A—M

No. GRO-A

INQUEST HELD AT THE CORONER'S COURT, BIRMINGHAM

PM REPORT

Date 22.12.1986

Upon the body of

GRO-A

NOTES OF EVIDENCE "ON TAPE".

Cause of death Atypical Pneumonia due to Immunosuppression due to HTLV3 Virus Aids also had Haemophilia

VERDICT

Misadventure

Indexed 6 GRO-A 86.

Medical Boarding Centre (Respiratory Diseases)
Hill Street Stoke-on-Trent Staffs ST4 1NP

Telephone Stoke-on-Trent 47401 xx [ORG]

Dr R Whittington
H M Coroner
Coroner's Court
Newton Street
BIRMINGHAM B4 6NE

Your reference

Our reference [AORG]

Date

13 July 1987

Dear Sir

RE: [AORG] - DECEASED [AORG] 86
LATE OF: [AORG]

This man was unknown to us in life so we have no details from our own records but I gather from his medical records that he worked in the shop-fitting and building trade. Medical records and postmortem findings are consistent with death due to Lung Cancer but we note the findings histologically of Dr C W Edwards, the referring consultant pathologist, that there were no asbestos bodies present in the lung sections and he does not describe any asbestosis. Furthermore we were unable to detect any evidence of Diffuse Bilateral Pleural Thickening.

We conclude therefore in agreement with the pathologist that, although death was due to a carcinoma of the lung, this would not have been materially accelerated by asbestosis nor by diffuse bilateral pleural thickening.

Yours faithfully

[GRO-C]

B SIMPSON
Senior Medical Officer

CORONER'S COURT, BIRMINGHAM

GRO-A 1986

BEFORE CHRISTOPHER BALL ESQ., H M DEPUTY CORONER

INQUEST ON GRO-A

NOTES OF EVIDENCE

COPY

Doctor Brian John BOUGHTON, Consultant Haematologist, Queen Elizabeth Hospital. SWORN:

I identified the body of the deceased who was GRO-A He was a patient of the Queen Elizabeth Hospital and had been since 1975. The final admission was on the GRO-A The reason for his admission was that he was admitted with symptoms of respiratory distress and he did have a variety of treatments and his condition did improve and he finally died just before midnight on GRO-A Mr. GRO-A was a Haemophiliac and had been receiving treatment for that complaint and although there are still further tests to be carried out, it would appear that he may well have been a sufferer of aids.

I can re-assure the family that there is no risk of infection.

Mrs. GRO-A GRO-A Birmingham. SWORN:

I am the mother of GRO-A who lived with me at the above address. He was 30 years of age, having been born on the GRO-A 1955. He was a single man and had never married and was employed as a Graphic Artist and he died at the Queen Elizabeth Hospital on the GRO-A this year.

ADJOURNED TO A DATE TO BE FIXED ✓

DG

.....

CORONER'S COURT, BIRMINGHAM

22ND DECEMBER, 1986

BEFORE DR. RICHARD MICHAEL WHITTINGTON, H M CORONER

INQUEST ON GRO-A

COPY NOTES OF EVIDENCE

Miss HOWDEN, West Midlands REgional Health Authority, /Queen Elizabeth Hospital.

H M Coroner declared list of documentary evidence to be produced.

H M Coroner read opening notes of evidence to the court.

GRO-A Birmingham. SWORN:

C. I think you can confirm that you are GRO-A of GRO-A GRO-A Birmingham.

W. Yes.

C. I did read out the evidence about the identification of your son, GRO-A This was correct, the facts?

W. Yes.

C. You did make a statement to my coroner's officer, Inspector CLARKE Would it be easier for you if I read that statement out? It might be more helpful, and would save having to put a lot of questions to you.

W. Yes.

H M Coroner read statement of Mrs. GRO-A (Exhibit C1) in court.

C. Does that seem to be a correct record of what you said.

W. Yes.

C. Is there anything else that you would wish to add to that?

W. No.

C. Just to clear up one or two points, as far as you know, he had no friends or colleagues or associates who suffered from a similar condition?

W. No.

C. He always used the syringes did he when he gave his injections, provided by the hospital?

W. Yes.

C. They were provided by the hospital?

W. Yes.

C. Presumably he could use a disposable needle? He would just use it the once would he?

W. Just the once yes.

C. He was never involved in drugs was he?

W. No.

C. Did he ever have any other injections except the injections for Factor 8 which he gave himself in recent years.

W. No, I don't think so.

C. He didn't have tattoos or anything like that did he?

W. No.

C. Can you think of any other way he might have acquired AIDS?

W. No,

C. As far as you know, he wasn't a practising homosexual?

W. No., definitely not.

The only way was through the Factor 8.

P. R. ACLAND, Consultant Home Office Pathologist, SWORN:

C. I think you can tell us that you are Doctor ACLAND Home Office Pathologist, and I think you carried out a post mortem examination on GRO-A

GRO-A

W. Yes.

C. And as a result of that you produced a report. Can you produce that document?

W. Yes. (witness looked at document exhibit C2).

C. I think you were aware of the fact that there was a possibility that this man had contracted AIDS before his death?

W. Yes.

C. For that reason I think certain precautions were taken in the mortuary?

W. That's correct sir, yes.

C. Was there any evidence of him suffering from the effects of Haemophilia at the time. Had he had any haemorrhages or anything of that sort?

W. No sir, there was no evidence of anyhaemorrhages of bleeding.

C. So his haemophilia was under control?

W. Yes sir.

C. Perhaps you would tell us what you did find.

W. The main findings were in the respiratory system. The airways were slightly inflamed and there was little fluid round the cavities - within the cavities around the lungs. The lungs themselves were very heavy and consolidated and the appearances were generally consistent with an atypical pneumonia.

C. I think tests were also carried out in the laboratory wern't they?

W. That's correct sir. Various samples of the tissues were studied under the microscope and the lungs showed the classic appearances of a type of pneumonia called pneumocystis carinii and this is an organism which normally causes no problems in a healthy person but is an oportunistic infection which is often suffered by people with suppression of the imune system.

C. This is a condition of AIDS isn't it?

W. Yes sir.

C. At the time of the post mortem examination there were other doctors present wern't there?

W. That's correct. There was Doctor FLEWITT who is an expert from East Birmingham Hospital a virologist, and there was Doctor BOUGHTON who is an expert haematologist from the Queen Elizabeth Hospital.

C. Did you arrange for fresh blood tests to be done to confirm the presence of AIDS or were you just informed?

W. I supplied specimens to Doctor FLEWITT who arranged for these to be carried out in other laboratories.

C. What was the result of that?

W. I haven't heard from him on the actual titration of the virus yet sir. I understand that tests before post mortem did confirm that he did have anti-bodies to the virus.

C. You were informed this by Doctor BOUGHTON?

W. Yes sir.

C. So this type of pneumonia I believe is very difficult to treat isn't it?

W. It is yes sir.

C. So what would cause this man's death?

W. In my opinion it was due to Atypical Pneumonia (Pneumocystis Carinii) due to Immunosuppression due to the AIDS virus. (HTLV3). He also had haemophilia..

