

Thursday, 30 June 2011

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2 (9.30 am)

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PROFESSOR GORDON LOWE (continued)

4

Questions by MR GARDINER (continued)

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MR GARDINER: Good morning, Professor Lowe. When you were

6

last here you told us about the work that you were doing

7

between 1976 and 1985 in caring for patients with

8

haemophilia. Would you be able to estimate how much of

9

your time each week you were spending with patients with

10

haemophilia?

11

A. Okay. As I think I said last time, patients came up to

12

the ward on which I was usually working on the

13

university medical unit, initially as a registrar in

14

general medicine. So during those first three years

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I guess I would be seeing maybe two or three patients

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who were inpatients that day and occasionally asked to

17

help with outpatients who came to the unit, which was

18

a couple of rooms really, just adjacent to the ward.

19

Q. So how much of your week in percentage terms?

20

A. I would have thought -- I mean, I would have to explain

21

that we were mostly seeing acutely ill general medical

22

patients. We were doing general medical clinics. So

23

the number of haemophiliacs I would be seeing would be

24

not that many in the average week.

25

So probably maybe half an hour a week.

1 Q. Yes.

2 A. But it would vary so much. Haemophiliacs don't bleed to
3 order. We would get periods of time when we would have
4 maybe ten patients in and periods of time when we had
5 none. So you would have to work out a kind of average.

6 Q. Yes. I think you told us that you were one of several
7 junior doctors who were working in that unit. Would it
8 be correct to say that by 1985 you were one of the most
9 experienced junior doctors in that area? Would that be
10 right?

11 A. Yes, clearly I had been around a long time. But as
12 I think I said last time, I never had the position of
13 a haemophilia doctor. So there was always a senior
14 house officer or a registrar with a specific haemophilia
15 job and they would be the people who, nine until five,
16 Monday to Friday, would be sitting in the haemophilia
17 unit and default for seeing the patients as they came
18 up.

19 So I think I was like the rest of the junior staff
20 who helped out from time to time, that was people like
21 myself, training in general medicine, rheumatologists,
22 haematologists, rotating through to get haemophilia
23 experience. So there was a pool of quite a number of
24 us. But it's certainly true to say that by the time
25 I became a consultant at the end of October 1985, I had

1 been around. So I knew most of the patients. I had
2 seen most of the patients and, yes, of course, I had
3 accumulated a lot of experience in the management of
4 haemophilia.

5 Q. Yes. So by 1984/1985, would we be wrong to have the
6 picture of you as Professor Forbes' right-hand man?

7 A. Well, that's very kind. Dr Prentice, who was the
8 co-director of the haemophilia centre, he left
9 about April 1983. So it was very much Dr Prentice and
10 Dr Forbes sharing the consultant responsibility for
11 haemophilia before that time.

12 So I suppose, particularly from about April 1983,
13 Dr Forbes was a single-handed consultant on the unit and
14 I probably started to do a bit more but then, as I told
15 you last time, about the middle of 1983 I was seconded
16 to another of the medical units, partly because they
17 were a consultant short, so I was going spare, as it
18 were. So I went to spend most of my clinical work on
19 Professor Lawson's unit and at that time I also started
20 to do a lot more in diabetes, because that was my plan B
21 as I explained last time.

22 So, yes, I continued to see patients with
23 haemophilia and I suppose, particularly if Dr Forbes was
24 away on holiday or at meetings, whatever, I would be
25 there to offer help and advice, particularly in

1 emergency situations like difficult bleeds.

2 Q. So when did you return to Dr Forbes' unit after being
3 with Dr Lawson?

4 A. Well, in April 1985 I got my promotion from the
5 university -- well, I got intimation that they were to
6 promote me to senior lecturer. I could therefore start
7 the process of applying for a honorary consultant post
8 and that came through, I think, from the health board at
9 the end of October. So I think from April Dr Forbes
10 said, "That's good, I'm going to have a consultant
11 colleague to help me at a consultant level in
12 haemophilia", and from about April 1985 would start to
13 involve me more. But I think I continued my work on
14 Professor Lawson's unit until the end of 1985. So it
15 was a kind of phasing in and phasing out.

16 Q. April 1985?

17 A. That was when I got my promotion. That was when
18 Dr Forbes realised that we were going to be working
19 together as co-consultants and I started to get a bit
20 more involved, yes.

21 Q. Okay, thank you. Could we go back to your statement,
22 please, at page 3 of [\[PEN0161250\]](#). I would like to ask
23 you question 4, which is:

24 "When the possibility that AIDS was a blood-borne
25 disease which affected haemophiliacs became apparent

1 (around December 1982) did Professor Lowe discuss the
2 implications with his patients before continuing to use
3 factor concentrate therapy?"

4 Just directed at that specific question,
5 Professor Lowe, could you tell us what the answer is to
6 that, please?

7 A. Okay. So what I have said in my written statement was
8 that my recollection is that, particularly from about
9 the start of 1983, there was a lot of interest,
10 obviously on the haemophilia units but also within the
11 Haemophilia Society, about AIDS being a risk, at least
12 to patients with haemophilia in America. And
13 I certainly recall that a lot of information was being
14 given out on the unit in terms of the Haemophilia
15 Society's brochures. And as I have said, I do recall
16 that, you know, apart from giving a general update on
17 AIDS, the Haemophilia Society educational leaflets said,
18 you know, "Please discuss your treatment with your
19 haemophilia centre director".

20 Now, as I have said, I had relatively limited
21 contact with patients with haemophilia about that time,
22 and I really cannot remember any specific dates in 1983
23 when patients would run up to me and say, "Tell me all
24 about AIDS." As I say, I did not have much involvement
25 in the unit but it may well have been that patients

1 would say, when I was dealing with them for a bleed,
2 "What's all about this AIDS then?" and obviously I would
3 give them the information known to me; give them any
4 educational leaflets that were available and say, "Well,
5 Dr Prentice" -- prior to April and after April,
6 Dr Forbes -- "is your director and consultant", and
7 I would stress that they spoke to them.

8 Q. Yes. Is that something that the patient would raise
9 first with you?

10 A. Yes. My involvement with patients with haemophilia at
11 that time was not doing any regular reviews at the
12 clinic but it would be seeing patients when they came up
13 for a treatment of a bleed. That would be a fairly
14 focused thing where you would be, you know, assessing
15 the patient's bleed, deciding what treatment. And
16 obviously during that time, yes, of course, you know,
17 patients would have been able to say, "While we are
18 talking about treatment here, can you tell me about
19 AIDS?" and I would, in that event, tell them as best
20 I could but, as I say, I cannot remember any specific
21 day in which patient X said, "I have just heard about
22 AIDS. It's terrible. Tell me all about it."

23 Q. I'm thinking more of your own practice, Dr Lowe. Did
24 you routinely raise this issue with patients that you
25 saw during that time?

1 A. That is hard to recall.

2 Q. I'm sorry.

3 A. It's hard to recall. I mean, what I remember, that on
4 the unit we always had a lot of information from the
5 Haemophilia Society. We had these --

6 Q. Professor, I'm sorry, with respect, I'm asking you about
7 your communications with the patients. Are you telling
8 us you can't remember?

9 A. Well, I cannot remember any specific patients asking me
10 about it. It may well have been discussed and in that
11 case I would tell them what I knew.

12 Q. Yes. When we were here before, we talked about some
13 immune studies that you were involved in, critical
14 review, and that's in 1983. So I'm just trying to be
15 clear. Are you telling us that you didn't routinely
16 make a point of discussing with your patients this
17 emerging risk in 1983?

18 A. Well, I don't think the -- I think patients were always
19 encouraged, "If you have any questions about your
20 treatment, please ask". I don't think that I really
21 saw, you know, so little of patients with haemophilia
22 apart from treating occasional bleeds, I don't really
23 think I was ever really in the situation of patients
24 asking me.

25 THE CHAIRMAN: Professor Lowe, I'm not quite sure how to

1 approach this. I think it's clear from what you say
2 that you were not frequently or regularly the clinician
3 seeing a whole range of haemophilia patients. On the
4 other hand, if there had been a departmental protocol
5 requiring those junior doctors who did see patients from
6 time to time, I would have expected you to know about
7 that. Indeed, the less you did in direct contact, the
8 greater need you would have had to be informed. So was
9 there any standard practice within the department of
10 initiating discussions with patients in and after 1983
11 about the risk of AIDS?

12 A. I cannot recall any specific protocol.

13 THE CHAIRMAN: Well, the word "specific" can cover a
14 multitude of sins. Can you remember any protocol at
15 all?

16 A. We certainly had protocols about treatment of patients.

17 THE CHAIRMAN: Yes, but, please, we are really trying to pin
18 something down which is quite important, and it's
19 important particularly because I think that the
20 consistent story from patients, not just those we have
21 heard here but from the 120 or so that I have statements
22 from otherwise, is that there was not a very good
23 communication across Scotland about the risk. So
24 really, could you focus on this particular question of
25 initiating discussions so as to enable patients to be

1 informed.

