Witness Name: Irene Ruth Spellman
Statement No: WITN0179001
Exhibits: WITN0179002 - WITN0179005
Dated: February 2019

INFECTED BLOOD INQUIRY

FIRST WRITTEN STATEMENT OF IRENE RUTH SPELLMAN

I, Irene Ruth Spellman will say as follows:-

Section 1. Introduction

1. My name is Irene Ruth Spellman and I live at GRO-C London, GRO-C GRO-C I was born on GRO-C 1951. I married Bill in 1979 and we had three children, William, Rhiannon and Fiona who are now in their 30s. Bill died in 2009 and I married again 2014. I am the CEO and General Secretary of the Workers' Educational Association (WEA) which is an education charity and have been for seven years.

2. I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006.

3. This witness statement has been prepared without the benefit of access to my late husband's full medical records. If and in so far as I have been provided with limited records the relevant entries are set out in the medical chronology at the end of this statement.

Section 2. How Affected

4. I am providing this statement in respect of my late husband Dr William Spellman, who was known as Bill. He had a PHD in Physics from York University and worked in industry before retraining as a teacher when he was about 32 years old, which is when we met. He worked at Chauncy School in Hertford between 1981 until 2009, first as a Physics teacher and later becoming the Head of Science. He never missed a day or work up until he was diagnosed with Acute Myeloid Leukaemia in 1989 when our children were aged 6, 4 and 2.

5. Bill was successfully treated for his Leukaemia as an inpatient and outpatient from between October 1989 and April 1990 under Dr Howard Davis, Consultant Haematologist at the Queen Elizabeth Hospital in Welywn Garden City. He received three courses of chemotherapy, blood transfusions and blood products but contracted non A non B hepatitis as a result of his treatment as seen in the letter from Dr Davis dated 26 February 1990 exhibited at WITN0179002, and his diagnosis with Hepatitis C was confirmed in 2003. He was under the care of Dr Davis until about 1994. As a consequence of the leukaemia treatment he was referred to Addenbrooke's Hospital around 1992 to have his bone marrow harvested. Bill also received specialist treatment for his impaired liver function at the Royal Free from 1994 onwards.

6. Bill then suffered from renal failure in 2004 which meant that he required dialysis from Barnet Hospital for the last five years of his life. He was also treated by the consultant kidney and liver specialists including Dr Patch at the Royal Free Hospital where he was admitted as an inpatient on countless occasions to receive critical care. He died prematurely aged 65 after years of suffering, roughly 20 years after being infected with Hepatitis C.

7. It was so hard to get Bill to miss work to go to see the GP but around September 1989 he went to his GP as he was having pains in his joints and swollen feet. The GP said it was not anything, but a blood test revealed Bill

had Leukaemia. Bill was admitted to hospital the next day but he still did not believe it. Dr Davis explained that Bill needed to accept treatment or he would die, but explained that there was a high probability that he would die from Leukaemia regardless.

8. Dr Davis was worried about the impact of the Leukaemia treatment and the severity of the potential impact on him. He warned us that they might cure the Leukaemia but there might be other complications as a result, but nothing was ever said about Hepatitis C. We did not even know of or hear of Hepatitis C at this point.

9. During the Leukaemia treatment Dr Davis took Bill's blood everyday and he was always on at least three drips, all at The New QEII Hospital. He lost his hair and about two and a half stone in weight. He was a most courageous person and had an incredibly determined character.

10. Bill had his bone marrow harvested along with a liver biopsy around March 1992 which showed abnormalities in his liver. In around April 1992 Dr Peter McIntyre, Gastroenterologist was called to carry out more testing to see if it was in fact he had Hepatitis C. I exhibit several letters from about this time showing the investigations being carried out to identify the cause of Bill's liver abnormalities at WITN0179003.

11. During a meeting in or around early 1993 with Dr Davis and Dr P B McIntyre, who was Dr Davis assistant, Bill and I were told that he had contracted Hepatitis C. Dr Davis was unclear what the long term impact would be but warned it could be severe, as one of the impacts of Hepatitis C that we were told about was that it could erode and destroy one's vital organs. We were always told that there was no known cure and it can be dormant for many years before coming to the fore. Dr McIntyre did not know about much more details and all the different strains of Hepatitis but he gave us the information he had available to him at the time. We had no way to ask for supplementary information regarding the Hepatitis C.

