



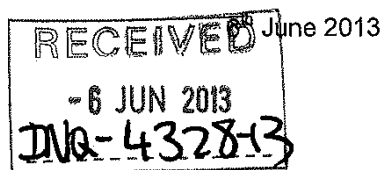
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Strictly Private & Confidential
Anne Dillon
The Inquiry into Hyponatraemia-related
Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Our ref: LRL/M397
Your ref:



Dear Madam,

Re: Our Client – Dr Murray Quinn

We have been provided with a copy of a letter from bto Solicitors to the Inquiry dated 3rd May 2013 (324-004-001). We note that the Chairman intends to hear from any party who wishes to comment on the issues raised by this correspondence on Friday, 7th June 2013. On behalf of Dr Quinn, we would like to make representations, through counsel, on a related matter and this letter is intended to provide the Inquiry with notice of the points which will be made, in summary form.

In the case of two of the children whose deaths are being investigated by the Inquiry, expert evidence has been provided which identifies a different cause of death other than hyponatraemia caused by excessive fluids. We also note that, in the case of Raychel Ferguson, Dr Marcovitch, an Advisor to the Inquiry, has indicated in his Memorandum (306-120-002) that he finds the *"apparently rapid progression of symptomatic hyponatraemia"* to be *"somewhat surprising"*.

We refer specifically to that choice of words because, of course, the Inquiry will be aware from Dr Quinn's witness statement (WS 279-1) that his view was that it would be *"surprising"* if the amount of fluid Lucy Crawford had received could have produced cerebral oedema, causing coning. Based on the questioning of witnesses to date and the expert report of Dr McFaul, it appears that the Inquiry is proceeding on the assumption that this view was incorrect and was not one which Dr Quinn could have reasonably arrived at from the very limited information with which he was provided.

In those circumstances, we invite the inquiry, in fairness to Dr Quinn, whose professional judgement is being called into question, to obtain evidence that **may** lend support to Dr Quinn's tentative expression of surprise so that this evidence can be fully explored by the Inquiry.

Furthermore, if there is expert evidence that identifies a different cause of death or, raises a question over the cause of death in any of the cases under consideration, this should be fully considered. We submit that this is an issue of importance not only for our client but, for the wide range of persons who will have an interest in the outcome of the Inquiry. On this basis, we consider it would be appropriate for Professor Kirkham to be asked to provide her opinion as to any potential causes of death in Lucy's case.

We confirm that we have no objection to this correspondence being circulated to other parties to the Inquiry.

Yours faithfully,

Carson McDowell LLP.

Carson McDowell LLP

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