

Witness Name: Alexander M. Macpherson OBE

Statement No.: WITN5561001

Exhibits: WITN5561002 & WITN5561003

Dated: 26 May 2021

INFECTED BLOOD INQUIRY

WRITTEN WITNESS STATEMENT

of

ALEXANDER MITCHELL MACPHERSON O.B.E.

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006, dated 11th March, 2021.

I, Alexander Mitchell Macpherson will say as follows:-

Section 1: Introduction

1. My full name is Alexander Mitchell Macpherson and I was born on GRO-C, 1934. I live at an address known to the Infected Blood Inquiry in the South of England.
2. I attended the Edinburgh University between 1951 and 1957 and hold a BSc, MA (Hons – mathematics), and a Diploma in Education.
3. Between 1957 and 1961 I served in The Royal Navy leaving in the rank of Lieutenant. I then worked in various positions in education between 1961 and 1974. I was a lecturer at the University of Southampton, Warsash; Culford School in Bury St. Edmunds where I was a mathematics teacher; Shebbear

College in Devon at which I was the Head of Mathematics; and then King Edwards School, Goldalming where I was both Head of Mathematics and a Housemaster.

4. In 1974 I had been looking for promotion to a headship and was recommended by the Deputy Head of King Edwards School to apply for the post of Headmaster at the Lord Mayor Treloar College. This was a natural career promotion for me. Having been appointed, I then served as Headmaster from 1974 until my retirement in 1990.
5. I have not previously been engaged in any other inquiries, investigations, criminal proceedings or civil litigation concerning any issues of infected blood or blood product use.

Section 2: Treloar's

6. The Lord Mayor Treloar Trust / Treloar Trust is and was, as the name suggests, the organisation which owns the land within which the college and school are situated and which controls the establishment and its finances.
7. I was head of the Lord Mayor Treloar College, the largest boarding school for physically handicapped pupils in the United Kingdom if not the world. It operates / operated as an ordinary boarding school, but all of its pupils are / were physically handicapped. I do not know of any other school with specialised support for pupils with bleeding disorders in the United Kingdom.
8. The Florence Treloar School was for girls only and had amalgamated with the college before the events with which the Infected Blood Inquiry is concerned, to become one co-educational establishment.
9. The Lord Mayor Treloar Hospital is a general hospital located in Alton, Hampshire. The school / college was originally a part of the hospital, but with the introduction of the National Health Service the school moved out to be run as a completely separate organisation but close co-operation between the two entities was maintained. My first Chairman of Governors was also the

Consultant Orthopaedic Surgeon in the Lord Mayor Treloar Hospital and many school pupils were his patients and were treated in the hospital.

10. The Treloar Haemophilia Centre was a unique facility created by collaboration between the NHS and the college. The building in which it was located was located within the college grounds with some of its staff being financed by the NHS and others by the college.
11. During the course of my tenure as College Headmaster, the Haemophilia Centre relied upon goodwill and mutual trust between the college and centre and operated without any problems for the benefit of haemophiliac boys.
12. The aims and objectives of the College were exactly the same as any other boarding school – to provide education and board for our pupils; with the additional need to provide physical care as necessary. We sought to achieve these aims by providing good teaching, social activities, medical care, and help where required.
13. Normally, children and young persons were placed at the school / college following an application for a place having been made by their Local Education Authority who then paid their fees. A very small number were placed with us and paid for by their parents.
14. I now provide, as my Exhibit WITN5561002, two extracts from the Lord Mayor Treloar College Prospectus, 1989 – 1990, detailing the Admission Procedure at that time and in particular facilities for boys with the medical condition of Haemophilia and Christmas Disease.
15. As a result of the reputation enjoyed by Treloar, applications for places were received from all over the U.K. including those for pupils with haemophilia, although most were from Hampshire, West Sussex and nearby counties. Each of these pupils was referred to us as a direct result of the severity of their condition.
16. The college was separated into a Lower School (located on a site in Upper Froyle, Hampshire) and an Upper School (located on a site in Hollybourne,

Hampshire) with each having its own Medical Centre through which to attend to the needs of its pupils, managed by a Charge Nurse.