2 A. Well, we had written unit policies right from the 1970s
3 about assessment of bleeds, treatment, et cetera,
4 et cetera. We had policies for testing for hepatitis.
5 I cannot remember in 1983 whether such protocols then
6 had any paragraph inserted about, "Please routinely
7 discuss the risk of AIDS", other than, I think it is --
8 I mean, AIDS was talked about much in the media. You
9 couldn't open a newspaper without hearing about AIDS.
10 So there may well have been patients asking. In the
11 event that somebody said, "Well, I'm worried about
12 AIDS," then clearly I, like any other member of the
13 haemophilia unit, would say, "Well, look, this is what
14 I know about it. This is the educational material that
15 is available. We don't know about any cases in Scotland
16 or Britain, which is fine," but, you know, at the end of
17 the day, the people who are most knowledgeable would be
18 the consultants and the directors. And if somebody
19 said, "I really would like more information about this,"
20 then you would refer them in that direction. But I
21 cannot remember any specific thing saying, "You will
22 tell every patient that you see at any time who is
23 having a bleed about a risk of AIDS."

24 THE CHAIRMAN: Let's get it down to basics, Professor Lowe.
25 Would I be right in thinking that there has been such

1 a scouring of every bit of paper in the department in
2 the context of this Inquiry that had there been a slip
3 of paper that suggested a protocol, it would have been
4 found?

5 A. Yes, I would think so. I think certainly in our centre,
6 as in some other haemophilia centres, we can locate the
7 haemophilia bulletins with AIDS fact sheets and so on
8 and so forth, which, as I recall, were freely
9 distributed, but I don't recall any specific unit one.

10 THE CHAIRMAN: Yes, I understand that, that the Haemophilia
11 Society material would be readily available, but the
12 translation of that information into a practice
13 statement for clinicians I think is what we are
14 interested in, and I don't think you are producing
15 anything to help me understand that there was such
16 a thing.

17 A. In answer to that, I cannot recall any specific unit
18 piece of paper that said, "This is what to say to
19 patients about AIDS," but we did have the generic -- the
20 National Haemophilia Society material available.

21 MR GARDINER: Would you agree, sitting here today,
22 Professor Lowe, that there probably wasn't such
23 a protocol in 1983, was there?

24 A. You mean in Glasgow or anywhere in Britain?

25 Q. Where you were working?

1 A. I never saw one.

2 Q. Right. Just briefly, how were written policies
3 communicated to doctors like you at that time?

4 A. Okay. Well, right from 1970s, we had had a unit policy
5 which was read by every doctor, houseman, senior house
6 officer, registrar, et cetera, about what haemophilia
7 is:

8 "Patients can come up to a unit at any time, this is
9 how you assess them. These are the common problems with
10 bleeding. Specific treatments are assigned to each
11 patient. This is how to order them from the blood
12 transfusion department. This is guidance as to the
13 dosage."

14 And then there would be protocols about the annual
15 assessment, which is the routine blood to be taken --

16 Q. Who would draft these protocols?

17 A. The consultants.

18 Q. So in this case, Dr Forbes?

19 A. Or Dr Prentice.

20 Q. Or Dr Prentice. And then how would they be communicated
21 to doctors like you, junior doctors?

22 A. We would be shown them, asked to keep a copy. Anybody
23 who was on-call for haemophilia was expected to have
24 a copy at home and they would be discussed at regular
25 meetings.

1 Q. Right. And you have no recollection of seeing
2 a protocol that related to the emerging risk of AIDS,
3 drafted by Dr Forbes and discussed at meetings?

4 A. I cannot recall any specific addition to the protocol.

5 Q. Yes. The meetings that you referred to, how often did
6 they take place?

7 A. Oh, we had, I think, meetings probably about weekly.
8 I'm a little bit vague perhaps because, as I say,
9 between 1983 to 1985 I was on another unit so the
10 frequency during that time ...

11 Prior to that, I think we had certainly a weekly
12 meeting. My recollection was that this was towards the
13 end of a week because we had the weekend coming up and
14 we would review which patients were on the ward, any
15 problems that might arise over the weekend, particularly
16 for the benefit of the doctor who would be on-call over
17 the weekend.

18 Q. Yes.

19 A. And at that time, apart from discussing specific ongoing
20 problems with patients, we would review any general
21 matters.

22 Q. So would Dr Forbes update you on important developments
23 during those weekly meetings?

24 A. Oh, yes.

25 Q. Okay. Let's imagine a situation at about that time

1 where a patient with haemophilia does raise this
2 question with you, the emerging risk of contracting this
3 new virus by use of factor concentrates.

4 A. Yes.

5 Q. What would you tell the patient at that time?

6 A. Well, what I knew about the condition, depending on the
7 time. So I think it was 1983 that we knew that certain
8 patients in America with haemophilia had developed this
9 syndrome; explain that it was an emerging disease, it
10 was possibly transmitted by blood products and hence
11 there was a lot of research going on to try and find out
12 what was the explanation of this and obviously knowledge
13 during this time was emerging. So I would give them the
14 best of my knowledge about the information.

15 Q. Yes.

16 A. I think from memory the main question patients had is,
17 "Have there been any cases in Scotland or Britain". And
18 that was not the case, I think, until 1984.

19 Q. Yes. In terms of whether to continue with the treatment
20 that the patient was taking or not, is that something
21 that would be discussed at that time?

22 A. Well, that would be a matter for discussion with the
23 consultants, obviously.

24 Q. I'm sorry, I would just like to clarify that. For
25 discussion with the consultant by the patient?

1 A. Yes.

2 Q. So you wouldn't discuss that with the patient?

3 A. If a patient said, "Look, I have a concern about my
4 treatments", I would talk them through it and then say,
5 "The people who know most about this condition are
6 Dr Forbes or Dr Prentice. They are the consultants."
7 And I would suggest that, you know, they would have more
8 knowledge about the situation than I would. If they
9 had -- you know, there was a difference between
10 a trainee doctor and a consultant. That would be
11 a consultant-level decision.

12 Q. Right. So how long would that position subsist? Are we
13 talking right up until 1985? You would refer those
14 questions, would you, to Dr Forbes?

15 A. Yes. I think that if I became a consultant at the end
16 of October, by that time, as you know, all blood
17 products were virally inactivated, which was
18 reassuring --

19 Q. It's the timeframe that I'm interested in,
20 Professor Lowe. How long were you referring these
21 questions to Dr Forbes and at what point did you engage
22 with the patient yourself?

23 A. Well, I would obviously answer any questions at the time
24 to the best of my knowledge. If somebody said, "I'm
25 thinking about stopping my treatment" -- and I cannot

1 remember any such instance -- I would say, "Okay, that's
2 a major decision and I think you need to discuss that
3 with the consultant."
4 Q. And that carried on right up until 1985. Is that right?
5 A. Yes, I think even after that, because Dr Forbes was the
6 director of the unit. He was going to all the
7 haemophilia directors' meetings and was intimately
8 involved in all the research that was going on.
9 Obviously, particularly during 1985, I would be, you
10 know, doing my best to keep up with that but I would not
11 have the same level of expertise.
12 Q. So you would never discuss the risk/benefit analysis of
13 taking factor concentrates with your patient; you would
14 always refer that question to Dr Forbes? Is that what
15 you are telling us?
16 A. For the ultimate decision about whether a patient either
17 wanted to change their treatment -- in terms of not
18 taking it, reducing it, changing to a different type of
19 treatment, like cryoprecipitate -- that would be
20 a consultant-level decision. I'm not saying to you that
21 I would say, "Look, I'm not talking to you about this
22 problem." I would talk them through, you know, I would
23 try and answer their questions to the best of my
24 ability. What I'm saying is that a decision about
25 a major change like stopping treatment and hence running

1 the risk of major bleeds should be properly discussed
2 with the consultant.

3 Q. Yes. But did you involve yourself in any discussions of
4 that type with the patients or would you just
5 immediately refer it to Dr Forbes as soon as it was
6 raised?

7 A. I'm talking about the specific instance, of which
8 I can't remember any, in which a patient would say,
9 "I really feel I should stop my treatment" or make some
10 major decision about a change in treatment. So I was
11 happy to discuss that with them but to make it clear
12 that an important principle about medical treatment is
13 you treat patients according to best of your own
14 knowledge and ability and if you feel that, you know,
15 that is going beyond your own personal experience and
16 ability, refer it up the line.

17 Q. Yes. So there would be some discussion of the risk --
18 the risk of continuing with therapy and the risk of
19 giving up therapy. Is that right?

20 A. Yes, indeed. And all the information that we were
21 giving to patients through the Haemophilia Society
22 literature, et cetera, said, "Okay, obviously there are
23 going to be patients who are thinking about, 'Should
24 I use as much treatment,'" et cetera, et cetera, and
25 I think the uniform advice given in this educational

1 material and the policy across Britain in general was,
2 "If you have any questions about this, discuss it with
3 your director or consultant". That was the right thing
4 to do.