C. What do you think we ought to record on the death certificate?

W. If I put HLV in brackets as well, perhaps that would make it absolutely clear.

C. Haemophilia also comes into this doesn't it?

W. It comes in Part II.

C. Is it to your knowledge that it is possible for womeone to acquire this virus through Factor 8?

W. Certainly a few years ago in un-heat treated products, yes sir.

C. This was before the dangers of the AIDS virus were known?

W. Yes sir.

C. It might take several years for it or some years would it to incubate the cells?

W. As I understand it, yes sir, but perhaps the clinicians would be able to give more details.

C. Thrush, can that sometimes be an early stage of the illness?

W. Yes sir.

Doctor Ian M. FRANKLIN, Consultant Haematologist and Co-Director Haemophilia Centre, Queen Elizabeth Hospital. SWORN:

C. I think you are Doctor I. M. FRANKLIN?

W. I am sir, yes.

C. What is your position at the Queen Elizabeth Hospital?

W. I am Consultant Haematologist and Co-Director of the Haemophilia Centre.

C. I think that GRO-A was a patient under the care of the centre.

W. Yes.

C. I believe following his death you submitted a report? Can I ask you to formally produce this?

W. (witness looked at report exhibit C3). Yes sir, that is my report.

C. In that report in the first paragraph you say he was a severe haemophiliac

W. Yes sir.

C. In his early years he had been treated at the Children's Hospital and I think you confirmed this previous history of serum hepatitus.

W. Yes sir.

C. Would that possibly have been caused through his treatment do you think?

W. It is almost certainly. It is very common for haemophiliacs to be exposed to this. It is highly likely.

C. When did he start having treatment with Factor 8 which I believe was the necessary replacement?

W. The Factor 8 is contained within Cryoprecipitate which he was receiving at the Children's Hospital, although I have not seen their records. He was also receiving Cryoprecipitate in the years 1974/1975 until about 1978. This is a single donation material from blood donors. It therefore has a lower risk of containing viruses and infections but is also a very cumbersome to give. It is the large volume and contains not a very great deal of the required Factor 8. The concentrated material became available in the middle 1970's. For various medical reasons relating to antibodies to Factor 8 that

Mr. GRO-A developed, he didn't actually receive large amounts of Factor 8 concentrate until later in the 1970's, about 1977/1978. Later on round about 1980 he began, he was felt to be capable of managing his own routine therapy at home as you have already heard, and hewas then transferred on to home therapy programme after appropriate training.

C. How often would he have to give an injection approximately?

W. As I have mentioned in my report he was not a heavy user of material. A severe haemophilic relates to those who have less than 1 per cent of the normal Factor 8 activity in their blood, but amongst that group he was less severe if that's not paradoxical. In his case perhaps only once or at the most, twice a week.

C. Where would he obtain his Factor 8?

W. He would come to the Haemophilia Unit at the Queen Elizabeth Hospital and receive supplies from the Haemophilia sister.

C. Is is right that the hospital would supply the syringes and needles?

W. Yes indeed they come packed in convenient packages with one needle for each treatment and syringe and in a container to dispose of waste.

C. Were was the Factor 8 manufactured?

W. I have been unable to trace the origin of the Factor 8 he received in 1977/1978 but from the time he was on home therapy and that was from 1980 onwards, he received no therapy other than Factor 8 concentrate manufactured by the Armour Pharmaceutical Company which is Factor 8.

C. The name of the product is the name Factor 8.

W. That's correct.

C. He received nothing but that material from the time he was commenced on home therapy.

C. Was that made in this country?

W. No, they are plasma donors in the United States of America.

C. So this is imported from the United States.

W. Yes, indeed.

He continued using this Factor 8. It was the same product right up until his death.

W. Yes.

C. And would you see him at the hospital? , between 1980 and 1986?

W. We would normally see until this current problem with the virus we were seeing patients routinely, six monthly. In fact, Mr. GRO-A was a regular attender but in fact did miss a couple of appointments in the year before his death. Whether that was related to fears of this, one obviously can't know, but prior to that he had been a very conscientious regular attender. That's in the routine clinic. He would have been attending the haemophilia unit to collect supplies on other occasions.

C. Although he didn't attend the formal out patients he was still collecting his Factor 8 in the year before his death.

W. Yes sir.

C. As far as you know, he wouldn't have got it from any other source?

W. It's only prescribed within the West Midlands at recognized haemophilia centres. We would have known if he had moved to other centres and it is extremely unlikely that he would have received some from outside the West Midlands area.

C. As far as you know, he had good health otherwise. He had no reason to be having medical treatment?

W. He had very few problems related to his haemophilia.

C. Had he been having injections for anything else?

W. We have no records of any other illnesses at all since his serum hepatitus.

C. Were you one of the clinicians looking after him on his last admission to hospital?

W. Yes.

W. Yes, he was admitted under my care in his final illness.

C. When was he admitted?

W. GRO-A 1986.

C. Why was he referred?

W. He was referred by his general practitioner with worsening breathlessness,

C. He was actually admitted to hospital then?

W. He was admitted that day, yes.

C. Hadn't he already had a blood test?

W. His original blood test was actually on 5th March 1985 when he was shown to be showing antibodies to what was then the HTLV3 virus and is now an immune defficiency virus. It would have been our practise to have seen him in clinic to disucce the implications of that with him, but as I have previously stated, he did not attend the formal out patient clinic, only coming up to the maemophilia unit for his Factor 8.

C. Why did he have that test done?, the one in March.

W. Well, from about the middle of 1984, it became apparent that significant numbers of haemophiliacs were becoming positive antibodies to this virus and we were now testing every haemophiliac for those antibodies as and when they came toattend the hospital. At that time, it didn't seem such an urgent matter.

C. That was in March?

W. March 1985.

The result was obtained back from East Birmingham Hospital in the May of that year.

C. Would he be told about this at the time?

W. He was not told of this at the time, that was only because he was not seen to tell him so.

C. Was his general practitioner told?

W. No, he was not.

C. So when Doctor PRITCHARD was treating him for the thrush he wouldn't know that he was HTLV3 positive.

W. That's correct.

C. This can be an early sign of the sign of the full blown disease. Is that right?

W. Yes sir.

C. Well, he was only in hospital a few days before he died.

W. Six days, he died on the GRO-A

C. And he was admitted for breathlessness and did xrays or other tests confirm he had some sort of pneumonia?

W. Yes, the examination of the chest was not very helpful but the xrays were highly suggestive of an Atypical Pneumonia.

C. In other words, putting it in simple terms he had a double pneumonia?

W. Yes, he had a double pneumonia.

C. Was any treatment instituted for this?

W. On the basis of a presumptive diagnosis, of pneumocystis Carinii pneumonia, as you have heard, he was started on a high dose of intravenus antibiotic which is known to be effective in the majority of cases.

C. Did he respond?

W. Well, we felt that he was responding. His temperature was settling and he was rather better in the few days prior to his death.

C. But he also had physiotherapy and oxygen and various other treatments.

W. Yes sir.

C. It would appear I think from the clinicians that he died from a complication he developed secondary to AIDS.

W. That would be our interpretation of the overall situation.

C. AIDS perhaps you will just tell us again what AIDS stands for.

W. Acquired Immuno Defficiency Syndrome. It is brought about by infection by the Immuno Defficiency virus, which is passed from person to person by either blood products or by sexual contact and it has a specific effect on a population of the immune system called the T Lymphocytes., and a particular sub-set of those which the virus destroys virtually completely.

W. and the loss of this part of the immune system makes the patient susceptible to certain otherwise very uncommon infections and the pneumocystis carinii is typical as well as the thrush. In some groups it also makes them susceptible to tumours.

C. You believe that this came from the blood which was used in the production of Factor 8?

W. Yes sir. We did question Mr. GRO-A about the other possible risk factors although the notes are not very clear on this, I have discussed this with my colleagues, and he was asked about homosexuality at the previous out patients clinic in April and denied any homosexual contact. There was no physical examination, physical evidence from examining him of drug abuse, although because he is a haemophiliac, there are puncture marks on the veins that would be consistent with that. There was never any suggestion from the history that he had been abusing drugs.

C. There was no danger of infection for the family was there?

W. The only danger or infections relate to his blood. If that should enter another persons blood system, through a cut in the skin, or through sexual intercourse, the risks to non-sexual partners appears to be extremely low, in patients who are infected with this virus.

