

Witness Name: Jacqueline Mekere

Statement No: WITN7547001

Exhibits: WITN7547002

Dated: November 2022

INFECTED BLOOD INQUIRY

EXHIBIT WITN7547002

Telephone—
OFFICE BENTLEY 2199
COLLEGE 3188

LORD MAYOR TRELOAR COLLEGE

FROYLE

ALTON, HANTS

FROM THE WARDEN
F. M. HEYWOOD, M.A.

September, 1967.

Dear Mr. and Mrs. Cuffley,

I am very glad to tell you that the Lord Mayor Treloar Trust has obtained a grant from the National Fund for Research into Crippling Diseases to establish and maintain at Lord Mayor Treloar Hospital, Alton, a research unit for the study of the treatment of certain aspects of Haemophilia and closely related conditions, such as Christmas Disease. There are nearly 40 haemophiliacs in the College, and we have long felt that they provide an opportunity for research, which should not be missed and which, we hope, will result in improved methods of treatment. The project has the enthusiastic support of the Haemophilia Society and will be carried out in the closest possible co-operation with the Oxford Haemophilia Centre, Medical Research Council Laboratory, at the Churchill Hospital, Oxford: in planning the project we have had at every stage the very valuable help of Dr. Rosemary Biggs, of that Centre, and of Dr. K.M. Dormandy, of the Pathology Unit, Royal Free Hospital, London.

The proposed study, which we hope will start early in 1968, will deal with three aspects of the treatment of acute joint and muscle haemorrhages in haemophilia:-

1) Treatment of acute joint and muscle haemorrhages with plasma preparations: "pool" factor VIII-rich cryoprecipitate will be used in preference to fresh-frozen plasma as far as possible. This investigation will be extended, (depending on the availability of plasma concentrates), to embrace a study of the possibility of preventing haemarthroses by regular, precautionary injections of factor VIII concentrate.

2) Treatment of affected joints by aspiration in addition to plasma therapy. So far there has not been any controlled trial of therapy to find out if plasma transfusion + aspiration of a joint has any advantages over plasma transfusion alone.

3) Mobilisation trial, to discover the best time for starting mobilisation of an affected joint.

The purpose of this letter is not only to inform you of the project, but also to ask you to tell us whether you are willing to allow your son, if he has an acute joint or muscle haemorrhage, to take part in the investigations. I should point out that all the forms of treatment involved in the investigations are already used: a boy who takes part in the investigations will not be subjected to a new and untried form of treatment, and, therefore, will not be what can be called a "guinea pig". The aim is to find out which of various existing forms of treatment is best in particular circumstances. We realise also that some haemophiliacs cannot be given plasma therapy because they have developed anti-bodies: these boys will obviously have to be excluded from investigations in which plasma therapy plays a part.

Bearing these points in mind, will you please complete and return to me, as soon as possible, the slip enclosed with this letter? I hope that you will allow your son to be included in the investigations, as the results are likely to be the more significant and helpful, the greater the number of haemophiliacs who are included. We believe that the project will not only provide for haemophiliacs in the College the most up-to-date and expert treatment, but may produce in the long run results which will be of permanent benefit to all who suffer from haemophilia, in minimising, if not altogether preventing, the damaging results of severe joint and muscle haemorrhages.

If you have any queries or would like more information of any kind, please let me know.

Yours sincerely,

GRO-C

ST. THOMAS' HOSPITAL

WATERloo 9292

Extension

GRO-C

Internal Tel.



DEPT. OF HAEMATOLOGY,
LOUIS JENNER LABORATORIES,
ST. THOMAS' HOSPITAL and
MEDICAL SCHOOL,
LONDON, S.E.1

31st October, 1968.

Mrs. Cuffley,

GRO-C

Sussex.

Dear Mrs. Cuffley,

I have heard from Dr. [GRO-D], the haemophilia doctor at Lord Mayor Treloar School, about the investigations he has made at Oxford on Richard's blood. He tells me that the tests show that it will be possible to treat Richard with pig antihæmophilic material if some grave emergency arose. This is most encouraging because it means that it would be possible to cope with any really serious situation which might develop. There is, of course, no thought of changing the present policy which is, as always, to treat ordinary joint bleeds and so on without infusions of plasma or other antihæmophilic material. Dr. [GRO-D] mentioned that Richard's last knee bleed has settled down quite well by itself. Should Richard have the misfortune to run into any serious trouble, Dr. [GRO-D] suggests transferring him to Oxford rather than here, a suggestion with which I completely concur because they are particularly well equipped to deal with the problems of treatment in people with inhibitors. We and they would follow exactly the same lines but they would be able to do it better, so that should this situation ever arise I would have no hesitation in agreeing to Richard going to Oxford for this purpose.

Yours sincerely,

GRO-C

G.I.C. Ingram,
M.D., M.R.C.P.

Telephone—
OFFICE BENTLEY 3199
COLLEGE .. 3188

FROM THE WARDEN
F. M. HEYWOOD, M.A.

LORD MAYOR TRELOAR COLLEGE
FROYLE
ALTON, HANTS

14th February, 1969.

FTH/DS

Dear Mr. and Mrs. Cuffley,

I am very glad to tell you that the Lord Mayor Treloar Trust has obtained a grant from the National Fund for Research into Crippling Diseases which has enabled them to appoint Dr. [GRO-D] to the staff of the Lord Mayor Treloar College and to equip a laboratory for Dr. [GRO-D]'s use at the Lord Mayor Treloar Hospital. Dr. [GRO-D] will be concerned with the welfare of boys suffering from haemophilia, Christmas Disease and other similar diseases, and will co-operate with and advise the staff of the Treloar Hospital regarding their treatment. Dr. [GRO-D] will work under the direction of Dr. Rosemary Biggs of the Oxford Haemophilia Centre and his appointment has the full approval of Dr. Katharine Dornandy and other Haemophilia Centre Directors. The boys will continue to receive treatment at the Treloar Hospital, where Dr. [GRO-D] will use his laboratory to check the materials used to ensure that they are of adequate potency and achieve the desired effect.

During the course of his work Dr. [GRO-D] will collect information regarding the incidence of joint and muscle haemorrhages during term-time and the response of the boys to various types of treatment. This information should prove valuable in furthering research into haemophilia.

The study may involve dividing the boys into groups receiving somewhat different treatment. It must be emphasised that equal care will naturally be given to every boy; the difference will involve only minor modifications of treatment. I am sure that the new medical arrangements are very much in your son's interest and that you will welcome this development.

It is important that Dr. [GRO-D] should be informed if your son receives treatment for haemorrhage at any Haemophilia Centre or suffers from any bleeds whilst on holiday at home.

It is also important that your son should never be given Aspirin, or any compound containing Aspirin, for the treatment of any condition. Particular care should be taken in purchasing patent medicines for headaches or other minor complaints, as most of these contain Aspirin or Aspirin Compound. It is advisable, therefore, that you should consult your own doctor, should your son require treatment for even minor conditions.

Any doctor attending your son should be warned that he is suffering from haemophilia and should not be given any injections.

Furthermore, it is important that your son should see a dentist at least twice a year; that the dentist should be informed that he is suffering from haemophilia; and if teeth have to be extracted, he should be referred to his Haemophilia Centre for this to be arranged.

Yours sincerely,

GRO-C