5 Q. Yes. Just casting your mind back to this period,
6 1983/1984, do you remember, Professor Lowe any times
7 when you did have such discussions with patients?

8 A. Oh, yes. I mean -- sorry, over the period 1983, 1984,
9 1985?

10 Q. 1983/1984.

11 A. Yes, obviously there was increasing concern about AIDS
12 and, yes, patients would say, "I'm concerned about it".
13 And as I say, my policy was to sit down with them, talk
14 them through it, give them the best of my knowledge
15 about the risks --

16 Q. And what was that? The patient is, I imagine, trying to
17 decide what to do about this therapy that they are
18 having, which is potentially going to give them this new
19 virus. So what was your advice about that?

20 A. Well, you would give them the best estimate of what you
21 thought the risk of AIDS was in general but to point out
22 that, you know, in Europe there was a relatively small
23 number of cases compared to there, and to say that, "At
24 the end of the day, you have to balance the risk of
25 serious consequences of stopping your treatment and

1 bleeding". And, you know, most of these patients had
2 severe haemophilia, they had seen the benefits of
3 treatment. I can only remember one patient who didn't
4 use treatment, who was a Jehovah's witness, but
5 everybody else said, "Look, we are concerned about AIDS,
6 we have thought about it."

7 We would discuss it and at the end of the day they
8 said, "I don't want to stop my treatment." As I say,
9 I was never in the position of somebody saying, "Okay,
10 I think I need to have a major discussion about stopping
11 my treatment altogether." And I would talk them through
12 to the best of my ability and say, "Well, I think the
13 final decision on that should be with the consultant.

14 Q. So were you recommending one or another of the balances:
15 continuing with therapy, giving up therapy?

16 A. I would talk it through with the patient. If a patient
17 felt strongly that they were so worried about the risk
18 of AIDS that they wanted to stop treatment, I would say,
19 "Okay, I understand, but I think you need to go and
20 speak to a consultant about that." But I do not recall
21 any patient stopping their treatment.

22 Q. So would you recommend any one or the other: stopping
23 treatment or continuing with treatment?

24 A. You would talk through with the patients the
25 consequences and say, "If you stop your treatment, you

1 will get more bleeds and you have to decide if that's
2 something you are prepared to take".

3 Q. Is that "no", Professor Lowe, you wouldn't recommend one
4 approach or the other?

5 A. Well, patients have rights to decide what the balance of
6 risks and benefits is. All, I think, a doctor can do is
7 to say, "To the best of my knowledge the risk of getting
8 AIDS from a blood transfusion at this moment in time is
9 X", and you would give them the educational material to
10 back that up.

11 Against that you would have to consider the major
12 consequences of not treating bleeds, which can be
13 crippling or fatal. And my approach as a doctor has
14 always been to say, "This is the treatment, these are
15 the risks," talk them through it, try and answer the
16 questions as best you can. I don't think that I would
17 say to anybody, "I insist that you have your treatment,"
18 or "I insist that you don't have your treatment".
19 That's not how it works.

20 Q. I wasn't using the word "insist", I was using the word
21 "recommend". But I think you are telling us that you
22 wouldn't recommend. Is that right?

23 A. I have always believed that a discussion about, "Should
24 I have this treatment or not?" should be between
25 a doctor and a patient, where the doctor outlines the

1 benefits of the treatment, which in the case of
2 haemophilia and clotting factor replacement was
3 a routine treatment for many years and they knew all
4 about it. They knew the consequences of what would
5 happen if they stopped it, and I would just say, "Let's
6 talk it through".

7 Q. So you wouldn't recommend.

8 A. I have a feeling you are trying to push me into a corner
9 here. How do you mean I "wouldn't recommend treatment"?

10 The patients who were concerned were the patients
11 who had to have regular treatment with Factor VIII or
12 Factor IX. That was the standard treatment and if they
13 said, "Right, we are worried about the risk of AIDS,"
14 I would talk them through the risks, talk them through
15 the risks of AIDS, talk them through the risks of not
16 treating themselves to try and reduce that risk, and
17 then it was very much an individual patient decision.

18 Q. So you would leave it to the patient to decide?

19 A. Well, I would discuss with the patient. I would not
20 impose any decision.

21 THE CHAIRMAN: You know, Professor, Mr Gardiner is not
22 trying to box you into a corner. He is trying to get
23 a straightforward answer to a relatively straightforward
24 question. I can understand that before one reached the
25 denouement there would be a great deal of discussion,

1 a great deal of advice, but at the critical point at
2 which a decision may be taken as to whether there should
3 be a change in therapy, there is a simple question:
4 Would you be encouraging the patient to ask for a change
5 or would you be avoiding any encouragement one way or
6 the other?

7 A. If a patient was seriously concerned --

8 THE CHAIRMAN: You would refer him to Professor Forbes? I'm
9 almost reaching the point of believing that appointment
10 as a haemophilia director is not so much a promotion as
11 an apotheosis, Professor Lowe. I have no doubt I am
12 going to end up with great respect for Professor Forbes
13 but I'm not quite sure at the moment why, however
14 elevated the platform he is put on, he should deprive
15 you of such professional responsibility as you might
16 have to deal with the patient in front of you. Would
17 you have advised or would you not?

18 A. I'm sorry, just to clarify, if a patient said, "I'm not
19 sure about whether to continue with treatment? I'm
20 thinking of stopping it", I would talk them through that
21 and say:

22 "But at the end of the day, this is a decision, if
23 you are deciding not to take treatment at all, of such
24 major importance, that is a consultant, a director level
25 responsibility, and I think you should discuss it with

1 Professor Forbes."

2 But having said that, I think that most patients
3 were very happy to talk through the risks and the
4 benefits of treatment with me or with any other junior
5 doctor and take it from there.

6 MR GARDINER: Yes. I take it then that there wasn't
7 a policy, as far as you can remember, from Dr Forbes
8 that clinicians such as you should be recommending
9 continuing therapy, when such a discussion came up?

10 A. Well, I think -- I'm sorry, Dr Forbes saying to us as
11 junior doctors ...?

12 Q. If this question arises, the policy is to recommend
13 continuing factor therapy treatment?

14 A. I think that was the advice that was consistently coming
15 from directors in haemophilia centres, in all statements
16 at the time, through the Haemophilia Society, through
17 publications and reviews, to say at the end of the day,
18 "Yes, there is a risk but this has to be balanced
19 against the very major risk of bleeding".

20 Q. Yes.

21 A. So, yes, I mean, I think the clear message was, "If
22 anybody wanted to stop treatment or change their
23 treatment, send them to me, I'm a consultant, I'm
24 a director, I will make the final decision." I think
25 that's very important.

1 Q. So if a patient said that they wanted to continue with
2 treatment, you wouldn't refer that patient to Dr Forbes?

3 A. Well, any patient at any time could say to a junior
4 doctor, "I have chatted to you about anything but
5 I would like to see the consultant". Equally, any
6 trainee doctor would say, "I think things have reached
7 a level in your questions at which I think to refer you
8 on".

9 Q. Yes. Do you have any recollection of referring
10 Dr Forbes in that context?

11 A. I cannot recall any patient who said to me, "I really
12 think I would like to stop my treatment," at which
13 I would then say, "Well, you need to speak to
14 Dr Prentice or Dr Forbes."

15 Q. Dr Prentice left in 1983, did he not?

16 A. He did.

17 Q. Yes. Discussions such as we have been talking about
18 with a patient who has raised this question, the
19 risk/benefit of continuing with therapy, if you had such
20 a discussion, is that something that you would have
21 recorded in the medical notes?

22 A. Oh, yes. I think if somebody was seriously concerned
23 about continuing with their treatment, such that they
24 wanted to discuss it, one would write in the medical
25 notes, "Patient is concerned. Discussed with patient

1 and recommended discuss with consultant".

2 Q. Yes, thank you. I would like to move on to another
3 topic. Could we have a look at [\[PEN0121600\]](#).

4 This is your statement about the immunological
5 testing. If we could go down to paragraph 2, please,
6 I think you are addressing there the report by Melbye et
7 al, and I think we should have a look at that, which is
8 page 4 of [\[DHF0026016\]](#). That's, "HTLV-III
9 seropositivity in European haemophiliacs exposed to
10 Factor VIII concentrate imported from the USA". We see
11 that your name is on that paper, Professor Lowe.

12 I think we can take this fairly short. Again, is
13 this a paper where your involvement was critical review?

14 A. Yes. I had no part in the actual performance of the
15 study. I think you have got statements from
16 Professor Forbes and Dr Froebel about how the study came
17 about. My first exposure to the study was to read
18 a draft paper.

19 Q. Yes.

20 A. As I have said in the statement, to provide critical
21 review, as I did in the previous paper by Dr Froebel.
22 At the same time Dr Forbes asked if I could draft
23 a paragraph about a patient in Scotland, who was
24 actually treated at a centre in England and who had
25 developed AIDS, which was one of the first AIDS cases in

1 a patient in the United Kingdom, the first Scottish one,
2 which I did. And I did that because I had assisted
3 Dr Forbes and the consultants in infectious disease in
4 the care of that patient when he presented with AIDS.

