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CONFIDENTIAL

Mr J Leckey
HM Coroner for Greater Belfast,
Coroners Court House,
Old Town Hall Building,
80 Victoria Street,
Belfast. BT1 3GL.

Dear John,

I managed to return to work early last month and am only now beginning to catch up with a considerable backlog of work much of which concerns yourself.

The accompanying case concerns the death of Lucy Crawford. This was a difficult case at the time in which it was clear there was a potential background of litigation. I have read Dr. Sumner's report and believe that this will pose difficulties in that he confuses matters of fact with matters of opinion and approaches the matter in a somewhat "tunnel vision" way. That said however there is a lot of what he writes with which I am in full agreement.

The problem in this case essentially is that there are two very obvious causes of direct damage to the brain namely the bronchopneumonia, well established especially in the right lung. There is a history of a presentation which would be entirely consistent with an infective condition and then there is, as pointed out by Dr. Sumner objective evidence of hyponatraemia. The problem is that both these conditions can bear directly on the brain and give rise to the problems of which were the ultimate cause of death namely the cerebral oedema with its affect on vital respiratory and cardiac centres. So, this being the case I believe that under Dr. Sumner's rather austere assertion the death was solely the result of hyponatraemia is perhaps not the entire truth and I would feel there is reasonable evidence to infer that bronchopneumonia was probably developing at the time of the child's initial presentation to Craigavon Hospital, and that the pneumonia must be at least as important as hyponatraemia, and it is a condition demonstrable at the time of P.M. whilst hyponatraemia is not and assertions

made about it are "case based" and to some extent circumstantial. That there may be a case for litigation in this instance however is entirely understandable and I think that would be up to the paediatric anaesthesiology experts to fight it out in court. In any event you can read my report and I would be happy to discuss any aspect of it with you before you go to inquest.

In the meantime I would thank you for your forbearance with me over the past year in which my absence from pathological activity was due to what can certainly be described as circumstances beyond my control. As I said I am getting on with my backlog which should be cleared up within the next few months.

Yours sincerely,

Dr. M.D. O'Hara
Consultant Paediatric Pathologist