C. Do you know whether any steps were taken to establish whether he had sexual partners? Is this normal procedure?

W. Our normal procedure is to councel the person who has antibodies to the virus as to the ways in which they can infect other people and this is done by advising males to use a contraceptive sheath a condom during sexual intercourse. We haven't had the resources or we don't have a policy either of actually doing contact tracing and testing sexual partners.

C. Would you not agree that that seems to be rather important?

W. We would be very interested in exploring that, if we had the resources to do so.

C. It is interesting, that it would have some worth as regards restricting the spread of this virus wouldn't it?

W. Within Birmingham at the present time I am led to believe that the haemophiliacs actually represent the largest group with antibodies to the immuno defficiency virus and I personally do feel it is a matter of great importance that we have resources to follow up and counsel the sufferers adequately and contact their sexual partners and counsel them also.

C. At the present moment, you haven't sufficient resources?

W. No, we have had no additional resources since the human efficiency virus epidemic or AIDS epidemic started.

C. So that this is not a unique experience in the West Midlands?

W. That is so.

C. A man has acquired this disease through Factor 8.

W. Within our patient population, we have had one other death from AIDS, but not within your jurisdiction. He was in London when he died. We have a number of other patients who areshowing signs of AIDS, but who are still alive. We have another 50 patients with antibodies. This sort of pattern is duplicated elsewhere where haemophiliacs are treated.

C. How many patients do you have? Haemophiliac patients?

W. We treat about eighty five to ninety haemophiliacs each year and about two thirds of those are infected, with the virus.

C. Is this risk likely to continue?

W. I wish I could be wholly reassuring about this, but since January 1985, all the Factor 8 material that has been given to haemophiliac patients or any other for that matter in the West Midlands has been heat treated in order to kill the AIDS virus. However, there has been some recent evidence that it may not be one hundred percent effective.but it is very difficult to determine whether because of the latent period the period between acquiring the infection and developing signs and symptoms of the complaint it is difficult to know when patients were infected

W. but we have recently had at the Childrens Hospital a couple of patients who developed antibodies say eighteen months into heat treated material. Following on to that we actually changed our supplier of Factor 8, because of that and we now use a different supplier which is also heat treated in a slightly different way,

C. Is it imported?

W. There are two sources of Factor 8 concentrate in the United Kingdom. A small proportion is provided from the National Blood Transfusion Centre, collected from volunteer donors and processed at the blood products laboratory in Earlstree. There has been long term committments from successive governments for the U. K. to become self sufficient in Factor 8. Over the last few years, however the suppliers of home grown Factor 8 have actually fallen rather than risen. We are assured that by the end of 1987 the U. K. should be if not self sufficient, at least have a majority of home produced material. So at the moment we are using between ten and twenty five percent home grown material so we then have two alternatives. We either have to import material or patients are not treated.

C. If haemophiliacs are not treated, what happens to them?

W. There is a short term risk of acute deaths from severe bleeding but that is not a major risk factor. The main problem relates to chronic bleeding into joints., so that they would become disabled by osteo arthritis and become bedbound and require orthopaedic surgery.

C. So it is necessary treatment?

W. It is in my opinion, and the great majority of haemophiliacs will still concur with that, despite the problems of the last few years.

C. Heamophiliacs themselves wish it?

W. Yes.

C. Are you still using Armour 8?

W. No that material was withdrawn from the United Kingdom. It is no longer available.

W. That is not in relation to this case, but in relation to some other cases about two or three months ago. I cannot recall the precise date. I think it was early in October.

C. So as regards ~~misuses~~ Hi Core, Armour 8 would have been the likely source of contamination?

W. Yes sir.

C. I think, having said that you must have been grateful for the supplies that have been made available through the Armour Company over the years?

W. Well, I think we were always using the material in good faith and I am sure they were supplying it in good faith., and we were always very happy with its therapeutic efficacy. It was a very useful product.

C. So from what you knew, of Mr. GRO-A I think you would agree this man almost certainly died from Atypical Pneumonia (Pneumocystis Carinii) Immunosuppression due to HTLV3 virus (AIDS), due to Haemophilia.

W. I think it is HIV, virus,

C. From your knowledge of this man, it was through treatment he was able to hold down a good and important job?

W. I think that is likely, yes.

C. Mrs. GRO-A Do you or any members of the family have any questions to put to the doctor?

Mrs. GRO-A I would like to clear up one thing, when they said he didn't go to the Queen Elizabeth he always used to have appointments sent to him, after twelve months we had no appointment for him to go and have a blood test so I rang them up and made an appointment. He went up and gave some blood. I only want to point out that when they said he didn't go up, it wasn't because he was neglecting not going, it was because he hadn't received an appointment to go.

C. Was this in 1985? or 1986?

Mrs. GRO- It would be in 1985.

They always sent him an appointment and we would go when he had an appointment.

Mrs GR O-A Had he had the appointment, he would have been there.

H M Coroner looked at hospital notes (exhibit C4) which were immediately returned to Doctor FRANKLIN.

DG

VERDICT:-DEATH BY MISADVENTURE

.....

3rd March, 87.

GRO-A

Rorer Health Care Limited.,
St. Leonards House,
St. Leonards Road,
Eastbourne,
East Sussex
BN21 9YG

Dear Sirs,

GRO-A deceased

In reply to your letter dated 29th December, 1986, I attach hereto copy notes of evidence and post mortem in the case of the above named.

The charge for the enclosed documents will be £24. 65p plus V.A.T. and an invoice will follow from Birmingham District Council in due course. Please wait until you receive this invoice before remitting your cheque.

The hospital notes (Exhibit C4) have been returned to the hospital.

Yours faithfully,

H M Coroner,
Birmingham and Solihull Districts.

3/87

Rorer
Health Care Limited
St Leonards House St Leonards Road Eastbourne East Sussex BN21 9YG
Tel. (0323) 21422/641144 Telex 878205/87141 Registered in England No 1615960

GRO-A

December 29, 1986

Inspector C Clarke
Chief Officer to H M Coroner
Coroner's Court
Newton Street
BIRMINGHAM
B4 6NE

Dear Inspector Clarke

Re: GRO-A Deceased

Following our conversation at the Inquest on the above, I would appreciate it if you could arrange for me to have a transcript of the Coroner's Inquest proceedings held on GRO-A 1986.

Naturally, we will accept an appropriate charge for this service.

Yours sincerely

GRO-C
p.p.
R B Christie
Director, Clinical Sciences

Please arrange

GRO-A

CORONER'S COPY

CORONER'S CERTIFICATE AFTER INQUEST

furnished under section 23 (1) of the Births and Deaths Registration Act 1953

*PM	*No PM

To the registrar of births and deaths for the sub-district of BIRMINGHAM

I certify that at an inquest held on 22.12.1986 at H.M. CORONERS COURT, NEWTON ST.,

in the DISTRICT of BIRMINGHAM *I/the jury found as follows

PART I DECEASED PERSON (Not still-born - see separate Form 99A)

1. Date and place of death: GRO-A 1986
THE QUEEN ELIZABETH HOSPITAL, BIRMINGHAM.

2. Name and surname: GRO-A

3. Sex: *Male/Female

4. Maiden surname of woman who has married: ———

5. Date and place of birth: GRO-A 1955
BIRMINGHAM

6. Occupation and usual address: GRAPHIC ARTIST
GRO-A
BIRMINGHAM.

Cause of death

1a Atypical Pneumonia (Pneumocystis Carinii) due to
1b Immunosuppression due to HIV virus (AIDS)
II Haemophilia III Disadvantage

*PART II. The inquest was adjourned on ..... { *under Section 7 of the Visiting Forces Act, 1952. *and has not been resumed.