12. Dr Davis was very apologetic and said it should not have happened. He was distressed that he might have given Bill the Hepatitis from trying to treat his Leukaemia as it negated all his expertise. Dr Davis specifically said that he had given Bill polluted blood from the American prison system and he was embarrassed by this. He also said that at the time there was a heat treating system which had not been used. Dr Davis said he had queried this with the National Blood Authority (NBA) who said the decision had been made on cost. The NBA is a non departmental public body which does not have medically trained staff; they are just there to administer blood supplies. Dr Davies said batches had come from America and he felt a duty to explain what had gone wrong. I believe that Dr Davis always wanted to help Bill and did not want to hide anything.

13. I was never told about the risk of coinfection from Hepatitis C. Bill was told there was no risk from open blood and not to worry, however, he did not believe it and always warned us to be careful anyway and stay away if there was an open wound. He was very mindful. In about 2004 after Bill got a renal infection he used to scratch himself all the time due to itchy skin and leave blood on the bed sheets. I became very worried for myself and our children and so I got a Hepatitis C test from my GP. The test came back as negative but I slept in a different bed from 2004 and changed the sheets everyday. Bill had a self contained bathroom and we all took as sensible precautions as we could regardless, but were not told of any risks.

Section 3. Other Infections

14. To my knowledge, Bill did not receive any other infection as a result of being given infected blood products.

Section 4. Consent

15. As far as I am aware, Bill was never tested or treated without his knowledge. He was so determined to get better. I do not think that he was given full information, however, in regard to the blood products he received.

16. He was also tested and treated for research purposes. In 1998 he took a very rough new treatment. I do not know the details as these were never explained to me; however, I am aware that he was used as a clinical trial. He was in a very bad state and all the treatments had a negative impact on his Hepatitis C, but he actively explored options of treatments in other countries and was always on the look out for any chance of a cure.

Section 5. Impact of the Infection

17. The infection had a massive impact on Bill both physically and mentally. His illness was ever present in his mind and right from the start his liver began to malfunction around 1992, which originally indicated his Hepatitis. He was constantly tired and his health started to gradually deteriorate.

18. In around 1997 or 1998, Bill had a series of experimental treatments which completely floored him. The period from around 1998 to 2004, was very difficult for us all. Other symptoms manifesting themselves at this time were poor digestive and sleep patterns, sore skin patches, constant fatigue, a loss of appetite due to a big swollen stomach, cramps, his eyesight deteriorated and constant stress from worrying about his future. He had loss of mobility and was disabled form 2002. We had to cancel all family holidays and trips.

19. He would often go to work, come home and go straight to bed not getting up until the next morning. Bill stepped down as Head of Science to work part time around 2001 because of his deteriorating health. That was very difficult for him, as he loved his job which also helped him to stay strong through everything. He also clung onto his work and had a great relationship with the school. He worked the whole time, up until four weeks before he died.

20. Bill never wanted to cause grief for us and so he always played it down. We protected the kids from all of this. He did not want to be known as the person with Leukaemia and he did not want our kids to have any prejudice against them. His main aim in life was to be as normal as possible and carry on

working. My job was to make sure this happened and make sure he was never hospitalised because he hated being admitted there. Our house basically became a hospital. The children were in university so they did not see much of what was happening at home. We kept his life as normal as possible. He wanted that for his dignity and for the sake of the children.

21. After 2004 things became a lot worse with Bill collapsing with renal failure, forcing him to have a stay in hospital. This triggered a sharp downturn in his health. Until his death he was on dialysis three times a week and so had to fit this around his work commitments. He had his dialysis at Barnet Hospital but if there were problems they did not have the ability to deal with the complexities of Bill's case and he would get transferred to the Royal Free Hospital by ambulance and get admitted in A&E and had to wait around for hours and hours in the corridors. Bill was seen by many medical experts at this time, including Dr Jenny Cross who kept repeating that if he should drift into a coma during his dialysis, he would not be revived. This "threat" played on his mind.

22. In 2005 I suffered a lot of acute back pain and I was taking very strong painkillers for two years. I had to have a private back operation in March 2007 so that I could plan the operation, and my recovery time, around Bill's condition. I had to have another follow up in 2012. The stress I was under made the situation much harder. Bill's health condition had an affect on us all and the threat of cross infection really affects the way you behave and interact as a family. Bill was also very vulnerable to infection.

23. From late 2008 Bill had to see a podiatrist on a regular basis, as he lost all sensation in his feet. On one occasion he was walking with a watch in his shoe for two weeks without realising and this resulted in an actual hole in his foot. His feet therefore developed necrosis and were rotting. In fact his whole body was packing up towards the end of his life. He did not want people poking and prodding him to do tests and was very uncomfortable. He wanted to spend the least possible time at the hospital.

