

The **ROYAL**
HOSPITALS

Director of Medical Administration
GEORGE A. MURNAGHAN MB BCH BAO MAO FRCOG LM

Our Ref: A.49/95/43/J

13th May 1996

Mr G D H Brangam
Brangam Bagnall & Co
Solicitors
Hildon House
30-34 Hill Street
BELFAST

Dear Mr. Brangam

Re: Adam Strain (deceased)

You attended a conference with the clinicians involved on Wednesday, 17 April and at that time the post mortem report prepared for H M Coroner by Dr Armour had not been received - it arrived a few days later and has been circulated. A copy is attached for your information.

I have received comments from two of the clinicians which you will wish to have and copies of these are attached for your information. You may feel it necessary to meet again with Dr Taylor and if this is your wish, please let me know so that the arrangements can be made.

Yours sincerely

George

G A MURNAGHAN

ENCs

date typed: 13/05/96

AS - ROYAL

PATRON: HRH The Duchess of Kent

The Royal Victoria Hospital
The Royal Maternity Hospital
The Royal Belfast Hospital for Sick Children

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DEPARTMENT OF UROLOGY

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FAX

REGIONAL UROLOGY SERVICE

MR PF KEANE - CONSULTANT UROLOGIST

1 May 1996

Dr G Murnaghan
Director of Medical Administration
Royal Victoria Hospital
BELFAST
BT12 6BA

G Murnaghan
G M M E L O

Re: Adam Strain Deceased

Thank you for your letter enclosing the autopsy report. I have just one comment to make which I already made at our regional meeting. It states on page 1 that the blood loss was 1500 cc and again in the summing up it states that the blood loss in this operation was 1500 cc. I think it is worth correcting this in that the estimated fluid loss which contained blood, peritoneal fluid and urine was 1500 cc. The reason this point is important is that 1500 cc of blood loss in a child of that age which constitute virtually his entire blood volume and would have been massive blood loss which is very definitely not the case.

