

ANONYMOUS

Witness Name: **GRO-B**

Statement No: WITN0831001

Exhibits: WITN0831002 - 003

Dated: 21st April 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN0831002

ANONYMOUS
COPY OF OPERATION NOTE

COTTAGE HOSPITAL
DUMBARTON

VICTORIA INFIRMARY
HELENSBURGH

GRO-B

GRO-B

Age: 22yrs

GRO-B

IN THEATRE

SURGEON: Mr Jamieson 24.3.71.

Under local anaesthesia the split skin graft was taken from the right thigh to the small granulating area over the right temple.

COPY SENT

Patient to report in one week for the first dressing.

31.3.71 Infected graft lost over for 1cm disc.
Attend meantime for dressings, but patient
asks to be transf. to Western for
convenience.

GRO-C

Dr. GRO-B
GRO-B
Glasgow

ANONYMOUS
COPY OF OPERATION NOTE

COTTAGE HOSPITAL
DUMBARTON

VICTORIA INFIRMARY
HELENSBURGH

GRO-B

GRO-B

21yrs.

GRO-B

Road traffic accident. Admitted midnight 27/28.2.71. Many small glass cuts around the face. Principal laceration irregular extending from just in front of the ^(R) left ear up towards the vertex. The laceration was very irregular with damaged edges and some loss of skin. On admission had some difficulty with respiration and x-rays showed fractures of at least three ribs (L) without fluid or air in the chest.

SURGEON: Mr. Jamieson

Theatre

28.2.71

ANAESTHETIST: Dr. Rodriguez

It was impossible to close the laceration over right temple until a large temporo-parietal skin flap had been rotated. Following this the wound was closed without tension except at one single point at the centre.

Two small lacerations of medial end of left upper eyelid required suturing. Two or three small lacerations on the scalp and two superficial lacerations of right cheek also required suturing.

Over/...

ANONYMOUS

Prior to admission blood loss had been severe. B.P. on admission about 60.

For this reason given plasma on admission followed by two pints of blood overnight and in theatre required a further two pints. Note, also that x-ray immediately before theatre showed diffuse opacities in both lung fields reported as evidence of contusion. Despite this the postoperative course was perfectly easy. Finally, there is an undisplaced fissure fracture of neck of scapula (R).

GRO-C

GRO-B

GRO-B

Glasgow