24. During this period I changed jobs three times which was very stressful and we put our three children through university. Bill's reason for living was them. He was also very active in writing letters querying issues and seeking to understand why he had got Hepatitis C in the first place. Over the years Bill and I raised our concerns regarding the lack of blood screening which led to Bill's continuing and very painful decline and his death in 2009. Even when Bill was very ill he tried to write to MPs. I also submitted a response the Archer Enquiry in 2006. As an example I attach a letter written to the Department of Health dated 20 April 2009 with enclosed correspondence at WITN0179004.

25. Bill developed encephalitis and did not even recognise his own children. This returned in bouts for the next five years due to him missing dialysis treatments when he kept on being transferred between hospitals. I remember on a few occasions his best friend had to break down the bathroom door as Bill would lock himself inside and would not respond. I was forced to hire a privately funded full time carer called Steve.

26. At the start of 2009 Bill was admitted to hospital and almost died. He had severe internal stomach bleeding that forced the doctors to tie knots in his stomach to stop the bleeding. I remember the doctor saying afterwards that *'I have done something to stave off the evil day, but it is not going to hold it off for long, maybe six months'.* His timescale proved to be accurate. This was the first time that Bill realized he was going to die. I think it was handled as well as it could have been at this point. This doctor had a more gentle approach than Dr Cross and so Bill became more accepting when he was told resuscitation might not be the best option. Bill became aware that he was going to die and he started to accept it.

27. Bill still had hundreds of appointments at the Royal Free. It was difficult for me to access information. Bill tried not to tell me everything as he did not like to worry me. He was always researching for possible treatments overseas and anything that might help his conditions. For many years he was hopeful that he would be considered for a kidney transplant.

28. I am really quite shocked at the mention of excessive alcohol in Bill's medical notes as it does not sound true to me. I lived with Bill for 30 years and I never recall him drinking to such levels. I do not see how it is possible that Bill was recorded as alcohol dependant and do not know whether he ever had the opportunity to review his notes. He was doing a very responsible job and we had three young children. In general Bill would only be able to go out one night a week if we could get babysitters and we tried to go out for a meal on Saturdays when we might have a bottle of wine but he did not drink to excess.

29. Bill always had a good social life and would always have friends coming round to visit regularly. After his infection he mainly kept close with more local friends as it became increasingly difficult for him to travel. Bill was always a very private person who would always try to pretend that nothing was happening and everything was normal. He was very close to family and close friends. He managed to socialise as much as he could with his declining energy levels.

30. We could never get travel insurance and with Bill having to have dialysis, this further complicated things as we would have to coordinate with a local hospital to arrange for Bill to have his dialysis. From when Bill got infected, we only went away twice on family trips, each time for a week at the most. We stayed at a family member's house so Bill did not have to do much walking.

31. Our children's lives were also affected with our eldest son, Will, having to grow up faster than normal to step up and help his father. Will never wanted to discuss any of his own problems and he did not want to create added stress for Bill and me. The children initially found out about Bill's condition when Will opened a letter by mistake, addressed to his father. He began asking Bill questions and so Bill decided to tell him. However he did not want to discuss the Hepatitis C, so was economical with the truth, although he never lied to William or the girls. From the age of about 13 Will took on more roles around the house and helped with his brother and sister although we also arranged childcare around this time as well.

32. Our middle child, Rhiannon, had the biggest reaction as she came home often and was very close to her father. Even now she has periods where she becomes very quiet and withdrawn and thinks back a lot. Fiona, our youngest daughter was also very close to her father and they all miss him so much.

33. In fear of stigma, Bill never told people apart from close friends and family, about his infection. The head teacher of the school knew as we had told him but he did not tell anyone else. Bill's pride was hit as he felt he did not look good. He could not stand in lessons anymore and sometimes children had to come to our house to pick up homework. He wanted to continue working and this, plus wanting to see our youngest daughter graduate, kept him going. Every year the school awards a prize in Bill's name.

34. We also had financial difficulties back in 1989/1990 as I worked part time and Bill went on sick pay but when this stopped we did have financial anxieties. We had to revisit our Will, mortgage and insurance. I felt the pressure of continuing working through everything due to this worry. We also needed childminders as Bill was so tired when he got back from work he would just fall asleep and we needed cover to look after the children as I got home much later.

