Drives car. Says less
 accidents since sold bike.

Plays guitar in band
 assistant. Travels always
 sorts out problems. Main
 concern to get a job

Rushville

3/7/86

Swollen left 2nd MP joint

Oxygenation
in air

Gave Fentanyl 2mg b.i.d.

Dose: S. anal, LEB, CAT, ANA,
CBP + 6SR

2/1/86

c/o pain and motor corpus phall. joint

since 1 week. in today's medication 2mg (1d. Co. in mind)
 by 8 p.m.

O/E All joint in good condition. No muscle work
 No flinch, palpation. No sp. silver - 5 or

lungs clear, cool mucous. Really

2nd: no joint all in slight restriction due to pain

No swell. no local warmth

Admission

2 medication 2mg t.d.s x 4 day all good.

2 Central heat 11 hour. 2 day a day
 12 hr 3 weeks.

GRO-C

HISTORY SHEET (Continuation)

Hospital No.

Surname

First Names

Redman

G

DATE
REVIEW

(Each entry must be signed)

9.2.88

Boils m + aft.

No trauma etc. No Rx in last year.

Backache now gone: did take naproxen.

No other probs, exc acne & lumps in (R) ear lobe + (R) side of neck
 Engaged & living with fiancée. Taking test to be a
 driving instructor next week - then could start work
 within a week.

9/6 well. Sebaceous cysts (R) neck, (R) ear lobe. Acne
 on back

°LN

Cvs 160 BP 120/80 JVP ↓

MS 1 u

R8 clear

Alodo



°LKKs

Talked with fiancée re disease, infections, genetics
 of haemophilia: May get married when he gets a job.

Plan: ① Start course of Hep B vac. ✓

② Routine bloods

③ Would like the seb. cysts removed.
 ? surgical referral.

④ Review in 1 year.

GRO-C

9/2/88 Review Scan briefly & got worried
 as above. Carol understood
 all danger - carriers - on 15 March
 discussed AIDS G - very 'frip'
 not worried. Discussed with
 Carol concerned if she could
 give no blood if an accident
 abroad. Discussed treatment.
 assured Carol admits &
 would not be able to answer
 her queries. Other concerns
 relate to skin problems
 & unclear re DRAP & proper
 treatment of bloods (if nec)
 from back to

GRO-C

DATE

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21.5.88 Infected sebaceous cyst at ear lobe.
Fl. h. for 212.

2230.

of DDAVP 20mg over 30'
then for incision

to H/L 23.5.88

GRO-C

5/2/89 ANNUAL REVIEW Undergo
first surgery where a cat
reappeared a few days ago.
1st time in a car snowed out.
Punished. Very accidents
not on bike. Still has back
trouble - been 2 days had
recurrence: stops horse
replies. Also in car all
day. Bad to occupy - have not at work
So sit in it 2 ft. Wipe hand
around & back chair like.
Keep in back & rest of sub
about works as drawers
instructed. Likes it.
Assessing of cat settled. Not
ready to break

15/2/89 Annual Review Age 26y F.VIII = 7%.

Only R during last year: Infection + drainage
of infected (R) ear lobe seb. cyst. Covered
with 1 x DDAVP

No bleeds

No joint problems. Back has been OK.

Gen health very good.

Hep B, Ab (10/88) > 30 iu/dl

Only problem: cyst is swelling again
in same place - painful.

O/E No notes

DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. Surname First Names
	<p>Chest clear</p> <p>AS No lumps/masses</p> <p>No joint abnormalities.</p> <p>p 72/mmHg BP 130/85</p> <p>Ⓡ ear lobe - small cystic swelling tender ++</p> <p>Bloods ✓</p> <p>Refers Mr Lewis</p> <p>1 year.</p>	<p>Redman C</p>
		GRO-C
10/2/90	<p>Seen in A&E</p> <p>Infected sebaceous cyst Ⓡ ear</p> <p>Rx Flucloxacillin 250mg qds for 5/7</p> <p>Ⓡ E</p> <p>Tender red fluctuant cyst.</p> <p>∴ Incised & drained after DDAVP 20mg</p> <p>Swab - C+S</p> <p>See GP 2/7</p>	
		GRO-C
15.2.90	<p>Attendy for review:</p> <p>Abcess burst this morning, 'infected material' & blood came out.</p> <p>Otherwise main problem is intermittent aching pain R wrist, mainly associated with using hand. R hand red, & swollen all day (instructed). Salts pain fell in July 1985 (Saw Ferris). None in cold.</p> <p>Waning concern with recurrence of sebaceous cyst in R ear lobe. When client speaks softly, used like surgical referral.</p> <p>Note: Request for appt with Mr Lewis was sent in Feb 1989 but patient didn't hear anything.</p>	

DATE

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Has trouble with insurance. Could not get life insurance. Eventually got pension plan + life cover from GRE, but 75% loading. Wife works as secretary.