5 Q. Yes.

6 A. So I think the point of the paper clearly was that there
7 was at least one patient with AIDS, with haemophilia, in
8 the United Kingdom and obviously data about the
9 prevalence of this antibody to HTLV-III in two
10 populations: the Scottish haemophilia population and
11 a Danish population.

12 Q. Yes. I think we can deal with this fairly quickly.
13 I take it that you don't have any personal knowledge of
14 who carried out the testing referred to in this paper?

15 A. Well, I think the testing was done in America,
16 Dr Gallo's laboratory.

17 Q. Is that your recollection?

18 A. I think it's -- I think it probably says that in the
19 paper, does it not? Dr Gallo developed the test that
20 was used.

21 Q. But is it your recollection that that was where the
22 testing was done?

23 A. Well, I think the samples were sent to America.

24 Q. Yes, well. I'm asking you if you have any personal
25 knowledge of that?

1 A. As distinct from reading the paper?

2 Q. Indeed.

3 A. That's what I have been told.

4 Q. Yes. So what you are telling us is what you have been
5 told but you don't have any personal knowledge. Is that
6 right?

7 A. No, I was not involved in collecting the samples or
8 sending them to any laboratory.

9 Q. Certainly we see that Karin Froebel is on the paper and
10 certainly we understand her recollection is that the 77
11 samples were sent to America by Dr Madhok and Dr Forbes
12 and tested there by Gallo's teams, and that's consistent
13 with your understanding, is it?

14 A. Yes. I mean, I wasn't involved at the time. Nobody
15 ever said, "We are collecting samples to send them to
16 America". The first I knew of the study was to see
17 a draft manuscript.

18 Q. Thank you very much. Let's move on to question 7 on the
19 main statement, which is at page 4 of [\[PEN0161250\]](#). The
20 question is:

21 "When did Professor Lowe become aware of the fact
22 that a number of Edinburgh patients with haemophilia,
23 who later became known as the 'Edinburgh cohort', had
24 been infected with HTLV-III by PFC manufactured
25 concentrate and that HTLV-III had therefore entered the

1 Scottish donor pool?"

2 What is your answer to that, Professor Lowe?

3 A. Well, what I have said in the statement is I remember
4 reading the paper when it came out in 1985, but thinking
5 about it subsequently, I do recall hearing, I think,
6 from Professor Forbes, about the end of 1984, that there
7 had been an outbreak -- if you use that word -- of HIV
8 infection in some patients in Edinburgh.

9 Q. Yes.

10 A. But I cannot give you a date as to that.

11 Q. Yes. Well, if we can have a look at [\[SNF0010255\]](#). This
12 is a note of the meeting of haemophilia doctors and
13 SNBTS representatives on 29 November 1984. We see
14 paragraph 4:

15 "Dr Forbes describes the finding relating to
16 HTLV-III antibody seroconversion in a comparative study
17 of haemophilia patients in Glasgow and Denmark."

18 Does that help you estimate when you first became
19 aware of -- I'm sorry, the paragraph before, of course,
20 is the one where Dr Ludlam reports.

21 A. Yes, as I say, I cannot remember the month at which
22 Dr Forbes told me that there had been a problem with
23 haemophiliacs in Edinburgh. It was some time in late
24 1984.

25 Q. Yes. Are you not having weekly meetings with Dr Forbes

1 at this stage?

2 A. Weekly meetings were held but, as I have indicated,
3 between about 1983 and 1985 I was on the other units.
4 I didn't attend every meeting.

5 Q. Yes. How often would you attend these meetings?

6 A. Hard to say. At least on a monthly basis, I would
7 think.

8 Q. Yes. I mean, from our perspective, Professor Lowe, it
9 seems quite surprising if Dr Forbes had not passed this
10 information on to you at around about this time.
11 I mean, do you think that it would be end
12 of November 1984 that you first heard about this?

13 A. Well, we are talking about 25 years ago. To be honest I
14 cannot give you a date about a month.

15 Q. Yes.

16 A. It was certainly late 1984 and that would seem to fit
17 what you are showing me here. I mean, I did not go to
18 these meetings, these were meetings attended only by
19 consultants and directors.

20 Q. Did you know about a plan to have a meeting in Edinburgh
21 in December 1984 to discuss the results that are
22 referred to there in paragraph 3 of that note?

23 A. I don't think I knew about it in advance of the meeting.

24 Q. Yes.

25 A. I can remember Dr Forbes telling me at some stage,

1 "There has been a meeting in Edinburgh to which patients
2 have been invited," and that he and Dr Ludlam had spoken
3 about recently identified seroconversions, I think both
4 in Edinburgh and Glasgow. But I didn't get any details
5 of it apart from the fact that a meeting had been held.
6 And I was told by Dr Forbes that letters were being sent
7 out to all patients with haemophilia in Scotland,
8 advising about precautions with AIDS as a result, and
9 obviously he told us all about the heat treatment.

10 Q. Yes. At what stage then did you first hear about this
11 meeting?

12 A. After it had occurred. Whether that was before
13 Christmas or after Christmas, I can't remember.

14 Q. Okay. Around about Christmas time then?

15 A. I remember it was around about Christmas time.

16 Q. Okay, thank you. What was your involvement in the
17 subsequent events, after this meeting?

18 A. Well, Dr Forbes told us all, all the junior doctors,
19 involved, about heat treatments and the letters that
20 were going out to patients. I think a letter was sent
21 out about January to all the patients registered at the
22 centre and I understand that was done all across
23 Scotland.

24 Q. And --

25 A. And in general the advice that was being given to

1 patients.

2 Q. What was your involvement, if anything, in that letter?

3 A. I had no input into the letter that went out in January.

4 However, there was a subsequent letter, which I think

5 was sent out about April of that year. And as I have

6 already said, April was the month in which the

7 university informed me I was to be promoted, senior

8 lecturer. So at that time Dr Forbes said, "Well,

9 hopefully you will become a consultant in due course",

10 and I think from about April he started to involve me

11 much more in the information given to patients. So

12 I think I had input into that letter that went out

13 in April.

14 Q. Thank you.

15 A. What I remember was that Dr Forbes had an copy of a book

16 produced by the Haemophilia Society by Dr Peter Jones

17 that was called --

18 Q. Are you talking about the April letter at the moment?

19 A. Yes.

20 Q. I would like to ask you about the earlier letter, if you

21 wouldn't mind.

22 A. I understand a letter went out but I don't recall it.

23 I don't recall --

24 Q. If you just wait for the question, Professor Lowe, if

25 you wouldn't mind. We are under a little bit of time

1 constraint today so I'm trying to make progress.

2 A. Sure.

3 Q. Could we have [\[LOT0034244\]](#)? Do you recognise that?

4 A. Yes, the date would certainly fit. I remember a letter
5 going out in January.

6 Q. If we look above the date "GDOL", that's your reference,
7 isn't it?

8 A. That is my initials, yes.

9 Q. And who is "DM"?

10 A. I have no idea. That's probably a secretary.

11 Q. A secretary?

12 A. Hm-mm.

13 Q. Not your secretary?

14 A. Well, I did not have a secretary at the time. I was
15 a junior doctor.

16 Q. Right. If we just go to the last page of that letter,
17 please, we see there at the end of the letter, "Yours
18 sincerely, Gordon Lowe". So that's your signature?

19 A. That's absolutely right.

20 Q. You have told us that you didn't have any input into
21 this letter. Is that right? I mean, is it coming back
22 to you?

23 A. I cannot recall up until now having any input into it
24 but clearly I signed the letter, as I did the subsequent
25 one in April. What I do remember was having quite a lot

1 of input into the letter in April --

2 Q. Well, I'm talking about this letter at the moment, if

3 you wouldn't mind --

4 A. -- but clearly I obviously read and signed this one as

5 well.

6 Q. Do you want to just take a moment then and have a think

7 and see whether you now remember having any input into

8 this letter?

9 A. Sure. Can I read it?

10 Q. Please do. (Pause)

11 A. Okay.

12 Q. A hard copy is on its way, Professor Lowe. (Handed)

13 A. Thank you. Yes, thank you very much.

14 Q. What was your involvement, if anything, in drafting this

15 letter?

16 A. Well, as I recall, there was, following the meeting in

17 Edinburgh, Dr Forbes and Dr Ludlam, I think, drafted

18 a letter of which the idea was that we sent out all

19 across Scotland and then -- although plainly I had

20 forgotten it, Dr Forbes obviously involved me in

21 co-signing it. And presumably also commenting on it.

22 So I think the idea was that there was a form letter and

23 then each individual centre would send it out on its

24 individual heading.

25 Q. Yes.

1 A. I have to say, I have no copy of this in my files and
2 the one I have in my files is the letter from April that
3 was sent out with the Jones booklet. But clearly
4 I obviously saw this and signed it.

5 Q. If we have a quick look at page 2 of [\[PEN0120495\]](#).
6 Professor Ludlam told us that this was the advice sheet.
7 Could you just show the Professor the first page of
8 that, please?