35. There were also a lot of bills in relation to Bill's health, plus we were spending money on small treats for the children because we felt guiltily about putting strain on them. I had to have my back operation privately as that was the only way I could negotiate the timing around my commitments with Bill and work (costing £10,000). The cost of our full time carer, Steve, who we hired during the last year of Bill's life, was completely privately funded as the GP would not help with something like that.

36. When Bill started working part time, he had to take out part of his pension as we needed the money; not urgently, but with the increase in the health related bills we needed the security.

Section 6. Treatment/care/support

37. Bill had put himself on a transplant list for both liver and kidneys however he was told that he would be denied a transplant due to his Hepatitis C infection and so they refused him and this really collapsed his confidence. They said that even with a transplant, his Hepatitis would lie dormant in his body and then attack any new organ. Royal Free repeatedly told him that he was not a priority and was a high risk.

38. Dr Jenny Cross, who told Bill she would deny his transplant request, also told him that he would not be resuscitated beyond a certain point. It was her repetition of this advice on more than one occasion that upset Bill and only added to his distress. Even if there was just a 1% chance of success; he was ready to try anything. Dr Cross said it was a medical decision to deny him and there would be no point, so she did not discuss this with me or any of the family. I exhibit two letters dated 24 November 2008 detailing the discussions in the Multidisciplinary Meeting to discuss possible transplants at Exhibit WITN0179005.

39. Bill never received much regular care or support. Nurses were arranged from time to time but they used to be very sporadic and that upset Bill. He would stay awake to wait for them but he fell asleep on occasion and therefore missed the door when they were knocking and after that they stopped coming. The service was poor really and Bill did not think they were much use anyway.

40. I feel that even the hospitals failed Bill at times as when Bill had his bone marrow harvested in Addenbrooke's Hospital in case of a Leukaemia relapse, they lost his sample. This was extremely painful to obtain.

41. Furthermore, hospital staff would habitually ask Bill very patronising questions and would treat him as if he did not understand what was going on. I often felt that Bill had to recap information at different times, due to him having to see different people each time. Bill was a very intelligent man and he would simply ask them to check his records when they asked repeated questions

about his health history, which he would have to routinely repeat over and over again. Bill was frequently asked about his non existent *'drug addictions'* or his diabetes. He was not a drug taker and he never had diabetes.

42. He had been treated for over 20 years but was still treated as if he was a brand new patient every time, especially when he was transferred from Barnet to RFH A&E. He had to sit around in the A&E and was completely ignored, waiting to be fed and given water. The whole system was terrible. Bill hated the hospital and became fed up with the inefficient hospital administration. Dr Davis was the only person to treat Bill properly like an adult and he appreciated it.

43. I believe that there are too many unnecessary procedures which should be changed to help everyone involved. I think Bill's records often got lost in the system and this contributed to his loss of confidence. Also having to be admitted through A&E every time he was transferred from Barnet to Royal Free caused real distress, long waits and distress to Bill and family members.

44. Neither I nor Bill GRO-C ever received any psychological support. I had to rely on family and friends. I cannot say whether any counselling would have benefitted me but it certainly was not offered.

Section 7. Financial Assistance

45. I cannot remember whether Bill contacted the Skipton Fund or they contacted him, however, I do remember one letter from the Home Secretary John Reid where he told Bill of the Fund and said they would be providing compensation. Bill therefore knew about the Skipton Fund and around 2005 Bill received a £25,000 stage 1 payment.

46. I was contacted by the Skipton Fund via the Royal Free Hospital by letter around October 2013 and advised that the estate of my late husband was now entitled to a stage 2 'top-up' lump sum payment of £25,000, which I received on 14 November 2013.

47. After I became aware of the new bereavement payment around September 2017, I called the Skipton Fund again and informed them that Bill had passed away in 2009 and after completing a form; I received a bereavement payment of £10,000 on 7 September 2017. When I called them in around September 2017 I was told that that was the end of their responsibility and they were going to be wound up shortly. We therefore received a total of £60,000 from the Skipton Fund.

48. From my personal experience in dealing with the Skipton Fund I found that as long as you had all the relevant documentation, the application forms were fine and the process was rather rudimentary. They were very transactional, however, and never showed much compassion. They never seemed to actually understand the reason behind the payments they were issuing and were simply doing what they were told to do.

49. From my observations, the whole Fund felt like it was set up to simply pay us off. I do not feel that that was the best way of dealing with everything. They simply provided a blanket payment with a lack of consideration of individual circumstances. The people who were administering the compensation were not aware of the reasoning or what was happening. It all had the feeling of something that had been cobbled together to keep people quiet.