*PART III. BURIAL/CREMATION

I have given *an Order for Burial/a Certificate E for Cremation dated GRO-A 1986 to GRO-A

CORONER'S COPY

CORONER'S CERTIFICATE AFTER INQUEST

furnished under section 23 (1) of the Births and Deaths Registration Act 1953

*PM	*No PM

To the registrar of births and deaths for the sub-district of BIRMINGHAM

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in the DISTRICT of BIRMINGHAM *I/the jury found as follows

PART I DECEASED PERSON (Not still-born - see separate Form 99A)

1. Date and place of death A.O.R.G. 1986

THE QUEEN ELIZABETH HOSPITAL, BIRMINGHAM.

2. Name and surname GRO-A

3. Sex *Male/Female

4. Maiden surname of woman who has married

5. Date and place of birth A.O.R.G. 1955

BIRMINGHAM

6. Occupation and usual address GRAPHIC ARTIST

A.O.R.G.

BIRMINGHAM.

Cause of death

1a Aspergillosis Pneumonia (Pneumocystis carinii) due to

1b Immunosuppression due to HIV virus (AIDS)

1c Haemoptysis 1d Misadventure

*PART II. The inquest was adjourned on ..... *under Section 7 of the Visiting Forces Act, 1952. *and has not been resumed.

*PART III. BURIAL/CREMATION

I have given *an Order for Burial/a Certificate E for Cremation dated GRO-A 1986 to A.O.R.G.

of (address) A.O.R.G. BIRMINGHAM GRO-C

Date 2nd December 1986. Signature

H.M. Coroner for BIRMINGHAM AND SOLIHULL DISTRICTS, WEST MIDLANDS COUNTY.

PART IV. ACCIDENT OR MISADVENTURE (including deaths from neglect or from anaesthetics)

1. Place where accident occurred:†
   - 0. Home
   - 1. Farm
   - 2. Mine or quarry
   - 3. Industrial place or premises
   - 4. Place of recreation or sport
   - 5. Street or highway
   - 6. Public building
   - 7. Resident institution
   - 8. Other specified place
   - 9. Place not specified

2. To be completed for all persons aged 16 and over
   When injury was received deceased was†
   1. On way to, or from work
   2. At work
   3. Elsewhere

3. Details of how accident happened:

Had previous of cervical treated

4. If motor vehicle accident, deceased was:†
   - 0. Driver of motor vehicle other than motor cycle
   - 1. Passenger in motor vehicle other than motor cycle
   - 2. Motor cyclist
   - 3. Passenger on motor cycle
   - 4. Occupant of tram car
   - 5. Rider of animal; occupant of animal-drawn vehicle
   - 6. Pedal cyclist
   - 7. Pedestrian
   - 8. Other specified person
   - 9. Unspecified person

5. Type of injury

6. Parts of body injured:

7. Interval between injury and death†

CRBI0000006_0021

PART I DECEASED PERSON (Not still-born - see separate Form 99A)

1. Date and place of death: GRO-A 1986
THE QUEEN ELIZABETH HOSPITAL, BIRMINGHAM.

2. Name and surname: GRO-A

3. Sex: *Male/Female

4. Maiden surname of woman who has married: —

5. Date and place of birth: GRO-A 1955
BIRMINGHAM

6. Occupation and usual address: GRAPHIC ARTIST
GRO-A
BIRMINGHAM.

Cause of death
1a Atypical Pneumonia (Pneumocystis Carinii) due to
1b Immunosuppression due to HIV virus (AIDS)
II Haemophilia III [illegible]

*PART II. The inquest was adjourned on .... { *under Section 7 of the Visiting Forces Act, 1952. *and has not been resumed.

*PART III. BURIAL/CREMATION

I have given *an Order for Burial/a Certificate E for Cremation dated GRO-A 1986 GRO-A

of (address) GRO-A BIRMINGHAM

Date 22nd December 1986. Signature GRO-C

H.M. Coroner for BIRMINGHAM AND SOLIHULL DISTRICTS, WEST MIDLANDS COUNTY.

PART IV. ACCIDENT OR MISADVENTURE (including deaths from neglect or from anaesthetics)

1. Place where accident occurred:†
   - (0.) Home (circled)
   - 1. Farm
   - 2. Mine or quarry
   - 3. Industrial place or premises
   - 4. Place of recreation or sport
   - 5. Street or highway
   - 6. Public building
   - 7. Resident institution
   - 8. Other specified place
   - 9. Place not specified

2. To be completed for all persons aged 16 and over
   When injury was received deceased was†
   - 1. On way to, or from work
   - 2. At work
   - (3.) Elsewhere (circled)

3. Details of how accident happened:
   Had injections of infected treated Factor VIII for treatment of Haemophilia.

4. If motor vehicle accident, deceased was:†
   - 0. Driver of motor vehicle other than motor cycle
   - 1. Passenger in motor vehicle other than motor cycle
   - 2. Motor cyclist
   - 3. Passenger on motor cycle
   - 4. Occupant of tram car
   - 5. Rider of animal; occupant of animal-drawn vehicle
   - 6. Pedal cyclist
   - 7. Pedestrian
   - 8. Other specified person
   - 9. Unspecified person

5. Type of injury: infection and [illegible] suppression

6. Parts of body injured: Whole body

7. Interval between injury and death†
   - 1. Less than one year
   - (2.) One year or more (circled)

PART V. MARITAL CONDITION, etc

All persons aged 16 and over†: (1.) Single (circled) 2. Married 3. Widowed 4. Divorced

All married persons: Date of birth of surviving spouse .... —

FOR COMPLETION BY THE CORONER

Certificate sent to registrar on .... *by post/otherwise than by post

*Delete as necessary

†Please ring appropriate numbers

FORM 99(RF

23rd December 86

GRO-A

Dr. Angus McGregor,
Chief Medical Officer,
West Midlands Regional Health Authority,
Arthur Thompson House,
146 Hagley Road,
Edgbaston,
Birmingham 16.

Dear Dr. McGregor,

Aids and Haemophilia

Yesterday I held an inquest following the death of a thirty year old haemophilia patient at the Queen Elizabeth Hospital on GRO-A of this year. This man had apparently acquired the disease from contaminated American imported unheat treated Factor VIII.

During the course of evidence Dr. I.M. Franklin, Consultant Haematologist, stated that two thirds of haemophiliacs in the West Midlands now have antibodies to the HTLV III virus. They thus form by far the greatest reservoir for the illness within the region. Naturally they form a potential cause to the spread of the disease and some of these men are known to be quite promiscuous.

Dr. Franklin tells me that there are no additional resources for counselling these persons and I stated at the end of the inquest that I would be writing to you suggesting that in some way facilities and staff should be provided to assist Dr. Franklin and his colleagues in providing an adequate counselling and care scheme for these unfortunate individuals. If for no other reason than to try and limit the spread of the disease. This might, of course, be an area where trained voluntary workers might make a useful contribution?

Another point that arose at the inquest was that it appeared that in March 1985 a blood test showed that Mr. GRO-A the individual concerned, was positive for Aids antibodies but his general practitioner was never informed. As far as I am aware confidentiality does not apply to this disease. I believe that the doctor should have known and therefore would have more likely diagnosed the fatal illness at an earlier stage. Further I think he should have been aware of the potential infection in case he or his staff were taking blood tests or otherwise being potentially infected

I hope that you may be able to respond to what I believe is a very cogent plea.

Yours sincerely,

H.M. Coroner,
Districts of Birmingham and Solihull.

Copy to Doctor Franklin.
Consultant Haematologist.
Queen Elizabeth Hospital.

