
EXHIBIT WIT3175017

Exhibit K

HMR 4A (Code 90-535)

UNIT No.

SOUTHLANDS

HOSPITAL

HISTORY SHEET

SURNAME (Block Letters) BAKER

FIRST NAMES VINCENT

DATE

CLINICAL NOTES
(Each entry must be signed)

MR. D.M. CRAIG

11.3.83
AND/JWH

EMERGENCY ADMISSION via Worthing Accident & Emergency Department.

H.O. R.T.A.
Riding motorbike in Shoreham when girl on pushbike turned to go right and he swerved to miss her and hit a car.
Had crash helmet on.
? momentary loss of consciousness.
No vomiting.
No headache.
No diplopia.
No convulsions.
No airway obstruction.

O.B. on admission:

Conscious.
In pain.
B.P. 150/90.
Pulse 86 per minute.
No cyanosis.
No pallor.
T 37.8°C.

C.O. Pain right thigh.

Drugs: None.

Allergy: Dust.
Had asthma a long while ago.

P.A. Liver, kidneys and spleen not palpable.
B.S. +
No mass.
No rigidity.

Chest: Trachea central.
B.S. - NVS.
Air entry equal.
No adv sounds.
No evidence of fracture thoracic cage.

C.V.S. Heart sounds I & II normal.
No murmurs.

Bowels: N.A.D.

Bladder: Not distended.

DATE	CLINICAL NOTES (Each entry must be signed)
	<p>Spines: Cervical } Thoracic } N.A.D. Lumbo-sacral }</p> <p>C.N.S.: Full conscious. Speech normal. Cranial nerves grossly intact. No motor/sensory deficit. Pupils - PERLA.</p> <p>Injuries: 1. Multiple abrasions both hands + arms. 2. Fracture shaft of right femur with a puncture wound mid-thigh anterior-laterally about $\frac{1}{2}$" x $\frac{1}{8}$". 3. Old injury right little finger - avulsed nail on 4.3.83. 4. Laceration 8 cm over mid right tibia. 5. Abrasion over chin.</p> <p>Scalp: No bump.</p> <p>X-rays of pelvis, skull and spine N.A.D. (No chest x-ray available)</p> <p>Right femur: Fracture mid-shaft right femur. No other bony injury seen.</p> <p>Impression: Fracture shaft right femur.</p> <p>For wound toilet and skeletal traction.</p> <p>Hb.</p> <p>X-ray chest.</p> <p>Rx. Blood transfusion. Antibiotics - Ampicillin 500 mg 6 hourly i.v. Analgesics.</p>
11.3.83.	<p>1st unit of blood. Bag no. 29815. Checked by M. Buckland. Put up by S. Hartridge.</p> <p>Hb 15.5</p>
11.3.83. AND/JWH	<p>WOUND TOILET AND SKELETAL TRACTION</p> <p>Surgeon: Dr. Das G.A. Dr. Daood</p> <p>Wound toilet right thigh + anterior aspect of right lower leg + skeletal traction through right tibial tuberosity. Wounds over anterior aspect of right thigh + lower leg sutured with nylon. Steinmann pin traction through upper end of tibia.</p> <p>Post-op: Check x-ray a.m. 7 lbs traction.</p>

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12.3.83.	2nd unit of blood. Group O+ Bag no. 29998. Checked by A. Alidina P. Adam.	
12.3.83. AND/JWH	Traction re-adjusted. For re x-ray.	
15.3.83. DM/JWH	<p>Having some swelling of right thigh. No inguinal lymphadenopathy. Temp 38°C. Toe movements ✓ Sensation to touch (+) X-rays show mild distraction with some degree of angulation. Re-adjusted the traction with appropriate paddings. Check films. ? for internal fixation.</p>	
17.3.83. DMC/JWH	<p>Admitted following motorcycle accident on 11.3.83. He has a fracture mid-shaft right femur which is compound and a little comminuted but still suitable for a nail. Despite re-adjusting the traction there is a gap between the fracture ends and clearly he has soft tissue interposition so will need open reduction anyway. For internal fixation with a K-nail next Wednesday.</p>	
22.3.83. DM/JWH	<p>For K-nailing right femur tomorrow. Apyrexial. Heart/lungs - clinically clear. Consent ✓ Premed ✓ Marking ✓ Bloods - F.B.C. U & E } sent Gr. + x-match)</p>	
23.3.83. DMC/JWH	<p><u>K-NAILING RIGHT FEMUR</u> Surgeon: Mr. Craig Asst. Dr. Mukherjee G.A. Dr. Foley Henry antero-lateral approach. On making the skin incision large haematoma was expressed. The 2 ends of the femur had dissected into different muscle planes so that there was complete soft tissue interposition. Both segments were reamed to 14 cm and a 13 cm K-nail was inserted by the retrograde route, measuring 20 cm. Closure - Dexon. The original wound was parted and was excised before skin closure.</p>	