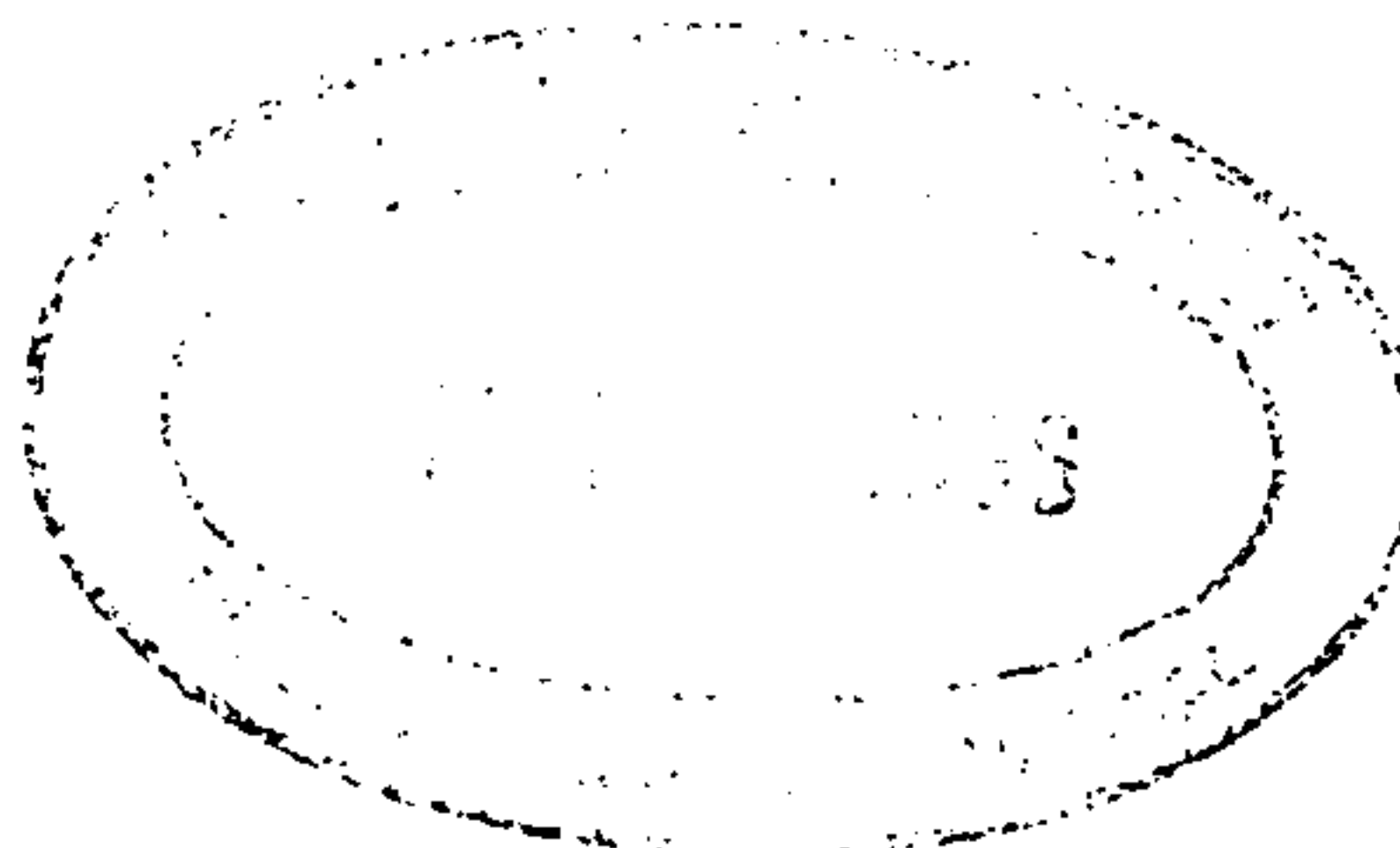
Kind regards,

Yours sincerely

PF Keane

PF Keane
Consultant Urologist

/SH



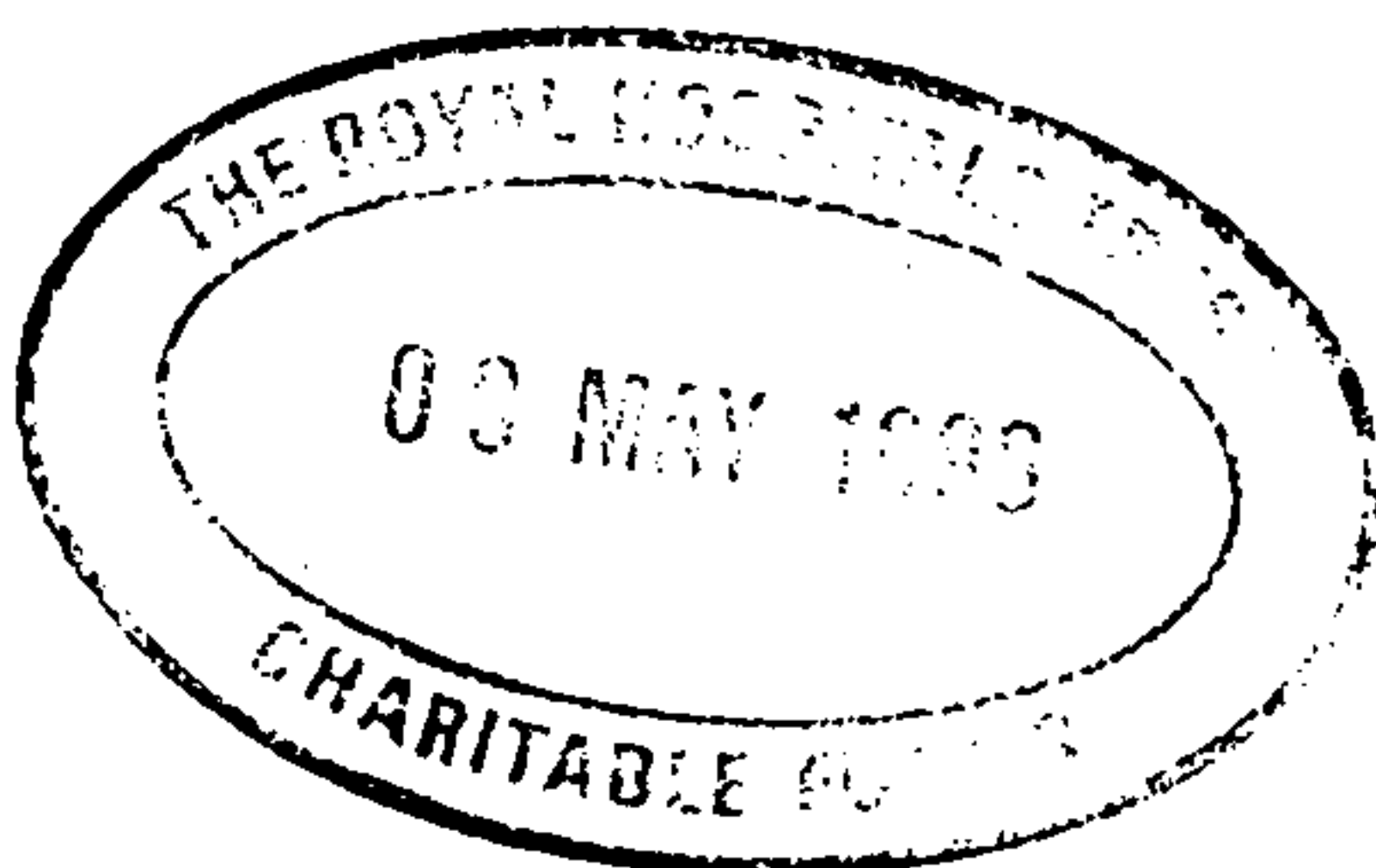


[REDACTED]

The Royal Belfast Hospital for Sick Children

PEDIATRIC ATTENDANCE CLINIC

S. R. KEILTY
P. M. CREAN
T. M. GALLAGHER
R. H. TAYLOR



Belfast BT12 6BE
Northern Ireland
Telephone: [REDACTED]

Dear Dr Murnaghan,

I enclose a critique of the P.M. report. I know that you will be well qualified to present a more diplomatic presentation of my arguments - However I would not wish you to dilute the emphasis!

I thank you for all your recent support in this & other matters.

If I can be of further assistance I would be pleased to do so.

Bob

AS - ROYAL

059-036-071

8/5/96

Dear Dr Murnaghan,

Thank you for forwarding the postmortem findings regarding Adam Strain. As you know I do not wish to cause any conflict or disagreement which would cause further distress or suffering to persons involved in this case. However there are several fundamental problems with the report which I must address.

I agree that death was due to cerebral oedema and that hyponatraemia was present but disagree with the causes.

Hyponatraemia

Towards the end of Commentary it states "the hyponatraemia in this case was the cause of cerebral oedema and most of the ...fluids givenwere.....sodium chloride 38 mmol/l." The facts are that 40% of the fluids contained this amount of sodium (1500 ml) 0.18 NaCl/4% Glucose compared to the remaining 60% of total fluids given which contained 130-150 mmol/l of sodium (HPPF, Blood, Hartmanns). The PM statement therefore clearly misrepresents the facts in a prejudicial manner.