H.M. CORONER'S COURT

BIRMINGHAM

DATE OF INQUEST: 22-12-1986

NAME OF DECEASED: GRO-A

1. Name of legal or other representative Miss HOWDEN

BARRISTER ☐ SOLICITOR ☑ OTHER ☐

2. Instructed by/Organisation WEST MIDLANDS REGIONAL HEALTH AUTHORITY

3. Representing the interest of HOSPITAL (IN WHICH DECEASED DIED) QUEEN ELIZABETH.

1. Name of legal or other representative _____

BARRISTER ☐ SOLICITOR ☐ OTHER ☐

2. Instructed by/Organisation _____

3. Representing the interest of _____

1. Name of legal or other representative _____

BARRISTER ☐ SOLICITOR ☐ OTHER ☐

2. Instructed by/Organisation _____

3. Representing the interest of _____

1. Name of legal or other representative _____

BARRISTER ☐ SOLICITOR ☐ OTHER ☐

2. Instructed by/Organisation _____

3. Representing the interest of _____

West Midlands County Council

MEMORANDUM

24th October, 86.

AO GR

Dr. I.M. Franklin,
Consultant Haematologist,
The Queen Elizabeth Hospital,
Edgbaston,
Birmingham
B15 1TH.

Dear Sir,

AO GR - deceased

Further to my conversation with your secretary, H.M. Coroner has requested me to confirm he would like a full medical report concerning the death of the above-mentioned deceased to include when, where and by whom Factor VIII was supplied. I enclose a copy of the post mortem report.

Thank you for your co-operation.

An Inquest will be held soon.

Yours faithfully,

Inspector
Chief Officer to H.M. Coroner

Enc.

West Midlands County Council

MEMORANDUM

From	GRO-C	To	D.M. Forbes
Our Reference		Your Reference	
Telephone No.		Date	26. 9. 86

GRO-A

Which documents do you require

(1) – Need report a) Doctor in charge – local Haem...

b) Consultant who runs haemophilia clinic +

Other persons to be informed? Suffolk Factor VIII.

(2) Copy of Scott ... letter to Dr. Gilroy Beeson? ✓ done.

West Midlands County Council

MEMORANDUM

From P.C. TAYLOR

To Insp. CLARKE

Our Reference

Your Reference

Telephone No.

Date 22.10.86.

Re GRO-A

Message from Dr Franklin's Secretary to say that the hospital notes are now finished with and are available for collection from her office if you want them. She says she will send them if you wish.

Ext. GRO-C

GRO-C: P.C. Taylor

GRO-C: Dr Franklin

West Midlands County Council

9 am

MEMORANDUM

From WPC Reynolds

To Insp. Clarke.

Our Reference

Your Reference

Telephone No.

Date 29/9/1986.

Sir,

Can you ring Dr. Frankum's Secretary at the Queen Elizabeth Hospital on Ext. GRO-C re: Hospital Notes for GRO-A

GRO-C: Helen Reynolds

GRO-C

BIRMINGHAM DISTRICT CORONER'S COURT

25th September 1986

PATHOLOGIST Dr. P.R. Acland

REPORT ON THE AUTOPSY OF THE BODY OF GRO-A GRO-A

AGE 25 30 MADE AT The Central Mortuary BIRMINGHAM

AT ..... m. ON GRO-A THE GRO-A DAY OF GRO-A 1986

ACTING ON THE INSTRUCTIONS OF H.M. CORONER FOR BIRMINGHAM DISTRICT, BY VIRTUE OF SEC. 21 CORONERS (AMENDMENT) ACT, 1926.

Date and Time of Death GRO-A 1986

Place of Death Queen Elizabeth Hospital

Other Doctors present at Autopsy Dr. Boughton, Haematologist, Queen Elizabeth Hospital
Dr. Flewitt, Virologist, East Birmingham Hospital

EXTERNAL EXAMINATION

The body (Height approx. 5'7", Weight approx. 10 stones) was that of a lean, young adult white male with dark brown hair. There was no evidence of injury. There was no obvious lymphadenopathy.
A limited post mortem was conducted.

INTERNAL EXAMINATION : Cardiovascular System

Internal examination showed a normal sized heart. The coronary arteries appeared normal. The cardiac valves plus myocardium appeared normal. The systemic vasculature appeared normal.

Respiratory System
The trachea and main bronchi were slightly inflamed. The pleural cavity contained a little amber coloured bilateral pleural effusion. The lungs were markedly heavy and uniformly consolidated, and samples taken sank in preservative. The appearances were generally consistent with an atypical pneumonia. There was no evidence of infarction or neoplasm. The main pulmonary arteries appeared normal. There was no evidence of thrombo-embolus.

Gastro-intestinal System
The oesophagus and stomach appeared normal. The duodenum was normal. The liver was normal size. It was slightly pale on slicing, and firm. The pancreas was normal. The biliary system appeared normal. The small and large bowel were normal.

Endocrine System
The thyroid and adrenal glands appeared normal.

Reticulo-endothelial System
There was slight hilar lymphadenopathy but not generalised enlargement of lymph nodes. The spleen appeared unremarkable.

GRO-A

Genito-urinary System
The renal arteries and veins appeared normal. The kidneys were normal size, and showed a normal cortical width. The capsular surface appeared smooth. The bladder, prostate appeared normal. The testes appeared unremarkable.

Central Nervous System
This system was not examined.

Histology:

Lungs: showed classical appearances of pneumocystis carinii infection with foamy eosinophilic exudate within all of the intra-alveolar spaces. There was some slight widening of the alveolar walls and a mild mixed infiltrate including neutrophils and plasma cells. Special stains including Grocott PAS stains show typical pneumocystis bodies. There is no evidence of cytomegalovirus. No other organisms are seen by Giemsa stain or Gram stains.

Lymph nodes and spleen: show marked depletion of lymphocyte follicles. The lymph nodes show sinus histiocytosis and a few acute inflammatory cells are seen including eosinophils.

Liver: shows marked fatty change. Distribution appears to be perilobular. The architecture is otherwise normal. Central regions show some cloudy swelling of hepatocytes. There is a mild chronic inflammatory infiltrate of the portal tracts. There is no increase in fibrosis. The bile ducts appear normal.

Heart: appears normal.

Thymus gland remnant: is identified and shows some depletion of lymphocytes. No follicles are seen.

Pancreas: is autolysed. There is no evidence of abnormality.

Sections of small and large bowel: appear unremarkable.

Prostate and bladder: appear normal.

Adrenal gland: appears normal apart from possibly some cortical lipid depletion.

Death in my opinion is due to:

ATYPICAL PNEUMONIA (PNEUMOCYSTIS CARINII)
due to IMMUNOSUPPRESSION
due to HTLV3 VIRUS (AIDS) (HIV virus)
He also had HAEMOPHILIA

GRO-C

P.R. Acland D.M.J.(Path), M.R.C.Path.
Consultant Home Office Pathologist

The Queen Elizabeth Hospital

Queen Elizabeth Medical Centre
Edgbaston
Birmingham B15 2TH

Tel: 021-472 1311 Ext GRO-C

C3

Please reply to: Dr I M Franklin Your ref: Our ref: GRO-A

6 November 1986

Dr R M Whittington
H.M Coroner
Coroner's Court
Newton Street
Birmingham
B4 6NE

Dear Dr Whittington

Mr GRO-A DOB GRO-A 55
GRO-A Birmingham, GRO-A
Date of Death GRO-A 86

This young man with severe haemophilia (Factor VIII deficiency) was transferred to the Queen Elizabeth Hospital some time in 1974, being transferred from Birmingham Children's Hospital. He was first admitted in 1974 when the notes say that he suffered from an episode of serum hepatitis. At about this time in September 1974 he also had an episode of haematuria treated with 50 bags of cryoprecipitate.

His next attendance was as an in-patient with a bleed into the left side of his neck which was treated with cryoprecipitate. In total he received 42 bags of cryoprecipitate.

In 1975 he was found to have inhibitors to Factor VIII and accordingly replacement treatment with Factor VIII was withheld for non-life threatening bleeds. He had no further therapy for his haemophilia therefore until June 1978 when he was admitted following 2 episodes of haematemesis with associated malaena stool.