17. I now provide, as my Exhibit WITN5561003, a further extract from the Lord Mayor Treloar College Prospectus, 1989 – 1990, detailing the College healthcare provisions at that time.

18. I believe that we employed about forty qualified nurses and around thirty therapists delivering physiotherapy, speech therapy and occupational therapy, all of them being managed by the College Medical Officer. Haemophilia Centre nursing staff also came under the management of the NHS doctors.

19. Technically, the Medical Officer was employed by me, but I never, ever tried to have anything to do with medical decisions. The Medical Officer, Dr Pat Tomlinson and I always got on amicably and I was closely involved in any appointments. I do not think that Dr. Tomlinson ever had any involvement in research.

20. The College also employed a large number of care staff who worked under a Housemaster / Housemistress. Care staff regularly visited the medical centres with nurses and therapists regularly visiting the boarding houses. The college could not have operated without an infinite amount of happy, supportive teamwork.

21. Teaching staff were not involved in medical care, but they were expected to teach pupils who were bed-bound having been admitted to a medical centre.

22. Medical care was the responsibility of the Medical Officer and doctors of the Haemophilia Centre as regards pupils with this condition.

23. The application form for a place at Treloar included details of the individual pupil's handicap. They were kept in a locked cupboard. Their medical notes were held by their respective Medical Centre.

24. During my time as Headmaster, initially about sixty boys with haemophilia were pupils of the school / college. All of them were boarders although we did accept one day boy towards the end of my tenure. The number decreased towards the end of my time. There were about two hundred pupils in total whose ages ranged from about nine to twenty one years.

Section 3: Treatment of Pupils / Patients at Treloar

25. You never knew when or where a haemophiliac bleed would occur, but when it did the pupil concerned would go, or if necessary be taken, to the Haemophilia Centre when he suffered a bleed.
26. The Haemophilia centre doctors and skilled nurses monitored their condition and if severe they would be admitted for bed rest, but many would return to their boarding house following examination and treatment.
27. For a boy with haemophilia, any bleed was an emergency situation and was treated as such through the above.
28. All of the children and young persons with bleeding disorders who attended the school / college were treated in the Haemophilia Centre. This is what made Treloar such a good place for them. The trained nurses of the centre were able to provide transfusions and bind affected areas where necessary.
29. Blood products had to have been held on site by the Haemophilia Centre doctors and nursing staff to enable treatment being provided. Only they handled these items.
30. Pupils with haemophilia were not treated 'off-site.' The Haemophilia centre was located within the grounds of the Upper School so pupils there enjoyed an ease of access to the same and those of the Lower School were driven to the centre.
31. Housemasters, housemistresses, care staff, teachers, therapists and myself, basically anyone who may have been relevant at the time, would communicate with staff of the Haemophilia Centre where it was for the benefit of a pupil or pupils, but not with the hospital.

32. Contact of this nature (and I have had the benefit of viewing items held by the Inquiry under reference numbers TREL0000036_053, TREL0000070_045 and TREL0000155_016 regarding Dr Painter and Dr Rainsford) was essential in caring for these boys. We were always talking to the doctors and nurses concerning individual cases and the letters I have seen are merely a small example of our regular communications.
33. Everyone was involved in the care of our haemophiliac pupils, as they were with all pupils, in some manner or form. We tried to educate the boys to take care of themselves, and close cooperation between house staff, teachers and medical staff was a priority.
34. The following text has been taken from a piece I wrote for another purpose, but I believe that it is relevant and may prove helpful. It originally appeared in a memorandum I distributed in January, 1978:

FOOTBALL IS BANNED, SWIMMING IS OK
Can anyone imagine a headmaster banning football in his school?

"Doctors McHardy, Rainsford, Kirk and I reviewed the increase in the number of bleeds suffered by haemophiliacs last term compared to previous terms and came to the conclusion that the policy of encouraging these boys to try to lead a normal life was not working. We are now going to endeavour to educate them to behave more responsibly and to modify their lives according to the severity of their disease. Football is now banned, and other restrictions have been imposed. Staff are now doing duty in pairs on three evenings each week and some weekends in Burnham in order to organise more activities and provide more supervision for the younger boys. These extra duties are being undertaken voluntarily, for an experimental period of one term."