No thyroid problems & not needed treatment with thyroid products for many years.

AB is in middle of litigation re elbow injury — against former employer. Has seen 2 specialists in Harley Street.

17/11/77. 77.2

Schistosomiasis cyst approx 2cm x 1cm behind R ear. No bleeding. Slight black fluid evident.

Mouth & faeces OK

No abnormal adenopathy.

BPLign 130/80 P&S 7 in reg.

No abnormalities detected in chest on x-rays.

① Review wrist problems next orthopaedic clinic — to bring copies of medical reports

② 7 day course of flucloxacillin 500 QDS.

Dr Owen Smith will fix day case oppt for surgery & will let patient know by phone

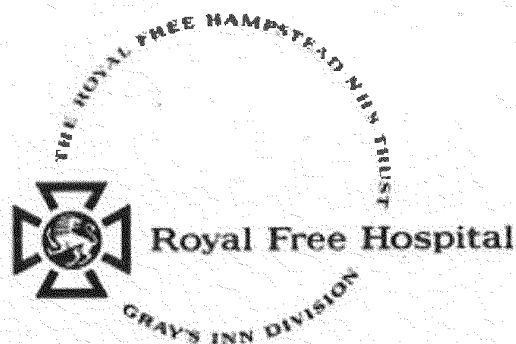
③ See 1 up for routine review.

Routine Bloods ✓

Note 7 AST points

GRO-C

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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
FAX No: 071 431 8276

DIRECTOR: DR CHRISTINE A LEE MA MD MRCP MRCPATH FRCP

PT/LRB/HEPC

7 May 1992

Mr Gary Redman

GRO-C

Dear Mr Redman,

You may know that we are trying to find out more about the Hepatitis C virus, which many of our patients acquired during the late '70's and early '80's before clotting factor concentrates were sterilized.

Many of our patients have been asking at their reviews if there is a risk of transmitting the virus sexually to their partners. We think that this risk is very small but do not have enough evidence to give definite advice at present.

We are hoping to test as many of the partners of our hepatitis C positive patients as possible to evaluate the risk. I wonder whether you could discuss with your partner if he/she would be willing to come for a hepatitis blood test and to answer a confidential questionnaire. If they would, please telephone the Haemophilia Centre to make an appointment.

Yours sincerely,

GRO-C

Dr Paul Telfer
MRC Research Fellow

PT/LRB/HEPC

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HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
FAX No: 071 431 8276

Director: Dr Christine A Lee MA MD MRCPath FRCP

LGR/LRB/019363

4 March 1993

Dr Bulpitt
Aveley Medical Centre
High Road
AVELEY
South Ockendon
Essex RM15

Dear Dr Bulpitt,

Gary REDMAN - GRO-C

GRO-C

This 30 year old gentleman was seen in the Haemophilia Centre today for his annual review. He has Haemophilia A with a level of 7%.

Haemophilia

He remains well with no spontaneous bleeds in the past year and no joint problem.

General Health

He remains well with no symptoms in any system.

Virology

He is Hepatitis B and HIV negative, but Hepatitis C positive. His last set of liver function tests were abnormal and we have repeated these again with a check on his alpha-feta protein and have arranged a CT scan of his abdomen to visualise his liver. I explained to him today that we do not know the consequences of long term infection with Hepatitis C and also discussed routes of transmission as he has a regular sexual partner.

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LGR/LRB/019363

4 March 1993

Gary REDMAN GRO-C

Social history

He is currently working as a salesman of vacuum cleaners being self employed and living in a house GRO-C in Essex with his girlfriend. He is a smoker of up to 30 cigarettes a day and consumes currently ten units of alcohol a week (however this previously has been as high as 70 units per week). I have warned him today about the adverse consequences of high alcohol intake and associated Hepatitis C infection.

Examination

On examination he was well. Weight GRO-C urinalysis negative and no anaemia or jaundice. Pulse 80 regular, blood pressure 115/70, JVP not raised, heart sounds normal, chest clear and abdomen soft with no organomegaly. Joints - full range of movement bilaterally. We have repeated his routine bloods and alpha-feta protein today and have arranged an abdominal CT scan for him. I also spoke to his girlfriend, Zoe Munden, and counselled her regarding Hepatitis C and tested her today to see if she was Hepatitis C positive. She is slightly more concerned than Gary himself about the transmission of this and other agents. We will write to her in due course and let her know the result.

Provided all the above investigations do not reveal any unexpected abnormalities, we will review Gary again in one years time.

Yours sincerely,

GRO-C

Dr L G Robinson MRCP, BSc
SHO in Haematology

LGR/LRB/REDMAN