Impaired cerebral perfusion

There is no evidence that "Impaired cerebral perfusion" occurred in this case. Cerebral Perfusion is defined as Mean Arterial pressure (MAP) minus Intracranial pressure (ICP). Intracranial pressure was not monitored in this case, and is never monitored except in head injuries etc. as it involves an invasive monitor in the brain. Since MAP was maintained throughout the procedure it is unlikely that there was cerebral hypoperfusion. Perhaps a better logical explanation would be "Impaired Cerebral Drainage". However this is against known research especially in this case where a recent article suggests that complete jugular ligation does not cause an increase in ICP.

This is contradicted by the description of the postmortem findings. In the PM under **Examination of the Neck** it states "There was no evidence of congestion or obstruction of the major blood vessels....". This contradicts the conclusion that cerebral perfusion (or cerebral drainage) could have been impaired.

There is no premorbid nor postmortem evidence that excessive volumes of fluid were administered which produced a dilutional hyponatraemia. I still do not know what caused his death but I believe it is unacceptable to speculate on the cause of Adam's death without direct postmortem evidence and by misrepresenting the quantities and type of fluids given.

I would hope that reasons are not being generated or misrepresented to suit the diagnosis.

Yours sincerely,

Dr Robert Taylor

AS - ROYAL

059-036-072

10.06.96

Gutman

L. BB 46.