9 So Professor Ludlam told us that this is the advice
10 sheet that was sent out by his centre?

11 A. Hm-mm.

12 Q. Could we go to page 2, paragraph 7? If we see at the
13 end of the first sentence in 7(a):
14 "Great care must be taken not to contaminate ..."
15 If you like at the hard copy that you have in front
16 of you at the second page:
17 "Secondly (a) ..."
18 Would it be possible to get them up side by side?
19 So that's them side by side. So you see that the
20 wording from the Professor Ludlam advice sheet, starting
21 at "great care" down to the bottom of the page, where it
22 says "It is to be emphasised ..." is the same as the
23 section in the Glasgow letter, if I can call it that.
24 Do you see that?

25 A. I can.

1 Q. Yes. So that appears to be the aspect of the two
2 letters that is common?

3 A. Sure.

4 Q. I think you said it was a form letter. So it looks as
5 though some of this Glasgow letter is not form letter,
6 just the same as the Edinburgh one. So I'm wondering,
7 the other bits of the letter, did you have any
8 involvement in drafting them?

9 A. Yes, I may well have done. Obviously I signed it and
10 I wouldn't sign anything without having some -- without
11 clearly reading it and quite possibly some discussion
12 with Dr Forbes, and I certainly remember having input
13 into the letter in April but I had --

14 Q. We are not talking about that at the moment --

15 A. It was within a few months of each other.

16 Q. Yes. So you now think that you might have drafted some
17 of this letter?

18 A. Well, I might well have had some input into it.
19 I think, as I recall, Dr Forbes was also consulting with
20 our haemophilia sister, Sister Campbell, because she
21 would obviously be much involved in a lot of the aspects
22 as well. So I think there was, you know, some
23 discussion amongst the unit and -- in general.

24 Q. So was there discussion and then you drafted the letter?
25 Is that what happened?

1 A. I don't think I drafted the letter. I clearly signed
2 it. And obviously we were having a lot of discussion in
3 the unit at the time about what the policy should be.
4 We were, you know, revising our protocols. Heat
5 treatment was coming in and this advice sheet was going
6 out to patients. So clearly I was involved in the
7 discussions. But I cannot recall which bits I would
8 actually draft.

9 Q. But you might have drafted some of them?

10 A. It could well have been. I mean, I suspect what
11 happened was that Dr Forbes had the form letter agreed
12 with Dr Ludlam and then each centre was customising it.
13 My assumption is that he, as the director, would have
14 first go at that and then probably gave it to me after
15 that.

16 Q. In draft form?

17 A. Well, yes, saying, you know, "What do you think of this?
18 Is there anything else that you think we should add?"

19 Q. Yes. Do you think you did add some bits?

20 A. It's quite possible.

21 Q. Yes.

22 A. But I cannot look at it now. I'm seeing this for the
23 first time for 25 years. Clearly I had some input into
24 the April letter because at that time I was now
25 imminently being a consultant and there was a lot more

1 discussion between Dr Forbes and myself. At the time
2 this letter was written, I was still a junior doctor but
3 clearly he wanted to run it past me, and I think also
4 our haemophilia sister as well.

5 Q. You are one of several junior doctors, as you told us,
6 but you are the co-signatory to the letter?

7 A. I am.

8 Q. Does that again maybe suggest that Dr Forbes thinks of
9 you at this stage as his right-hand man? Is that fair?

10 A. I was certainly the most experienced of the junior
11 doctors, yes.

12 Q. Yes. And you have signed it, so obviously you agree
13 with the terms of the letter?

14 A. Hm-mm.

15 Q. What was the purpose of this letter?

16 A. It was clearly an update to all our patients, arising
17 because of many recent developments. There was
18 obviously the discovery that the HIV virus was present
19 in Scottish blood donors and concentrates. There was
20 a lot of publicity in the newspapers, and I think that
21 Dr Forbes and the other haemophilia centre directors
22 said, "We must really get an early letter out to all our
23 patients".

24 Obviously, the first part of the letter was a bit
25 more information about AIDS. Dr Forbes reiterates that

1 in general continue treatment with clotting factor
2 concentrates, and pointing out the steps that were now
3 taken to reduce the risk of viruses, the exclusion of
4 blood donors and now the heat treatment of the
5 Factor VIII. It also indicates that Dr Forbes was
6 hoping to have testing arranged for everybody on the
7 unit and I think he was negotiating with Dr Follett of
8 the regional virus centre, to set up a test within the
9 National Health Service that could then be performed.

10 And he says:

11 "We hope to have that within the next few months",
12 and that did come in during the year.

13 Q. Because by this stage, Professor Lowe, Dr Forbes has
14 results, does he not?

15 A. Yes. Which he goes on to say -- said:

16 "We have tested stored blood samples, of whom
17 ten per cent have positive antibody tests."

18 Q. Yes. So in terms of the possibility of communicating
19 these results to patients, what was the purpose of this
20 letter? Can you cast your mind back?

21 A. Well, the letter then goes on to say, you know, "We need
22 to see you and talk about testing for HIV" and "Happy to
23 give further information and to answer any questions
24 about the virus and the tests".

25 Q. Yes. So what lies behind the letter in terms of

1 Dr Forbes' policy about communicating the results that
2 he has?

3 A. The results that he had from the Melbye study?

4 Q. Yes.

5 A. Well, as I recall, when we were discussing the
6 manuscript, many of us said to Dr Forbes, "What happens
7 now about the patients with positive tests?" And as
8 I recall, he said, "I will have to see them and arrange
9 counselling." So the indication was that Dr Forbes was
10 going to speak to the patients and arrange counselling.
11 And I think it was around that time that Mrs Wilkie was
12 being appointed.

13 Q. What was he going to do about the results,
14 Professor Lowe?

15 A. He was going to speak to the patients about the results.

16 Q. Yes. And what was he going to say to them about the
17 results?

18 A. He was going to tell them, as far as I know. I was not
19 involved in these. Dr Forbes strongly felt that he, as
20 a consultant, should be speaking to patients and telling
21 them about the situation.

22 Q. Yes. Passing on the results of positive tests?

23 A. Yes, I assume so. I think he had some reservations
24 about Dr Gallo's test because it was a research test,
25 and it was not a test that had yet, as I understand,

1 been licensed for clinical testing of patients.
2 Nevertheless, it's clear in my mind that he said,
3 "Right, we have got positive results and I must speak to
4 the patients and I must arrange counselling about the
5 testing".

6 Q. Yes. If we look at the bottom of the first page of the
7 Glasgow letter, firstly it says:

8 "Firstly we enclose an appointment to see you. It
9 is important that we take a blood sample from you for
10 the virus tests so that we can monitor virus exposure in
11 all our patients who have received factor concentrates."

12 So do we take it then that the purpose of this
13 section of the letter is to encourage patients to come
14 and receive their results, if results have been
15 obtained?

16 A. I think what the letter is saying, "It's important that
17 we take a blood sample so that HIV testing can be
18 performed".

19 Q. But with some patients you wouldn't need to take
20 a sample, would you, because you already have the
21 results and you have told us that Dr Forbes' policy is
22 to communicate the results. So what I'm asking you is:
23 is that why in this letter you are writing to patients
24 about an appointment, because you want patients to come
25 in so that they can be informed of their results?

1 A. No, I think, as I said, Dr Forbes' concern with the
2 Gallo test was: were they reliable? And he thought that
3 the best thing to do is to set up with the local
4 regional virus laboratory properly approved tests, which
5 Dr Follett did in due course.

6 Q. Right.

7 A. That's what I would read from the letter. And my
8 recollection is that he was concerned that patients
9 should come up and have proper testing performed, after
10 counselling.

11 Q. Yes. I'm not asking you to look at the letter and tell
12 us what you think it means; I'm asking you to think back
13 and tell us what you remember was the purpose of sending
14 this letter out. And I'm asking you whether it was in
15 part to arrange for patients to come in and to either
16 receive their results or arrange confirmatory testing.
17 Is that the position?

18 A. I think this was prospective. I think the letter was to
19 say, "Look, there is a problem with HIV in the Scottish
20 haemophilia population. We need to see you and we need
21 to discuss this. And we need to take a fresh blood
22 sample after consent, which can be tested for HIV."

23 Q. Yes.

24 A. I do not recall that this was for Dr Forbes to say -- to
25 talk about the research study tests.

1 Q. Right. Okay. But you have told us that Dr Forbes'
2 decision, when he received the research study tests
3 back, was to communicate those results to his patients.
4 Is that not right?

5 A. Yes, he said he would do that.

6 Q. Yes. Is that letter not part of that process?

7 A. I don't know. I never had a list of any of the patients
8 who had results from Dr Gallo. Dr Forbes said that he
9 would speak to patients about that.

10 Q. So we don't really know what that bit of the letter is
11 about then?

12 A. The bit of the letter says:

13 "We need to see you and we need to discuss HIV
14 testing."

