

Subject ~~Child Deaths~~ Adam Shain - Prof Berry.
To DCI Woods / Dr Nicholl.

Dr Hall and I saw Prof Berry, now an emeritus Professor of Paediatric Pathology on 22 March 2006. Professor Berry was consulted by HM Coroner soon after the death of Adam Shain in 1995. It was the Coroner's intention to have Prof. Berry eliminate any other cause of death for Adam and therefore Prof Berry was sent a range of tissue slides from various organs. He was not asked specifically to report solely on the kidney, and it is his recollection that out of the 15 slides sent to him, a very small number (perhaps one) were of the kidney.

Professor Berry reported to the Coroner that he could not identify another cause of death and therefore was not called as a witness to the inquest. In his report he indicated that he believed the kidney infarcted at or before the time of death. ~~The~~ One purpose of our trip was to have Prof. Berry explain this observation to us and he did so as follows:

When a kidney infarcts (that is, dies while the rest of the body is still alive) changes occur in the kidney tissue which are observable under the microscope. These changes take time to occur and are progressive. They will take at least 12 hours to be manifest. If, however, the patient dies within that 12 hour period, the changes due to the

infarction will ~~be~~ never be seen, as they are ~~replaced~~ replaced by the changes due to death of the whole person. Therefore Professor Berry maintains that he observed microscopic changes which indicated infarction before death, and he believed indicated infarction at or before the time of transplant.

He is not willing to state anything more specific than this. ~~He is concerned that~~ He believes this is now a significant issue as he is aware that one surgeon says the kidney passed urine and that is a categorical demonstration that the kidney was not infarcted and must take precedence over his opinion since back-calculation of the time of infarction is imprecise. He is also aware, and very surprised, that the other surgeon states the kidney did not produce urine. He cannot understand this difference in evidence and it is highly relevant to his opinion re the time of infarction.

~~The~~ Professor Berry also stresses that the fate of the other ~~the~~ donor kidney is relevant to this ~~other~~ opinion. He advised us that, if ^{the} other kidney had failed due to infarction, then there is support for his opinion in that it suggests the kidneys were both defective ~~from~~ before transplant. Unknown to him, we have already learned from Adam's mother that this indeed was the case, and in due course we should obtain evidence of the infarction of the other

kidney.

Professor Berry informed us that the most common cause of infarction and failure of transplanted organs is loss of blood supply at some point. However, another possible cause is that the organ was poorly matched to the recipient. In Adam's case, the notes record that the kidney was well-matched, but it may be prudent now to have this confirmed in evidential format.

The last significant point made by Prof. Berry is that, since the whole dispute turns on the kidney as opposed to other organs, it is not appropriate that his opinion prevails. He recommends that the slides and samples, if still available, should be sent to a renal pathologist for an opinion on the time of infarction. He states the RVH ought to have such a specialist (but our problem is that they will not be independent) and otherwise he recommended a Professor Riehm at Great Ormond Street Hospital. I have commenced to locate the relevant slides and samples, but this may not be finalised until I see Dr Armour, the ~~senior~~ pathologist who reported on the post-mortem of the Coroner.

It appears to me to a side-issue in that the kidney, good or bad, did not kill Adam according to Dr Sumner, but there is the prospect of the clear discrepancy in evidence

between the surgeons being an attempt by one to conceal a failed operation, or at least their contradiction could be portrayed as such. Therefore it may be advisable for us to pursue the matter.

Lastly, Prof. Berry indicates that since he only saw a slide of the kidney, and hence a minute sample of the tissue, he cannot categorically state that what he ~~say~~ saw was characteristic of the whole kidney, although I note that the PM report states the whole kidney was infarcted. It may be better to await our interview with Dr. Hansen (12 April) and she may confirm if she sent a representative slide, or a worst-case example.

For information & direction

W. R. Cross
Agt.