50. I met other victims of this scandal and spoke with them and found out about the inequity in all the different schemes and the losing of records. It seems as though the more high profile cases were dealt with expediently and everyone else was simply lumped together.

51. Bill never wanted to pursue a legal case as he did not want his life to be taken over by medical and legal procedures. He was not party to any litigation. Money was also an issue in this regard.

Section 8. Other Issues

52. I believe that the scale and impact of the contaminated blood scandal means that this Inquiry must address some big questions. When I called the Skipton Fund around September 2017 I was told that they had over 10,000 people registered with them alone. I believe that different governments have blamed each other and only added to the slow degradation of life that the victims of this scandal have suffered. There has been a conspiracy of silence with people covering for each other rather than reaching for the truth.

53. I remember hearing of a leaked memo in the press from the Department of Health saying that it did not matter if this scandal goes to court because by the time that happens, most of the victims would be dead.

54. This was not a case of ignorance. I believe that whoever made the decisions knew what they were doing and knew of the risks in regard to the blood. I therefore can not accept the treatment of people as '*guinea pigs*'. The risk of Hepatitis C from blood transfusions and blood products was known at the time, as well as the availability of heat treatment which would have lowered the risk. Please refer to my submissions to the Archer Inquiry of 2006 as attached at WITN0179004.

55. There is no way victims and families can be compensated for the horrific effects; a person's life cannot be put on a monetary scale; some things are worth more than money. The responsible people should be held accountable and they should not be allowed to wriggle out of this by paying people off. Proper safeguards and separation of roles must be implemented in order to protect patients.

56. I feel that there should be an independent body, including medical experts, making decisions based on the best interests of the patient. Those involved must answer questions free from fear of repercussions and doctors can outline the actions that they would have taken differently. Trust and

confidence in the system needs to be regained as I, and many others, have lost it. The servant can not be blamed for systemic problems.

57. Doctors', medical professionals and clinical bodies should have their say and must be involved in this Inquiry. I want to know what they thought at the time, their conclusions since and what decisions they would have made based on the available evidence. Why was so much power given to the National Blood Authority and who has been held to account? The costs of addressing this were so small in comparison to ignoring it and taking the actions that they did. The costs are now much more than money.

58. The success of this Inquiry will depend on what happens next. This will never go away for the families affected but if issues are addressed then it will help people move on, knowing the truth has come out and lessons have been learned.

59. After Bill passed away I made a donation to the Royal Free Hospital in London as I think they did their best by Bill. It is important to note that this scandal reveals systematic and institutional failure going right to the heart of decision making in NHS. People much higher up than the medical and nursing staff must explain their actions and decisions. Who made the critical decisions and where were the checks and balances? These are just two of the many questions that must be addressed.

60. I hope that some immediate action will be taken as the legal proceedings will take many years; meanwhile there is a huge imbalance in funding from different trusts. People have been waiting a long time just to get to this stage and so actions need to be taken to show that their lives are valued and those in most need can be helped.

Anonymity

61. I do not wish to remain anonymous.

62. I do want to give oral evidence to the Inquiry.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed....GRO-C........

Dated........27/2/19.......................

Medical Summary

(This summary is not intended to be exhaustive but sets out key points in the records relevant to the Statement)

9/3/2009	Gastroscopy report grade 2/3 oesophageal varices noted - 3 columns
Nov 2008	neuropathic foot ulcer right
2008	hepatic encephalopathy
6/2/2008	referral to peripheral nerve clinic at RFH. Sensory symptoms for 2 years and these have bene progressive. He is aware of loss of pain, temperature and touch sensation in his feet and fingertips and both sides have been affected. When he closes his eyes he notices that he loses balance
June 2006	(Pegylated Interferon) poor response
8/12/2004	a recent MAG3 showed evidence of chronic renal failure and HGSR was 20
9/3/2004	letter from Dr David McLees to Dr Patch RFH. He came to seem me as an emergency this week complaining of pruritis, abdominal distension and shortness of breath… I arranged for him to have some routine blood tests … These appear to show deterioration in his renal function
23/4/2003	Pegylated Interferon and Ribavirin commenced Dec 2002 – stopped March 2003. HCV RNA positive – March 2003 Non-responded
27/3/2003	currently on Hepatitis C treatment. He is generally coping well in himself and has been fairly symptom free. The Ribavirin was discontinued due to low haemoglobin … I have given him an 8 week supply of Pegylated Interferon
30/12/2002	letter Dr Sheety SHT to Dr Patch Liver Transplantation & Hepatobiliary Unit 'I understand that this patient has been accepted for funding for hepatitis C treatment consisting of Ribavirin and Pegylated Interferon. I have given him a prescription for this today.' Background: HCV cirrhosis, Hepatitis C genotype 1 RNA, small oesophageal varices, recently had biopsy mildly active in keeping with Hepatitis C infection
8/10/2002	biopsy results – mildly active cirrhosis in keeping with Hepatitis C virus infection. The appearances are similar to the previous biopsy and there is no evidence of malignancy
30/8/2002	he is again requesting Pegylated Interferon
16/5/2002	His hepatitis C is genotype-. He is requesting treatment for his Hepatitis C