During this admission he was treated with intensive Factor VIII therapy and also received 7 units of group O rhesus negative packed red cells. Gastroscopy showed the bleeding to be from the lesser curve of the stomach but no definite ulcer was seen. He settled with the above replacement blood factor therapy. The total amount of Factor VIII he received was 17,475 units. Repeat upper gastro-intestinal endoscopy showed healing of his lesser curve lesion by the 23 June 1978, that is one week later.

In 1979 Mr GRO-A suffered another episode of haematuria associated with right loin pain. It appears that this was treated conservatively with no blood product support.

6 November 1986

Dr R M Whittington

On the 8 July 1979 Mr GRO-A was again admitted this time suffering from recurrent gastro-intestinal haemorrhage together with haematuria. He remained in hospital until the 13 July and was treated with Factor VIII replacement therapy. It is not possible from the notes to determine the precise amount given but at least 6 bottles were used which would be equivalent to approximately 1200 units.

His penultimate admission was in August 1980 following an accident at home when he cut his neck. By this time he was established on home therapy with Armour Factorate. He was treated with 7 bottles in total making approximately 1400 units.

In 1980 a decision was made to start Mr GRO-A on home therapy. This involves the patient maintaining a supply of Factor VIII concentrate at home and injecting themselves when they feel that they are likely to suffer from a bleed or when a bleed is established. From that time until his death our records suggest that he received no other treatment than Armour Factorate concentrate. The total amount that he received from that time until his death was 71,080 units. This represents quite a low useage for a patient on home therapy since our average annual useage for treated haemophiliacs is of the order of 30,000 units per annum.

Mr GRO-A was seen regularly in the Bleeding disorders clinic until 31 May 1984, when despite being given a 6 monthly appointment he failed to respond to a reminder and was not seen until 24 April 1986. At that time he had already suffered from an episode of oral candidiasis treated by his general practitioner. He was examined by Dr Mary Chapple, Honorary Registrar, who noted him to be thin and pale but otherwise there were no abnormal physical signs. At this consultation he was informed that he had antibodies to the human immuno deficiency virus and he was counselled accordingly. A three monthly appointment was given. He had been first shown to be positive for HTLV III antibodies on the 5 March 1985 but he had not attended the clinic for review until April 1986.

G. A Tobin?

He was finally admitted to the Queen Elizabeth Hospital on the 3 June 1986 with the previous history of candidiasis, cough and weight loss. Over the previous preceding month he had had 3 further episodes of oral thrush initially successfully treated by Nystatin and over the preceding 2 weeks had developed a non-productive cough associated with increased shortness of breath. Over the previous one month, that is since his clinic visit, he had lost about 2 stone despite a good appetite. At the time of his admission he was known to be negative for hepatitis B surface antigen but positive for antibodies to that virus suggesting immunity.

Physical examination revealed a pale, wasted man who was cyanosed. His pulse was rapid at 108/minute and on listening to the chest he

6 November 1986

Dr R M Whittington

had a soft ejection systolic murmur but no added breath sounds. Investigation revealed a profound lymphopenia which had been present in April 1986 but not when he was previously seen in 1984. His chest X-ray showed a diffuse alveolar shadowing consistent with pneumocystis carinii infection.

A presumptive diagnosis of the acquired immune deficiency syndrome occuring in a haemophiliac male infected with the human immune deficiency virus was therefore made. He was treated with intravenous Septrin, physiotherapy and oxygen. By the 5 June he had developed a temperature of 38°C and remained cyanosed despite inhaled oxygen. He did not receive Factor VIII replacement therapy. The possibility of obtaining bronchial lavage via transnasal fibre-optic bronchoscopy was considered but it was not possible to arrange this in the time available. While preparations for bronchoscopy were being made he received Factor VIII concentrate to cover him for the procedure, which was, in fact, not carried out.

By the ORG the patient was feeling better and his temperature was settling and he had in fact been apyrexial for 12 hours. However despite this apparent improvement he suddenly deteriorated late on the night of the ORG and the Haematology Registrar, Dr Michael Hamon was called to see the patient at 10.50 pm. By ORG pm that night the patient had suffered a cardiac arrest but despite attempts at resuscitation that established adequate cardiac output, the patient developed fixed dilated pupils and further measures were not taken. Subsequent results obtained after his death did not reveal the cause of the pneumonia but it is understood that the post mortem examination revealed evidence of pneumocystis.

Summary: This patient with severe haemophilia A (Factor VIII deficiency) having been infected by the human immuno deficiency virus was admitted in ORG 1986, suffering from an interstitial pneumonitis and from the post mortem examination found to be pneumocystis carinii pneumonia. The patient therefore died of the acquired immune deficiency syndrome and it is likely that the human immuno deficiency virus was acquired from Factor VIII concentrate products received over the previous 5 or 6 years.

Yours sincerely

GRO-C

Ian M Franklin PhD MRCP (UK) MRCPath
Consultant Haematologist &
Co-Director Haemophilia Centre

The Queen Elizabeth Hospital

Queen Elizabeth Medical Centre,
Edgbaston,
Birmingham.B15 2TH.
021-472 1311 Ext: GRO-C

Please reply to: Haematology Dept. Your ref: Our ref GRO-A

GRO-A 1986

re: GRO-A - D.O.B. GRO-A /55
GRO-A Birmingham GRO-A

This 30 year old man was admitted to the Queen Elizabeth Hospital on GRO-A 1986 with a 2-week history of a dry cough and a 1 month history of weight loss and recurrent mouth infections. He was a known, severe haemophiliac with a past history of hepatitis B in 1982 and Factor VIII inhibitors in 1983. In 1985, routine testing showed him to have developed antibodies to the HTLV III (AIDS) virus. He had been treated for haemophilia with various blood products throughout his life, and there was no history of homosexuality or intravenous drug abuse. In recent years, he had learned to administer his own Factor VIII treatment at home.

He was found to be febrile, wasted and in respiratory difficulty. There were clinical signs of pneumonia in both lungs and a chest x-ray showed appearances which were hightly suggestive of a pneumonia due to pneumocystis carini or cytomegalovirus. Both these organisms are very unusual in healthy persons but are commonly seen in Acquired Immunodeficiency Syndrome (AIDS). He was treated with oxygen and high dose intravenous Septrin and the patient and his family were informed of the probable diagnosis and its likely outcome. Sputum was sent for examination to exclude other causes of pneumonia.

The patient made an initial recovery with an improvement in his breathing and a settled temperature. On GRO-A, however, he deteriorated rapidly and experienced increasing respiratory distress and a cardiac arrest. He failed to respond to resuscitative measures and was certified dead at 11.50 pm.

There was very strong presumptive evidence that this man's death was caused by opportunist organisms. These resulted from an immunodeficiency syndrome due to HTLV III infection acquired from blood product treatment for his haemophilia.

GRO-C

Dr B. J. Boughton MD MRCP MRCPath.
Consultant Haematologist
Senior Lecturer in Haematology
Queen Elizabeth Hospital

Central Birmingham Health Authority

CB3-82
Use Env.26-165

GRO-A

West Midlands
Metropolitan County
(Birmingham District)

To Her Majesty's Peace Officers, the Chief Constable, Superintendents, Inspectors, Sergeants and Constables of the Police Force, in the Birmingham District, and to either of them.

THESE are, in Her Majesty's Name, and by virtue of my Office, to command and require you, or one of you, immediately upon sight hereof, to summon and cause to appear before me, Her Majesty's Coroner for the said District, at the Coroner's Court, Newton Street, in Birmingham, by 10.00 of the clock in the fore noon, on MONDAY the 22ND day of DECEMBER, 1986. all material Evidences and Witnesses relating to the death of

GRO-A

now lying dead at in the said District, and be you yourself then and there also present, to make a return of this Precept, with a list of such Evidences and Witnesses, their several Residences and Occupations, and further to do and execute such other matters as shall then be and there enjoined you. And herein fail not at your peril.