15 Q. Professor Lowe, am I right in thinking that this is
16 a letter that you signed on 8 January 1985 but you can't
17 really remember very much about it? Is that your
18 position? Or what was going on at that time?

19 A. Well, as I said at the start, I remember a letter going
20 out in January. I have not kept a copy of that letter.
21 So I'm reading it for the first time and I see that
22 I signed it.

23 Q. Yes, obviously.

24 A. I had some input into it and I can remember Dr Forbes
25 saying, "Right, we need now to get all the patients up

1 and speak to them about it." Mrs Wilkie was in position
2 at this time to counsel them and we need to --

3 Q. When you say "speak to them about it", do you not mean
4 tell the patients their results?

5 A. I don't know what Dr Forbes did about the research
6 results from Dr Gallo's study. As far as I was
7 concerned, the policy now was that the patients were
8 being invited up to have NHS testing in Dr Follett's
9 laboratory.

10 Q. All right. Let's go to question 9, please, in the
11 statement at page 5 of [\[PEN0161250\]](#).

12 Before we look at that specific question, do you
13 remember what happened after this letter went out? What
14 happened with patients? How did patients respond?

15 A. How did patients respond? When patients came up,
16 Dr Wilkie was in place to offer them counselling about
17 HIV and she has given a statement to that effect.

18 Q. Sorry, when patients came up?

19 A. For clinic appointments.

20 Q. Right. So patients didn't respond to the letter? They
21 simply carry on coming to their routine appointments?

22 I mean, this letter says:

23 "We are sending you an appointment. If this
24 appointment isn't suitable, make another one."

25 So what happened. Do you not remember,

1 Professor Lowe?

2 A. Yes, patients would come up to the clinic and the first
3 stage -- well, as far as I recall, Dr Follett didn't
4 actually get these tests going for some months. So
5 initially it was very much about talking to patients
6 about it, saying that, "We hope to do testing", and for
7 Mrs Wilkie to counsel patients about the significance of
8 HIV testing.

9 Q. All right. So the results from the Melbye testing were
10 not communicated to patients? It wasn't until
11 confirmatory testing was available that the results were
12 communicated?

13 A. You would have to ask Dr Forbes. Dr Forbes, when we
14 discussed the paper, he said, "I will speak to the
15 patients about the test results and arrange
16 counselling."

17 Q. Yes.

18 A. Now, I was never involved in passing on to patients any
19 of the information about the Gallo tests. But I know
20 that Dr Forbes and Mrs Wilkie did an awful lot of
21 talking to patients around that time.

22 Q. Yes. So in response to this letter, patients are
23 encouraged to come for an appointment?

24 A. They are.

25 Q. You weren't involved in that process?

1 A. I would see some patients at the clinic but, as I say,
2 at this time my involvement with haemophilia was, you
3 know, less than it had been.

4 Q. What about a patient that came in response to this
5 letter for an appointment?

6 A. Yes.

7 Q. Did you see any of them?

8 A. I was seeing patients from time to time at the clinic,
9 yes.

10 Q. So did you see any of them?

11 A. Yes. I mean, patients would come up for a review and at
12 this time following January --

13 Q. This isn't really for review, is it? This is an
14 appointment that has been fixed in this letter, an
15 urgent appointment, you might think. Were you involved
16 in any of those appointments?

17 A. You mean -- sorry, the appointments were arranged by the
18 haemophilia sister.

19 Q. Right. We have the letter in January 1985 asking
20 patients to come in for an appointment.

21 A. That's right.

22 Q. Were you involved in seeing any of those patients that
23 were coming in --

24 A. Oh, yes.

25 Q. -- for the appointments that were arranged in the

1 letter?

2 A. Yes.

3 Q. Right. Professor Lowe --

4 A. Now, this, I think, was sent to all patients receiving
5 clotting factor concentrates.

6 Q. -- I would like to take this stage by stage because we
7 are under a bit of time constraint.

8 When you saw those patients, what did you tell them?

9 A. I would go through the letter, reinforce the precautions
10 which were taken and explain that Dr Forbes was
11 arranging HIV testing to be performed at the regional
12 virus laboratory. But, before such testing was done --
13 and I think it took some months for Dr Follett to
14 arrange that -- they should have more information about
15 the implications of a positive test and a negative test
16 and the patients then would be seen by Mrs Wilkie.

17 Q. Yes.

18 A. So blood would not be taken at that time. We would tell
19 patients what the procedure would be and that we hoped
20 to have the testing in place some time during 1985.

21 Q. Yes.

22 A. So we would discuss the precautions, which we felt was
23 the priority, to explain that we hoped that proper
24 testing for HIV would be available from Dr Follett's
25 laboratory in due course and we would try during the

1 course of the year to get this all done.

2 Q. And some of --

3 A. But I would never take blood from the sample for HIV

4 testing until they had been through the process of

5 counselling.

6 Q. Thank you. Some of these patients had already tested

7 positive?

8 A. Or negative.

9 Q. Well, but some of them had tested positive, had they

10 not?

11 A. Yes.

12 Q. Yes. Did you see any patients who had tested positive?

13 A. I never knew the names of these patients.

14 Q. From the Melbye testing?

15 A. Yes.

16 Q. So you don't know whether you did or not?

17 A. Correct.

18 Q. Right. Okay. So let's go to question 9:

19 "When did Professor Lowe start testing his patients

20 for HTLV-III?"

21 Just looking at the date -- you have described

22 preliminary discussions with the patient. So when was

23 the testing that you are talking about done, which would

24 be the Follett testing?

25 A. I think probably over the summer but I cannot give

1 a date to that. I know it certainly took some time for
2 Dr Forbes to arrange testing. I think the concern that
3 Professor Forbes and Dr Follett both had was that the
4 early tests done were not very specific. You could get
5 false positives, you could get false negatives, and
6 a lot of the concern at the time, given the increasing
7 concern about the implications of the positive tests,
8 was that you didn't want an inaccurate test. So
9 Dr Follett took great care to get the test set up and
10 started.

11 What I have said in the statement is that
12 by October 1985 I think the great majority of the
13 patients registered at the centre had been tested. The
14 reason I recall that was that the results went to
15 Dr Forbes and he had about a dozen patients who were
16 positive and he said, "I think, when it comes to telling
17 patients results of positive tests, we should make
18 special arrangements," and I think I have described that
19 later on in my statement. He very much wanted that one
20 of us, as consultants, should spend a good amount of
21 time with the patient and fully discuss the
22 implications.

23 Q. Yes. If we go on to 10, I think you have touched on
24 that. It's:

25 "In what circumstances were blood tests carried out?"

1 When were blood samples taken from patients?"

2 And so on. And your answer is you recall that:

3 " ... HTLV-III testing was performed as part of
4 routine blood tests at clinic reviews."

5 A. Yes.

6 Q. But I think, in addition to that, you are now saying
7 that it was also arranged after the appointments that
8 were fixed in January 1985? That was the beginning of
9 the process?

10 A. Yes, the appointments in January were very much to allow
11 patients to discuss the risks, to emphasise the
12 precautions, to talk about the heat treatment and to
13 explain that it was hoped that blood samples would be
14 taken. But in the event it took several months before
15 the blood tests were arranged by Dr Follett and by that
16 time the patients had been pretty intensively educated
17 and counselled.

18 So I don't want to give the impression that HIV
19 testing was performed just as part of routine blood
20 tests. The testing was taken at the time at the clinic
21 when these other blood tests were being performed, but
22 only after patients had been counselled.

23 Q. Yes, and if we look at 11, over the page:

24 "Did Professor Lowe tell his patients that HTLV-III
25 tests were being carried out? Did he obtain consent?"

1 I think, from what you are telling us, you explained
2 to the patients the purpose of the test and --

3 A. Very much so.

4 Q. Did you explain the implications of the test as well?

5 A. Oh, absolutely. I would say, "Right, have you had the
6 letter in January? Have you had the letter in April?
7 Did you manage to read the book by Dr Jones, 'AIDS and
8 the Blood', sent out with the April letter?"

9 I presume you have the April letter before the
10 Inquiry.

11 Q. I have cut you off about the April letter. Can you tell
12 us briefly what was in the April letter? First of all,
13 did you draft it?

14 A. I had input into it and I co-signed it because that's
15 the copy which I have in my own files. I don't have
16 a copy of the January letter, which I now see that
17 I signed, but I certainly had input into the April
18 letter.

19 Q. So who else signed it?

20 A. Sorry?

21 Q. Who else signed it? Was it just you that signed it?

22 A. Dr Forbes and myself.

23 Q. And it enclosed some documents, did it?

24 A. Yes, it enclosed this booklet which I mentioned in my
25 statement, "AIDS and the Blood". I assume the Inquiry

1 had it. Basically, Dr Peter Jones was the
2 haemophilia centre director in Newcastle. He wrote
3 a lot of the Haemophilia Society publications and he
4 wrote what I thought was a very good booklet, very
5 detailed, all about AIDS, all about haemophilia, all
6 about what patients should know, a full review of the
7 precautions and the advice --

8 Q. Is that "AIDS and the Blood"?

9 A. AIDS and the Blood.

10 Q. Let's have a look at that. [\[SNB0046186\]](#). That's on the
11 screen there. Is that the publication that you are
12 talking about?