35. Following this circulation there were a number of incidents where boys were 'gated' (prohibited from leaving the confines of their school) or disciplined in other ways having been caught playing football in a park in Alton of a weekend. This was not a pleasant part of the job, but for the sake of the health of these boys, it had to be done.
36. I was one of the college staff who took charge of voluntary swimming sessions taking place at free times of the day. Both sites had a swimming pool and the

water was kept at an unusually hot temperature so that pupils could remain in the water for longer than would normally have been the case.

37. Swimming was considered a good, healthy physical activity for all categories of disability and proved very popular, especially at weekends, and there were always lots of swimmers to control, not that this was ever much of a problem when the swimmers were enjoying themselves. The doctors were happy for the haemophiliacs to take part and so for some time it took the place of football for some of them.
38. I have been asked under what circumstances the college staff or I would communicate with other haemophilia centres, hospitals or healthcare providers beyond Treloar regarding our pupils *and* whether or not their parents / guardians were aware or had consented to any information sharing under these circumstances.
39. I would not normally communicate with any other Haemophilia Centre, hospital or other as this would all be undertaken by the doctors. I received letters from doctors, such as one I have been shown by the Inquiry from a Dr Matthews (TREL0000036_063), but these came from Haemophilia Centre doctors elsewhere, seeking to place a boy with us as it would have been to his benefit. I expect, but don't know, that the boys' parents / guardians were aware of this and in support of the placement being sought.
40. Medical decision making was entirely the responsibility of the respective doctors, therapist and nursing personnel, not that of the educational or pastoral care staff and I was not involved. In any boarding school, the headmaster, housemaster / housemistress has to take responsibility for occasionally signing consent forms, but the advice of a doctor would always be followed.
41. The Headmaster of any boarding school is acting throughout *in loci parentis* and documents in this regards would have been created and retained, probably with the medical records of the pupils.

Infection with Hepatitis B and / or Hepatitis C (non-A, non-B) and / or HIV

42. I do not know how many pupils with haemophilia became infected with Hepatitis B, Hepatitis C (also referred to as 'Non-A, Non-B') and / or HIV.
43. I do not know when pupils with haemophilia were first diagnosed as having contracted Hepatitis B, Hepatitis C or HIV.
44. I have been asked, but do not know over what period pupils were diagnosed of having contracted HbV, HcV and / or HIV, nor do I know over what period of time (whilst they were pupils of the school / college) news of these diagnoses was broken to them – how long it was from the news of the first adverse diagnosis having been delivered, to the last.
45. The boys with haemophilia contracted ailments such as colds, 'flu and other infections as did the rest of the school / college community, as such it did not appear abnormal.
46. I have been asked what, if any, information my staff and I may have been given regarding any pupil diagnosed as having hepatitis and / or HIV, and by whom we were given any such information. In this regard I have been shown a letter from a Dr Painter (TREL0000070_045) and an extract from a governing body meeting's minutes (TREL0000365).
47. Regarding the letter of Dr Painter, this was on the theme of careers advice.
48. When it became known that some of our pupils had contracted hepatitis, and that there was a possibility that some may have AIDS there was, as you might expect, considerable anxiety amongst staff concerned for their safety. We spent a huge amount of time dealing with this. Staff would want to speak to medical staff and often to me. We held open meetings for them to ask questions and discuss.
49. I wrote the following text for another purpose, but it may be found to be of some interest to the Inquiry. Dr Tomlinson, the College Medical Officer did not normally treat haemophilia but addressed other medical conditions.

“Our medical officer Pat Tomlinson played a significant role in both the medical care and the pastoral care given to the students and staff. Many of the students suffered serious and worsening conditions, such as muscular dystrophy and cystic fibrosis. These were hard situations to cope with for all concerned. Pat Tomlinson was a tower of strength, always in a quiet and reassuring manner. When it became clear that haemophiliacs were suffering from the effects of hepatitis and AIDS she became the ‘clear head’ who explained to all those concerned the risks involved and how the students could still interact in a healthy way, without drama or rumour.”