Given under my Hand and Seal, this 10th day of December, 19 86.

GRO-C

Coroner.

The Execution of this Precept appears by the Panel and List of the Evidences and Witnesses hereunto annexed.

The answer of Witnesses at 09.30

Coroner's Officer.

4

Reference No. GRO-A

H.M. Coroner's Office,
BIRMINGHAM.

INQUEST

Date 10th December, 1986.

Deceased's Full Name GRO-A

Age 30 years Address GRO-A
Birmingham.

Occupation and/or Description Graphic Artist.
single man.

Place of Death and Date The Queen Elizabeth Hospital on GRO-A 1986.

~~Burial~~/Cremation Registrar

Medical History

~~Doctor~~/Pathologist P.R. ACLAND, M.B., Ch.B.

Cause of Death Atypical Pneumonia (Pneumocystis Carinii) due to
Immunosuppression due to HTLV3 Virus (Aids).
Also had:- Haemophilia.

REPORT

Sir,

The deceased had severe haemophilia. On GRO-A 1986, he was admitted to The Queen Elizabeth Hospital with pneumonia. It was found in hospital he had Aids. He died on GRO-A 1986.

Dr. P.R. Acland carried out a post mortem examination and subsequent Histology and gives the cause of death as above.

It is proposed to resume the Inquest on Monday 22nd December, 1986.

Mr. Christie, Director of Clinical Sciences, Armour Pharmaceutical Co. Ltd., informed.

GRO-C
Inspector

DOCUMENTS TO BE PRODUCED

HOSPITAL NOTES ✓

THE FOLLOWING WITNESSES HAVE BEEN WARNED TO ATTEND THE INQUEST

GRO-A	-	Mother Identity History.
P.R. ACLAND, M.B., Ch.B.	-	Pathologist Cause of Death. Histology.
Dr. I.M. FRANKLIN	-	Consultant Haematologist & Co-Director Haemophilia Centre. Hospital Notes.

(MR. CHRISTIE, DIRECTOR OF CLINICAL SCIENCES,(ARMOUR PHARMACEUTICAL CO. LTD)
WILL BE PRESENT IN COURT

H.M. Coroner's Office
BIRMINGHAM
Date GRO-A 1986.

(1)

STATEMENT

Name of Deceased GRO-A

GRO-A (58) states:-

I live at GRO-A Birmingham.

I am the mother of GRO-A aged 30 years, born GRO-A 1955 in Birmingham. He lived at home with me.

I am a widow.

He was a single man. He worked at GRO-A as a Graphic Artist. Died GRO-A 86 QE.

He had had no serious accidents, or operations. Normally he was a fit and well person. He was active and had plenty of hobbies. He avoided sport because of his complaint - haemophilia. He didn't smoke and just an occasional drink. He drove a motorbility car which he had on lease. He was born a haemophiliac. When he used to have bumps, he always had to go to hospital - The Children's. Then, he started to have cryo precipitate about 15 yearsago. This lasted about 3/4 years. Then he went onto Factor 8 and has been on this ever since.

At first he was treated at The Queen Elizabeth Hospital, but then he had home treatment. Of course, if it was anything serious he went into hospital. The last time he was in hospital was9 years ago, for a slight peptic ulcer - he had bed rest and Factor 8. He was always careful to look after himself. He had a boxwith little bottles in, kept in the fridge - of Factor 8. He made up the mixture and then injected himself. He only took this when he had a problem - sayswelling in his elbow or an ankle. He might go weeks without any treatment but on another occasion he might need 2/3 injections in a day or two. None of these presented any real problems. He coped very well. He

CS 747(A)

got his Factor 8 from The Queen Elizabeth Hospital and always has done - he has had it since it first appeared onthe market. He had regular dental checks and was seen at Dr. HILL's Clinic every 3/4 months. He lost very little time from work.

We were aware of the problems with contaminated specimens, but thought everything was all right when they were heat treated. About 8 weeks ago, ORG started to have thrush in his mouth. He looked very pale. He went to his Dr. - Dr. PRITCHARD who gave him some tablets and pastilles - within 2 days he had recovered - his mouth was clear. However, the thrush returned and he saw the Doctor again and he doubled up on the medicine - but then he started to lose a lot of weight. A couple of weeks later he had a cough, and trouble with his breathing. Dr. PRITCHARD called and sent him for a blood test - which showed he was anaemic. He wasn't getting any better, the Doctor called again and then on GRO-A 1986, he sent him for an x-ray and he was admitted to The Queen Elizabeth Hospital. He was put on a drip and anti-biotics. The doctors did tell me that they thought he might have AIDS. He remained the same - getting no better and I last visited him AORG 1986, until 8.00 p.m., then the Doctor rang about 12 midnight to say AORG had died a short while earlier. I wastold the problem could be due to Factor 8 some 5/6 years ago, before they heat treated the specimens.

Some 9 years ago ORG had Hepatitis - this was from the Cryo, it righted itself, after plenty of liquids and rest.

I am very pleased with the way he has been looked after by the Children's and The Queen Elizabeth Hospitals, but of course, I am very concerned he has picked up this illness from the contaminated specimen.

The funeral will be a Cremation.

(Signed) AORG

Statement taken down by me at 12.10 p.m., on GRO-A 1986, at the maker's home. Read over to and by her and signed in my presence.

(Signed) C. Clarke, Inspector.

DATE OF P.M. GRO-A 1986 Time 1730 At Central Mortuary.

NAME OF DECEASED GRO-A Age 29

INJURIES: (including bruises, cuts or other marks of violence, bedsores, etc.)

None

Height Approx 5'7" Weight ?

If so, are they a factor in death? No

Any further examination required, analysis, sections, etc? Yes Specimens → Dr Flewitt Virology
2 Histology Kept

Other Doctors present at P.M. Dr Flewitt (Virologist EBH) Dr Boughton (Haematologist QEH)

CAUSE OF DEATH Atypical Pneumonia

d/t Immunosuppression

d/t HTLV III virus

II) Haemophilia

Signed GRO-C

GRO-A GRO-A

REPORT BY: Dr Brian ~~Bouston~~ BOUGHTON (CONSULTANT) **OF** Q.E.H. EXT. GRO-C

Time 10-25 Date GRO-A 86 **Received by** GRO-C

Name of Deceased: GRO-A **Age** 25

Address GRO-A

Occupation

When died GRO-A 86 Where died Hos

Body at Hos

CIRCUMSTANCES OF DEATH

Admitted GRO-A 86 with Pneumonia

He was a haemophiliac but had acquired A.I.D.S. d/t a blood transfusion

He died 11.50pm GRO-A 86.

I can give c/D Pneumonia
d/t Pneumocystis Carcinii
d/t A.I.D.S.

MR. CHRISTIE - DIRECTOR OF CLINICAL SCIENCES
~~Mr. H. GRAVES.~~

Medical History (including when last treated, by whom, for what?) GRO-C

Rels. GRO-A

ARMOUR PHARMACEUTICAL GRO-C CO. LTD
ST. LEONARDS HOUSE
ST. LEONARDS ROAD
EASTBOURNE, SUSSEX
BN21 3YG
(INFORMATION AS TO FACT)

Any marks of violence or injury

Inquest **Jury: Yes/No**

P.M. Ordered ✓ Coroner's P.M. **Pathologist** GRO-C

if Prof. G.S. J... agree.

