

NAME OF CHILD: Adam Strain

Name: Peter Jeremy Berry

Title: Emeritus Professor of Paediatric Pathology, the University of Bristol

Present position and institution:

Retired July 2001

Previous position and institution:

[As at the time of the child's death]

Professor of Paediatric Pathology, the University of Bristol, and honorary consultant paediatric pathologist, United Bristol NHS Healthcare Trust.

Membership of Advisory Panels and Committees:

[Identify by date and title all of those between January 1995-December 2004]

Member of the Scientific Advisory Committee of the Foundation for the Study of Infant Deaths (1994-9), Member of the editorial board of Pediatric Pathology and Laboratory Medicine (1994-7), Member of the executive committee of the European Society for the Study and Prevention of Infant Deaths (1995-2001). Elected to Council of the Royal College of Pathologists (1995-98). Chairman of the RCPATH Specialty Advisory Committee on Paediatric Pathology (1995-98). Chair RCPATH working group on organ retention 1996-99. European Editor, Pediatric and Developmental Pathology (1997-2000). Non-executive director, Southmead Health Services NHS Trust (1998-9). Re-elected, Council Royal College of Pathologists 2000-1, President of the British Paediatric Pathology Association (2000-02)

Previous Statements, Depositions and Reports:

[Identify by date and title all those made in relation to the child's death]

None, other than 011-010-078, 23.03.96, Report prepared for HM Coroner for Belfast

OFFICIAL USE: List of previous statement, depositions and reports attached:		
Ref:	Date:	
011-010-078	23.03.96	Medicolegal Report for the Coroner in the Inquest on Adam Strain

Particular areas of interest

[Please attach additional sheets if more space is required]

1. Specify the information that was provided to you for you to provide your Report, including identifying:
 - (i) any discussions that you had and with whom;
 - (ii) all documents; and
 - (iii) all non-documentary records (such as slides etc).

I have made a search of my files, and identified an unsigned copy of my report on Adam Strain in the appropriate box-file. There is no accompanying documentation, probably because the file was culled subsequent to my retirement.

My recollection of this case is limited. I infer from my report that I was approached by Mr Lecky, Coroner for Belfast, either by phone or in writing to provide a report on the death of Adam Strain. Either by his request or at my suggestion this report was confined to looking for pre-existing natural disease that might have resulted in Adam Strain failing to recover from his anaesthetic. This is because I would not have agreed to comment on matters relating to fluid and electrolyte management which, as stated in the report are outside my expertise, and I did not attempt to do so.

The material that was provided to me is recorded in the second paragraph of my original report. This lists the case notes of Adam Strain covering his last admission, the report of Dr M Savage, reports of Dr RH Taylor, and a report on the equipment used during Adam Strain's transplant operation. I was supplied with 15 microscope slides. Later in my report I note that I did not have a copy of the provisional post-mortem report, the neuropathology report or slides of the brain and spinal cord.

I was not called to give evidence at any inquest, and to the best of my knowledge my report was the full extent of my involvement in this sad case.

2. Explain in detail the basis for the comments that you make in your Report for the Coroner on the likely condition of the transplant kidney.

I recorded that the slide of transplanted kidney showed infarcted (dead) kidney tissue. This view would have been based on my usual practice of using classical changes in the appearance of the cells of the kidney as seen through the microscope. The microscopic changes were sufficiently well established that I estimated that the damage had occurred about two days previously – before or around the time of transplantation. Such an estimate of timing is inexact, and could be over-ridden by strong clinical evidence that the kidney was functioning normally after that time.

I would also have had in mind that the tissues of the donor kidney may suffer reversible injury as part of the transplantation process after the death of the donor and in the interval between harvesting the organ and it being reconnected to the recipient's blood supply, but clearly I thought that the microscopic changes were too severe to be of this type.

A single sample of a whole kidney does not necessarily prove that the whole kidney was infarcted (dead). I assumed that the original pathologist had taken a representative sample of tissue to make the slide. Since I did not have a copy of his report I did not know what the kidney looked like to naked eye inspection, and so it is possible that the sample came from a localized area of damaged kidney, and that the rest of the kidney was healthy.

Other points you wish to make including additions to any previous Statements, Depositions and or Reports

[Please attach additional sheets if more space is required]

Several tissues which I would normally consider essential in the investigation of a peri-operative death were not supplied or not sampled. In particular, examination of skeletal muscle and detailed examination of the whole heart are vital in many cases as I have discussed in a recent unpublished book chapter. However, in this instance the circumstances of Adam Strain's failure to breath after an apparently uneventful operation in which his cardiovascular status and oxygenation were reported as satisfactory, together with the finding of dilated pupils and papilloedema suggested a primary or secondary intracranial cause for this, rather than a cardiac arrest or underlying muscle disorder. As stated in my statement for the Coroner, the brain and neuropathology report were not made available to me.

Therefore my report was confined in its remit to excluding natural disease that might have been responsible for Adam failing to recover from his anaesthetic, and its conclusions were reached "from the material available to me".

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed:



Dated:

12 August 2005