13 A. Yes, indeed, and in fact I recognise my handwriting,
14 which is up in the top. It says, "February 1985." That
15 was the date of publication of the document, and the
16 note that it was sent to all the patients --

17 Q. Yes.

18 A. -- who were registered at the centre at the time.

19 Dr Forbes ordered a large number of copies of this. He
20 actually had input into the book. If you read the
21 foreword, Dr Jones thanks many individuals, including
22 Dr Forbes, who had input into the booklet. We thought
23 it was an excellent booklet; we couldn't improve upon
24 it. So that was what was sent out in April. Basically,
25 the letter sent in April, I think, was generally along

1 the lines of the letter in January, with perhaps a bit
2 of updating, recommending the book, and I certainly
3 remember reading through the letter in draft form, and
4 the booklet, and making sure that there was no mixed
5 messages between the letter and the book. We kept
6 copies of this book on the unit and then, when people
7 came up, any that I saw, I said "Right, have you had the
8 letters? The January letter? The April letter? Have
9 you read through the book?" and then very much used the
10 book as a basis to what was generally thought and
11 recommended by haemophilia directors and the Haemophilia
12 Society there.

13 Q. Is this before testing?

14 A. Oh, yes.

15 Q. Can you just tell us, if you can, what those last
16 two words in handwriting are in the top right-hand
17 corner?

18 A. It looks like, "Off unit funds." I think the
19 explanation would be that Dr Forbes had a haemophilia
20 fund and had --

21 Q. That's your handwriting, is it?

22 A. It looks like my handwriting.

23 Q. Yes. Sorry, I interrupted you.

24 A. I think Dr Forbes bought it from unit funds and then
25 sent it to all the patients at the centre, with spare

1 copies at the unit.

2 Q. Yes. Are you able to tell us what happened about the
3 Melbye results, in terms of communicating them to
4 patients?

5 A. Only what I have told you already, in that, in
6 discussion of the paper, the question came up to
7 Dr Forbes, "Well, what happens now?" and he said,
8 "I will see the patients, I will speak to them and
9 I will arrange counselling".

10 Q. When you say "arrange counselling" does, that mean
11 "I will tell the patients the results"?

12 A. That was the presumption, yes.

13 Q. Yes. And to your knowledge, is that what happened?

14 A. Well, as I said, I was on another unit at the time.
15 Dr Forbes did not involve me in any of these discussions
16 with the patients. He said, "Right, I will speak to
17 them. I will discuss the results."

18 Q. Yes. So you have no reason to believe that it didn't
19 happen?

20 A. I have got absolutely no reason -- could I say that
21 Dr Forbes, whom I much respect and was my mentor, was an
22 extremely open person and he would spend hours with his
23 patients, discussing all matter of things. I cannot
24 think of any reason why Dr Forbes would not be open and
25 honest with patients.

1 Q. Yes. So your impression was that Dr Forbes was going to
2 communicate the results of the Melbye testing before
3 confirmatory tests were done in June of that year?

4 A. Yes, indeed but, as I say, I knew that he had
5 reservations about whether the test was accurate or not.
6 So I do not know, you know -- I never sat in with
7 Dr Forbes when he said "Now, I want to tell you about
8 the results of these Melbye tests", but I do know that
9 he was very keen that the situation now should be that
10 we should have authoritative tests, licensed for, you
11 know, advising and managing patients --

12 Q. I'm really talking about the Melbye testing. Is your
13 understanding of the position that Dr Forbes told the
14 patients who tested positive under the Melbye testing in
15 about January/February 1985? Is that right?

16 A. Yes, we would be discussing this when we reviewed the
17 manuscript in, I guess, maybe September/October 1984,
18 that kind of time, and the implications.

19 Q. Yes.

20 A. And that's my clear memory, that he said, "Right, I will
21 speak to the patients, that's my responsibility".

22 Q. And tell them the results of the Melbye testing?

23 A. Yes. Now, I cannot remember if, you know, this would be
24 the positive patients, the negative patients as well or
25 whatever, but he said, "I will speak to them".

1 MR GARDINER: Sir, that's maybe a good time for a break.

2 THE CHAIRMAN: Yes.

3 MR GARDINER: I wonder if we could restrict it to ten
4 minutes?

5 THE CHAIRMAN: I think those of us who are in this room
6 could certainly do that.

7 (11.08 am)

8 (Short break)

9 (11.27 am)

10 THE CHAIRMAN: Mr Gardiner?

11 MR GARDINER: Thank you, sir. Professor .
12 Lowe, before the break you told us that for testing
13 done by Dr Follett, all patients received counselling
14 before testing.

15 A. Yes.

16 Q. I would just like to ask you to consider something that
17 I'm going to put to you. The Inquiry heard evidence
18 earlier this month from a witness whose recollection is
19 that he was telephoned and asked to come to the hospital
20 to see you in December 1985. He was surprised because
21 he had just seen you at a routine appointment. He went
22 to the hospital, as asked, and at the appointment you
23 gave him the results of a test for HTLV-III.

24 And this was a test that he didn't know was being
25 carried out.

1 Now, what I have just suggested to you, is it still
2 your evidence that, before tests, patients were
3 counselled and would know that they were being tested?
4 A. Well, that was the procedure which I certainly followed.
5 So I would never test any of the patients that I saw at
6 the clinic, without, as I have just described to you,
7 making sure that they fully knew about the test and the
8 implications of a positive or negative result, and
9 usually almost all of us, I think -- they had also been
10 seen by Mrs Wilkie for counselling as well. I think the
11 patient you are talking about --

12 Q. Before you go on, be very careful not to use the names
13 of patients.

14 A. Yes, absolutely.

15 I think that this patient's statement was given to
16 me by our colleagues in the Central Legal Office and I
17 was asked on behalf of the health boards to look at the
18 case records, and in fact this patient had been seen by
19 another doctor, not by me, at the time that blood was
20 taken for HIV testing.

21 Q. So it sounds as though it really depended on which
22 doctor you saw, whether you were told that you were
23 going to be tested?

24 A. Well, I have not had a opportunity to speak with that
25 doctor. The doctor was, I think, a senior registrar and

1 well versed in the procedures and the policies of the
2 haemophilia unit. So I cannot comment. But certainly
3 all the testing that I performed had been preceded by
4 counselling and discussion with the patient. The
5 problem is, of course, that often I would be seeing
6 patients who had been tested -- who had been seen by
7 another doctor at the clinic; Dr Forbes or one of the
8 other colleagues.

9 Q. But I suppose, Professor Lowe, you are not able to say
10 that you know that all patients were told before testing
11 that they were being tested?

12 A. I don't think I have said that. What I have said to you
13 is that all the patients that I saw at the clinic, at
14 which time blood was taken, I made sure fully knew, as
15 I have said in my statement, about HIV testing and what
16 it was and the implications.

17 Having said that, from memory I think that we had in
18 1985 only about a dozen patients who were positive on
19 Dr Follett's testing and I can remember, when I became
20 a consultant, Dr Forbes and I sitting down and
21 discussing various matters, including, as I think I have
22 already said, that he felt that patients with positive
23 tests should be seen by either himself or myself as
24 a consultant. So that we could have a full discussion
25 about it.

1 So I think that I would see perhaps about half
2 a dozen patients to tell them that unfortunately they
3 had an HIV positive result, and my memory is that none
4 of the patients that I saw were surprised at this and
5 none of them ever said, "I was never told about that."

6 I think just about all of these patients were severe
7 haemophiliacs. They had had multiple treatments over
8 the years. They had been fully counselled by Dr Forbes
9 and by Mrs Wilkie, and I cannot recall any of them
10 expressing surprise.

11 Q. Okay. Let's move on to question 14, page 6 of
12 [\[PEN0161250\]](#):

13 "What was your practice in relation to telling
14 patients positive results?"

15 I think you have touched on that. In your answer
16 you say that:

17 "Dr Forbes' policy was that patients would be told
18 at their next clinic review, usually within a few weeks
19 of blood being taken."

20 Was that the position?

21 A. Yes, I think. So it would obviously vary from patient
22 to patient. It depends when the results would come back
23 and then, as I say, for the patients who were negative,
24 that was fine, no special arrangements, but for the
25 patients who were positive, as I think I say

1 subsequently in my statement, we tried to make sure that
2 we had a time outwith the clinic, where we would see
3 patients in privacy and have a long discussion. And
4 often Mrs Guthrie [sic] as counsellor was present at
5 that time and shared in the information being given to
6 patients.

7 Q. You have mentioned Dr Wilkie several times. What was
8 her role, if any, at that time?

9 A. Well, I can't remember the precise month that Dr Wilkie
10 came to the unit. I'm sure she would tell you but
11 I think certainly by the beginning of 1985 she was
12 coming to the unit regularly, speaking to patients. She
13 came to all the clinics. She was always around and she
14 was trying very much to see all of our patients who had
15 been treated with blood products and were therefore at
16 risk of having a positive result. She spent a lot of
17 time with patients and a lot of time in general
18 discussions within the unit.