Provision of Information to Pupils and / or Parents and Guardians

50. As regards pupils with bleeding disorders who had been infected with hepatitis and / or HIV, to the best of my knowledge Dr Aronstam or an assistant doctor of Dr Aronstam was responsible for telling pupils and their parents / guardians of any infection they had contracted, normally Dr Aronstam.
51. I do not know how and when the pupils, parents or guardians of the infected pupils were told only that Dr Aronstam had been responsible for delivering the diagnosis. Dr Aronstam having been the Haemophilia Centre director at the time.
52. I do not know what information the pupils, parents or guardians may have been given as regards the condition(s) they had been found to have or of its implications for their health or that of any others.
53. I did not have any involvement in the provision of information to the pupils and their parents or guardians and was not involved in decisions taken as to how information would be provided.
54. Dr. Aronstam and I had a weekly meeting over coffee, and he often talked to Housemasters and any other staff who wanted advice. He was approachable. He had complete responsibility for the medical treatment of pupils with bleeding disorders.

Treatment of Pupils Who Had Been Infected

55. Lots of support existed or was made available to assist pupils, parents and guardians following their having received an adverse diagnosis. This ranged from informal discussion with a member of staff to a formal appointment with our Counsellor or with our Consultant Psychiatrist. The Care Staff and Nurses bore the heaviest load as they were readily available and accessible.
56. The College Medical Officer, Dr Pat Tomlinson sought to manage risk, engaging with all staff in order to do so. The greatest risk concerned any boy-girl relationships with concerns for them, becoming too intimate. In this regard I engaged in many a chat with concerned fathers concerning their daughters, but in so far as I am aware, there were no cases of disease transmission amongst pupils.
57. No specific actions were undertaken once a diagnosis of HIV had been made, in order to accommodate a pupil with HIV as we sought not to segregate anyone. This course of action is well represented in the previously mentioned governing body minutes (TREL0000365).
58. Within the school / college community, once the situation as regards hepatitis and HIV (AIDS) infection had been thoroughly explained by Dr Tomlinson, there were no serious issues and certainly no stigma attached to these conditions.

Consent

59. To the best of my knowledge, no pupils were ever subjected to blood testing without their consent and / or the consent of their parent(s) or guardian(s).
60. To the best of my knowledge, no pupils were ever treated with blood or blood product(s) without their consent and / or the consent of their parent(s) or guardian(s).

Research and Clinical Trials

61. I was aware that medical research was undertaken which involved haemophiliac pupils. In this regard I have been shown a published research paper by Dr Aronstam (TREL0000517) by the Inquiry. The research to which I refer was undertaken by Admiral S. G. Rainsford and Dr Aronstam. Admiral Rainsford worked freely anywhere in the college and I do not remember who employed him.

62. I believe that school / college staff must have had a role in the research undertaken, but I did not and do not know what they may have done to assist, as such I cannot comment further.

63. I am confident that consent would have been secured from pupils and their parent(s) or guardian(s) as regards participation in any research programme, but I have nothing to produce which supports my position in this regard. I think that most parents were appreciative of the research work and there was certainly no opposition to it. I am not able to elaborate on what factors contribute to my confidence in this area, but confident I am.

64. I am not aware of any external organisations who may have been engaged in medical research or in the funding of any medical research which occurred during the course of my tenure involving pupils of the school / college.

Section 4: Media Coverage and Publicity

65. I have been shown a newspaper article (TREL0000524) in which I appear to urge the NHS to increase the manufacture of British Factor VIII. I cannot now recall the article but believe that Dr Aronstam would have asked me to do this. I do not remember anything further about this article or about Dr. Aronstam's position on the shortage of NHS produced Factor VIII.

66. I do not specifically remember any other media coverage as regards pupils having become infected with hepatitis and / or HIV, but I do not think that the school / college suffered as a result of any adverse publicity.

Section 5: Other Issues

67. We were all extremely upset when we were told that some of our pupils had been infected due to blood contamination. I am confident that nobody in our school had any idea that it was unsafe to use for transfusions.

68. The deaths of so many former pupils has cast a shadow over everything. They were ordinary superb young men who wanted to make their way in the world and that their lives were cut short by negligence is a dreadful tragedy. I remember them all with affection and some pride.

Statement of Truth

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

Signed:

GRO-C

Dated:

26 May 2021