DATE	CLINICAL NOTES (Each entry must be signed)
23.3.83.	1st unit of blood put up in theatre at 13.02 hrs. Bag no. 53581. Checked by Dr. Foley C/N Kelly.
23.3.83.	2nd unit red cell concentrate. Bag no. 51257. Put up by C.A. Williams. Checked by K. Logan.
24.3.83. DMC/JWH	Comfortable after his nailing. X-ray satisfactory. To go into a cast brace when the wound is healed to allow full weight bearing. Mobilise at about a week when he is comfortable, N.W.B. with crutches.
31.3.83.	Wounds are healing For cast brace when wounds are healed next week probably about Thursday. DMC/JHC
5.4.83	S.O. Wounds healed For cast brace LM/JHC
7.4.83. DMC/JWH	Wound is now healed. To go into a cast brace, then mobilise P.W.B. Home when steady.
10.4.83.	Discharged. <u>OUT-PATIENT</u>
27.4.83. DMC/JWH	Comfortable in the plaster. Able to walk now without the crutches. See 4 weeks, P.O.O.A. & X.R.O.A.
25.5.83. DMC/JWH	Plaster has been removed and x-ray today shows considerable callus formation but I don't think the fracture is soundly united yet. It looks as though the proximal fragment has been whipping a bit round the nail. To stay out of plaster. Mobilise with crutches. May go swimming. See again one month, X.R.O.A.
22.6.83. DMC/JWH	Clinically full range of movement hip and knee. Still walks with a marked limp. X-rays today show fracture soundly united and now needs physio since his work entails heavy lifting and ladder work. Should be hopefully fit to go back to work in one month. See again then.

UNIT No.

63857

SOUTHLANDS

HOSPITAL

HISTORY SHEET

SURNAME

B A k e r

(Block Letters)

FIRST

NAMES

VINCENT

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CLINICAL NOTES

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MR. D.M. CRAIG

27.7.83
DM/JWH

Still has occasional aches and pains in the right thigh and knee.
Says the knee gives way occasionally.

O.E. Knee movements good.

0°-0°-145°

4 cm wasting of right quads.

Knee joint clinically stable.

No recurvatum.

I have advised him to return to work but to avoid climbing ladders.

To continue with vigorous quadriceps build-up.

To review 6 weeks later. X.R.O.A. - primarily for assessment for return to work.

28.9.83
RHS/JWO

Reviewed today.

X-ray shows good healing although mainly on the medial side but otherwise looks very sound.

Clinically he has got very good quadriceps function.

Has already started working and he is happy to do so.

I discussed with him the possibility of removal of the K-nail but I think it should be done in a year's time.

We will review him in one year's time with a view to admitting him for removal of the K-nail.

26.9.84
HPL/LGJ

No symptoms.

Hip and knee NAD.

X-ray - good callous and remodelled bone right femur.

Put on waiting list for removal K nail, right femur, after 3/12.

Name: Baker Vincent
 Hosp. No.:
 Ward: 11/11/83
 Date: 11/3/83
 BAG No.: 29778

DATE	CLINICAL NOTES (Each entry must be signed)
8.1.85 SSK/LGJ	<p>WAITING LIST ADMISSION FOR REMOVAL OF K NAIL RIGHT FEMUR.</p> <p>Has K insertion right femur following fracture of femur two years ago.</p> <p>PMH: Asthmatic. Nil other significant.</p> <p>DH: Uses Ventolin inhaler off and on.</p> <p>GPE: Young man, good general health. No oedema, cyanosis, jaundice, lymphadenopathy, anaemia. Pulse 70/reg.</p> <p>Chest: Wheezing, upper chest. No crepitations.</p> <p>Abdo: Soft, NAD.</p> <p>CNS: NAD.</p> <p>Heart: Both heart sounds normal. No murmurs. JVP.</p> <p>Local: Well formed scar on mid thigh. Left knee positive. X-ray shows fracture has healed.</p> <p>Hb, FBC: [illegible] U & E: [illegible] Consent: [illegible] Pre med: [illegible]</p>
8.4.85 SSK/LGJ	<p>REMOVAL OF K NAIL RIGHT FEMUR</p> <p>Surgeon: Dr. Kohal Anaes: Dr. Foley</p> <p>Incision through old scar. K nail removed. Clinically solid femur. Wound closed with Vicryl and nylon. Can get up as soon as possible. Go home when fit. Review clinic 2/52.</p>
10.1.85 DMC/LGJ	<p>Comfortable after removal of K nail. Can go home tomorrow if steady with crutches. To remain on crutches until seen in clinic on Wednesday week.</p>