14/2/2002	he could usually drink at least four units of alcohol per day and I reiterated the importance of stopping alcohol, as this is a co-factor in the progression of his liver disease. .. Although this gentleman is cirrhotic the advent of newer treatments including Pegylated interferon and ribavirin may make him a candidate, although his excess drinking is a problem.
17/8/2001	generally feeling well in himself... The other issue is that he is drinking in the order of 40 units per week of alcohol (beer). I have suggested this should be cut down to virtually none if possible
6/3/2001	Gastroscopy report of oesophagus. Varices: barely noticeable with absence of red sign at (a). Two tiny cords of oesophageal varices, snakeskin gastric mucosa
12/1/2001	asymptomatic from liver point of view. A CT scan 16/12/2000 showed no evidence of hepatocellular carcinoma and the liver was consistent with cirrhosis. As there is no indication of treatment for patients with hepatitis C cirrhosis, a liver biopsy would not add any extra information ..... Because alcohol speeds up the progression of Hepatitis C, my advice at the moment is to restrict his alcohol intake
14/12/2000	This man chronic hepatitis C whose biopsy in 1993 originally suggestive of cirrhosis was reviewed today. I have now reviewed the biopsy and because of the problem of not having previous notes this has been a useful exercise. The biopsy of 1993 actually shows cirrhosis, but interestingly only mild hepatitis in 1990. It is thus, debatable whether further iron overload, because of treatment for his myeloleukaemia in the past contributed to the cirrhosis
26/8/1993	I saw this patient again to discuss the possibilities of Interferon treatment. The patient is still somewhat reluctant to start Interferon
7/9/1992	letter Dr Davis to GP due to have repeat of hepatitis C serology at end of Sept as previous results equivocal
6/5/1992	letter Dr McIntyre to Dr Davis. His anti-HCV ELISA (first generation) is reactive and the RIBA (second generation test) is indeterminate
23/10/1990	bone marrow harvest at Addenbrooke's
5/7/1990	breast, bone marrow and liver biopsy Addenbrooke's
19/3/1990	letter from Dr Marcus Consultant Haematologist Addenbrooke's. I do not think that his abnormalities of liver function would alter my overall strategy which would be to allograft him at the time of the first relapse. There is some evidence that three courses of consolidation chemotherapy are slightly superior to two but, obviously, if his liver function tests remain deranged it will be as well to delay this until a

	cause of these abnormalities has been established. By the same token I do not feel that it would be appropriate to harvest his marrow until we have established that he has, for example, evidence of chronic persistent or chronic active hepatitis or chronic infection eg candida in the liver. However it seems to me that once we have established the cased for his abnormal liver function tests we can proceed along the lines that we have discussed
26/2/1990	letter Dr Davis to GP ‘I am a little concerned about his liver function tests which continue to be abnormal. This may be related to non A non B hepatitis, transmitted with the blood products he received when an in-patient. Mr Spellman is due to be reviewed at the Addenbrooke's Hospital in Cambridge later this week and I am waiting their assessment of him.’
19/2/1990	letter Dr Davis to GP As you know we made a diagnosis of acute myeloid leukaemia (acute mylomonocytic leukaemia) in October 1989. Following diagnosis he was admitted to the QEII Hospital, Welwyn Garden City, for intensive chemotherapy. He went into remission after one course of chemotherapy and subsequently has been given two consolidation courses of chemotherapy. He is just recording from the second course of chemotherapy and is presently as well as can be expected in view of the infective problems that we encountered during his last hospital admission.
Jan 1990	last dose of chemotherapy and in remission
16/9/1989	chemotherapy commenced, multiple platelet transfusions