8th December 1995

ADAM STRAIN

The above-named 4 year old child died in theatre in the Royal Belfast Hospital for sick children on 28th November 1995. He had undergone a kidney transplant. The operation had started at 6.30 pm. Dr Maurice Savage reported the death to me and he said that death was totally unexpected. Adam was regarded as an ideal candidate for such surgery. The problem was that in the course of the operation nothing appeared on the anaesthetic monitor to indicate that anything had gone wrong and it was only after surgery had been completed when he did not respond that it was realised that there was a problem. He was on a ventilator and brain stem tests had confirmed that legal death had taken place. I said there would have to be a post-mortem examination. Dr Savage said that the mother was keen that Adam's organs be used for transplant purposes if that was possible. I said I would discuss that with the State Pathologist. I spoke to Professor Crane who felt that the organs might have been damaged by what happened but in any event it would be preferable if they were available for inspection by the pathologist. I relayed this information back to Dr Savage. Dr Savage queried whether any use could be made of heart valves. I discussed this with Professor Crane and he saw no reason why heart valves could not be used. The post-mortem was carried the following day by Dr Alison Armour. She telephoned afterwards and said she was mystified as to why Adam had died. She confirmed that he was a robust health child and the surgery he underwent should not have posed any problems. He findings at autopsy were the grossest cerebral oedema she had ever seen. She said the brain was pressing right up to the dura. That suggested hypoxia-anoxia and when I queried that indicated a possible anaesthetic problem she agreed. She stated that it could either be something to do with the anaesthesia or the anaesthetic equipment. She realised that no alarms had sounded and she had looked at the read-outs from the anaesthetic equipment and had also discussed the case with the anaesthetist Dr Bob Taylor. Both she and he were mystified about what had happened.

The following Friday (1st December) Dr Armour telephoned me and she indicated that she was becoming ever more convinced that there was a question mark against the equipment. She had discussed the case again with Dr Bob Taylor and she had gone through the anaesthetic readings and there was nothing in those to indicate any problem. She said that if one excludes a problem with the anaesthesia and if one excludes a problem with the anaesthetic equipment then that leaves the Beverley Allitt scenario. From then until today I had a series of telephone calls with both Dr Murnaghan and Dr Armour. Today Dr Armour showed slides etc to Dr O'Hara and Dr Bharucha. Both stated that there was clear evidence of hypoxia/anoxia/anaphylatic reaction. Those virtually are all the same thing. Both raised the question mark against the working of the anaesthetic equipment and Dr O'Hara raised the possibility of a problem that had occurred during induction of the anaesthesia which was not spotted. Following the induction of the anaesthetic equipment would have used the reading given at that time as the norm and then all the other readings would have been taken using that as the standard. I spoke to Dr Murnaghan and said that it appeared imperative that the equipment was now independently examined. I said that before making any arrangements he might wish to speak to Dr O'Hara and Dr Bharucha and

satisfy himself that the version I was told was correct. Dr Murnaghan then telephoned me back from Dr O'Hara's office and I spoke to Dr O'Hara. It was agreed that the equipment should be independently examined. I agreed with a suggestion from Dr O'Hara that an eminent paediatric pathologist, Professor Berry of Bristol be brought in to give an expert opinion.