ANY OTHER ACTION TAKEN

DR. BOUGHTON. (Q.E.H.) GRO-C
DR. FRANKLIN (E.A.H) GRO-A

PG

GRO-C

VIDIM. SEE DR. FRANKLIN

Officer concerned: GRO-C

Chief Inspector: GRO-A

H.M. Coroner

[redacted]

[redacted] Birmingham.

[redacted] 1986.

xxxxxxxxxxxxxxx

[redacted] 86.

Deputy

[redacted]

West Midlands County Council

MEMORANDUM

From GRO-C

To H.M. Coroner.

Our Reference

Your Reference

Telephone No.

Date

GRO-A

GRO-A

GRO-A

Telephone 80 1230

(1) Identity - Home history.

(2) Surgeon or otherwise & aides. & Relatives, Work colleagues, friends etc

(3) Press & Media

GRO-A

Urgent.

30m

West Midlands County Council

MEMORANDUM

From GRO-C

To H.M. Barnes

Our Reference

Your Reference

Telephone No.

Date GRO-A 1986

GRO-A

Papers attached.

Relatives do not wish an inquest

I am sorry - do not have to be on my own account

[redacted]

The Administrator, The Queen Elizabeth Hospital,
Queen Elizabeth Medical Centre, Edgbaston,
Birmingham B15 2TH.

AO-GR

AORG 86 10 XX

H.M. Coroner's Court, Newton Street, Birmingham

10th December 86.

West Midlands County Council

MEMORANDUM

From GRO-C

Our Reference

Telephone No.

To [illegible]

Your Reference

Date 28. 11. 1986.

GRO-A

[illegible] 22. 12. 86

Which witnesses do you require.

1 [illegible] [illegible]
2 Dr [illegible] – [illegible]
3 Dr Franklin – [illegible]

Anyone to be informed.

[illegible] ([illegible]) [illegible]
[illegible] of [illegible] W.M.R.H.A.

Hospital notes retained at [illegible]. [illegible]

[illegible] [illegible]

[redacted]

West Midlands County Council

MEMORANDUM

From [redacted]

To H.M. Deputy Coroner.

Our Reference

Your Reference

Telephone No.

Date GRO-A 86.

GRO-A

To be adjourned — Date to be fixed.

8

West Midlands
Metropolitan County
(Birmingham District)

To Her Majesty's Peace Officers, the Chief Constable, Superintendents, Inspectors, Sergeants and Constables of the Police Force, in the Birmingham District, and to either of them.

THESE are, in Her Majesty's Name, and by virtue of my Office, to command and require you, or one of you, immediately upon sight hereof, to summon and cause to appear before me, Her Majesty's Deputy Coroner for the said District, at the Coroner's Court, Newton Street, in Birmingham, by 10.00 of the clock in the fore noon, on [redacted] 1986. all material Evidences and Witnesses relating to the death of

[redacted]

now lying dead at The Central Mortuary in the said District, and be you yourself then and there also present, to make a return of this Precept, with a list of such Evidences and Witnesses, their several Residences and Occupations, and further to do and execute such other matters as shall then be and there enjoined you. And herein fail not at your peril.

Given under my Hand and Seal, this [redacted] 19 86.

[redacted]

Deputy *Coroner.*

The Execution of this Precept appears by the Panel and List of the Evidences and Witnesses hereunto annexed.

The answer of Witness at 12.15 p.m.

Coroner's Officer.

Reference No. GRO-A /86

H.M. Coroner's Office,
BIRMINGHAM.

INQUEST

Date GRO-A 1986.

Deceased's Full Name GRO-A

Age 30 years Address GRO-A
Birmingham.

Occupation and/or Description Graphic Artist.
single man.

Place of Death and Date The Queen Elizabeth Hospital on GRO-A 1986.

~~Burial~~/Cremation Registrar

Medical History

~~Doctor~~/Pathologist P.R. ACLAND, M.B., Ch.B.

Cause of Death Atypical Pneumonia due to Immunosuppression due to
HTLV III Virus;
II. Haemophilia.

REPORT

Sir,

The deceased was a haemophiliac. On GRO-A 1986, he was admitted to The Queen Elizabeth Hospital with pneumonia. It was found in hospital, that he had Aids. He died on GRO-A 1986.

Dr. P.R. Acland carried out a post mortem examination and gives the cause of death as above. Histology is being carried out.

It is proposed to open an Inquest touching upon this death on GRO-A GRO-A 1986, and to adjourn the proceedings until a date to be fixed, pending further enquiries and result of tests.

GRO-C

GRO-C D.S. 1751

for Inspector

Sir, [illegible], No Property [illegible]

CS 748

CRBI0000006_0052

THE FOLLOWING WITNESS HAS BEEN WARNED TO ATTEND THE INQUEST

A.O.R.G - Mother
Identity.

Dr. Batten.

Boughton.

GRO-A

REPORT BY: Dr Brian Bouston **OF** Q.E.H.

Time 10-25 Date GRO-A 86 Received by GRO-C P.C. Wills

Name of Deceased: GRO-A Age 25

Address

Occupation

When died GRO-A 86 Where died Hos

Body at Hos

CIRCUMSTANCES OF DEATH

Admitted GRO-A 86 with Pneumonia
He was a haemophiliac but had acquired
A.I.D.S. d/t to blood transfusion
He died 11.50pm GRO-A 86.
I can give c/d Pneumonia
d/t Pneumocystis Carinii
d/t A.I.D.S.

Medical History (including when last treated, by whom, for what?)

GRO-A

GRO-A

I/am Mrs. PARTON.

Any marks of violence or injury GRO-A

Inquest Jury: Yes/No GRO-A

P.M. Ordered ✓ 23 P.M. Pathologist Dr. ACLAND

ANY OTHER ACTION TAKEN

GRO-A

GRO-A

Officer concerned: GRO-C

GRO-A

Chief Inspector: GRO-A

H.M. Coroner GRO-A

CRBI0000006_0054

Our Ref [redacted] 10 December 1986

Mr Christie
Director of Clinical Sciences
Armour Pharmaceutical Co Ltd
St Leonards House
St Leonards Road
Eastbourne
Sussex
BN21 3YG

Dear Sir

[redacted] - deceased

Further to our recent telephone conversation. H M Coroner would be pleased to see you at the Inquest, Monday 22 December, 1986, at 10.00 am, at H M Coroner's Court, Newton Street, Birmingham.

I enclose a copy of the relevant reports and directions should you be travelling by car.

Yours faithfully

INSPECTOR
CHIEF OFFICER TO H M CORONER

Encs

A—M

District of Birmingham
County of West Midlands
To Wit

AN Inquisition taken for our Sovereign Lady the Queen at the Coroner's Court, situate in the District of Birmingham, in the County of West Midlands, this 22nd *day of* December *19* 86 *by me, Richard Michael Whittington, one of Her Majesty's Coroners for the said County, on view of the body of* GRO-A *to inquire for our said Lady the Queen, when, where, how, and by what means the said* GRO-A *came to h* is *death.*

And I, the said Richard Michael Whittington, do say:—

That the said GRO-A

on the GRO-A *19* 86

died at The Queen Elizabeth Hospital, Birmingham. *in the District aforesaid.*

That the cause of h is *death was* ATYPICAL PNEUMONIA (PNEUMOCYSTIS CARINII)
IMMUNOSUPPRESSION due to HTLV VIRUS (AIDS)
He also had HAEMOPHILIA

Sustained by the said GRO-A who had treatment for his haemophilia with unheat-treated American imported factor VIII and thereby acquired infection with the HTVL3 virus.

And so do further say that the said GRO-A *came to* his *death* by MISADVENTURE *and not otherwise.*

And I do further say that the said GRO-A *at the time of h* is *death was a male person, of the age of* thirty one *years, and was* a graphic artist and a single man

In witness whereof, I, the said Richard Michael Whittington, have to this Inquisition set my hand and seal, the day, year, and place, first above written.

GRO-C
Coroner