

**PEER REVIEW COMMENTS**  
**ON REPORT FROM EXPERT ADVISORS (Part 1 – Clinical)**  
**CONCERNING THE CASE OF ADAM STRAIN**

Prepared by  
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**General Comments:**

I have reviewed the report from the expert advisors. It is comprehensive and deals with all the major clinical issues.

**Specific Comments:**

I have only one specific comment. Section 5 (a) deals with fluids and electrolytes. On page 9 of the report under matters for consideration I did not see reference to what Dr. Taylor knew about the danger of the development of acute hyponatraemia in paediatric surgical patients who are given dextrose saline. I have subsequently been provided with a witness statement from him (008/6) dated 1<sup>st</sup> February 2012 in which he acknowledges that he was aware that this can lead to cerebral oedema. However, it is unclear whether he was referring to the fact that he knows this now or was aware of this in 1995. I also take issue with his description of acute hyponatraemia as “dilutional hyponatraemia.” Dilutional hyponataemia is one of the terms used to categorise the biochemical finding of a low serum sodium, for which there are several different causes. The correct medical term for Adam Strain developed was acute hyponatraemia.