19 She was superb. She was very dedicated and, as
20 I think I have read in her statement, she made herself
21 fully available to all patients and partners and
22 relatives and spent a lot of time, particularly in 1985,
23 discussing all the implications about test results.

24 Q. Yes --

25 A. She certainly sat in with me on some of these occasions

1 when we informed patients of results.

2 Q. She told us that sometimes she actually had
3 responsibility for passing on results. Is that your
4 recollection?

5 A. Well, I would be surprised. I think it was more usually
6 done that she would be sitting with Dr Forbes or myself.

7 Q. Yes. And you have told us that you passed on this news
8 to patients. Would you be able to approximate how many
9 patients you did that for?

10 A. I think about half a dozen. I think in 1985 -- I mean,
11 we had 12 patients which is very low, as you know,
12 amongst haemophilia centres. We were spared. The
13 problem was, of course, that over subsequent years we
14 inherited a lot of patients who transferred from
15 Yorkhill Hospital, or indeed from other centres. So by
16 about the later 1980s, I think, we got up to a total of
17 about 30 patients. But the majority of these had been
18 tested and informed about their HIV status at other
19 centres. So we had about 12 and as I say, I think
20 Dr Forbes and I just split them half a dozen each. So
21 I was, I think, only involved in giving the bad news
22 about positive tests to, say, about half a dozen
23 patients, and as I say, none of them expressed any
24 surprise at all at the result.

25 Q. But none of these six patients were tested in the Melbye

1 testing? You have told us that?

2 A. I cannot tell you that. I never had any results of the
3 Dr Melbye tests. So I don't know.

4 Q. Right. Okay. So if we just go on to question 16. We
5 have nearly finished this section. What did you tell
6 patients about HTLV-III when you were passing on these
7 results?

8 A. Well, I would start by reviewing their knowledge about
9 AIDS and HIV testing. Sorry, are you talking about
10 patients with positive results or negative results?

11 Q. With positive results.

12 A. With positive results. I would make sure that they had
13 had full counselling about what the test was, what the
14 implications of a positive or a negative test were
15 and --

16 Q. Before the test?

17 A. Before testing them, and then when seeing patients who
18 had had a positive result, spend a lot of time
19 discussing the test and its implications before --

20 Q. Sorry, can I clarify: the pre-test counselling; was that
21 always you who did that?

22 A. I was involved with that but I was very keen that nobody
23 should be tested without also seeing Mrs Wilkie,
24 because, as I think Mrs Wilkie has said, you know, the
25 purpose of -- a counsellor has a complementary role to

1 that of a doctor. And Mrs Wilkie was an experienced
2 counsellor and knew much more about counselling than
3 doctors.

4 Q. So for your patients they would see yourself and
5 Dr Wilkie, before testing?

6 A. When you say "my patients", patients that I saw in the
7 clinic? I did not have any specific patients.

8 Q. Let's take the six patients that you passed on the news
9 of their results.

10 A. Yes.

11 Q. Apart from the one that you have mentioned, were they
12 not all patients that you had seen before testing?

13 A. Let me think. Well, obviously, I knew all the patients.
14 Over the years. They were severely affected patients
15 that I had seen many times. Whether or not I had seen
16 them at the time their blood had been taken at the
17 clinic, quite probably not because there are many of us
18 seeing patients at the clinic. Sometimes, yes, but
19 within the six, I couldn't really say what the split was
20 between people I had seen before and people that other
21 doctors had seen.

22 Q. How would you know that these patients had had pre-test
23 counselling when you came to give them their results?

24 A. I would ask.

25 Q. Right.

1 A. I would say, "Right, let's sit down and review all what
2 you have been told, what you have been counselled, what
3 information you have been given," and then say, "Right,
4 having done all that and having understood the
5 position," and I would not give anybody a positive test
6 result without making sure they had been through all
7 that process and fully understood the situation.

8 Q. What did they say when you asked them that about whether
9 they had had pre-test counselling?

10 A. They all said, "Yes".

11 Q. All the right. Sorry, so you were telling us what you
12 would tell the patients at the time that you were
13 passing on the results?

14 A. Hm-mm.

15 Q. What did you tell them about prognosis?

16 A. Well, that was usually the first question that they then
17 asked. So I said, "Well, this is a new virus. It's
18 a new disease. We know that a percentage of patients
19 who have a positive HIV test will go on and develop
20 AIDS. We still are uncertain about the time course and
21 how many people will develop that."

22 I would go into -- I would reassure them that at the
23 moment, from the available data, the majority of
24 patients recently found to have a positive HIV test
25 were -- on screening, for example, at haemophilia

1 clinics, were well and we all hoped that they would
2 remain so. However, I made sure that they had current
3 information about the risk of progression to the milder
4 symptoms and the more severe symptoms; give them reading
5 material and say, "Look, this is a lot to take in at one
6 time. You will be shocked at the result. It's bad
7 news." And always recommend that they would come back
8 within a short period of time, a few days, having
9 thought about it, with a list of questions to ask.

10 I pointed out that we would want to see the patients
11 more frequently -- initially, I think, every, you know,
12 couple of months -- and that part of their routine
13 examination would now be to ask about any symptoms or
14 signs, we would monitor them closely and that we would
15 also have them reviewed by the local infectious diseases
16 department at Ruchill Hospital.

17 Now, we set up a close liaison with them. We held
18 joint clinics and because these patients were used to
19 frequently attending a haemophilia centre for review, we
20 kept the reviews there but for the patients who turned
21 out to be HIV positive, we would set up a special clinic
22 day, whereby one of the consultants from the infectious
23 diseases department would come along and we would do
24 a joint review.

25 So we would see them about their haemophilia and

1 because we knew them as patients, we had known them for
2 a long time, and then they would see the infectious
3 diseases specialist, who was obviously in a better
4 position to answer all their questions about the risks
5 of progression and the possible treatments that were
6 available.

7 It was very much a joint exercise and we felt that
8 was important because we were all learning. I mean, the
9 infectious disease doctors as well as ourselves as
10 haemophilia doctors were all learning about a new
11 disease. We needed to keep up with all the
12 developments. Obviously, the infectious diseases
13 doctors were seeing people at different risk groups from
14 haemophilia and getting a more general experience of the
15 condition.

16 And we said to patients, "It's important that you
17 come. If you ever want to go to the infectious diseases
18 clinic separately from the haemophilia clinic, we will
19 be flexible and do that," but to try and minimise their
20 time and at their convenience, we would try where
21 possible to organise joint management and joint
22 follow-up and that continued. We had a very good
23 liaison with not only the infectious diseases doctors
24 but the whole network that was being set up in Glasgow
25 for the care of HIV positive patients.

1 So for example, in addition to Mrs Wilkie, we had
2 the psychologists and the social workers and the
3 counsellors and the pharmacists, and everybody who would
4 be involved in that treatment. We felt it was important
5 that our patients with haemophilia should be fully
6 involved with that. So we really had a very close
7 liaison.

8 But going back to the patient and the initial
9 explanation of what was going on, as I think Mrs Wilkie
10 has said in her statement, it's a lot for people to take
11 in. So myself, Mrs Wilkie, would say, "Look, you need
12 to go and think about who you want to speak to. We
13 encourage you to speak to whoever in your family and
14 friends who you can trust with this information. We
15 know that there will be major difficulties for you
16 because of the media hysteria, but we are here to help
17 and support. You can come back at any time."

18 Which our patients did anyway with haemophilia.
19 They could come to the unit or contact us at any time of
20 day or night. We said, "Please do so. This is
21 a difficult thing to keep to yourself. We are very
22 happy to see anybody that you want us to see," like
23 relatives, partners, for example, parents of the younger
24 patients. I said, "With your permission, bring them
25 up". We went fully into the sexual precautions and we

1 said, "We are very happy to see your partners and
2 counsel them and arrange follow-up and support for them
3 as well".

4 So we did all this and we just continued to offer
5 patients all our support and the counselling that they
6 wished to have.

7 Q. Thank you.

8 Sir, I'm just moving on to a final question, unless
9 you have any questions for the witness.

10 THE CHAIRMAN: No.

11 MR GARDINER: Thank you, sir. This is the last question
12 now, Professor Lowe. Go to page 4 of [\[PEN0161250\]](#).

13 This is question 8, please:

14 "The Inquiry team is aware that from December 1984
15 all factor VIII manufactured by the PFC was
16 heat-treated. Factor IX was not heat-treated by the PFC
17 until October 1985."

18 Just moving on to the next bit of the question:

19 "Did Professor Lowe discuss the relative risks of
20 using non-heat-treated PFC Factor IX and heat-treated
21 commercial Factor IX with his patients? Did he discuss
22 the relative risks of using non-heat-treated PFC
23 Factor IX against the risks of non-treatment with mild
24 haemophiliacs?"

25 So we are talking about the period after we know

1 that the Scottish donor pool has been breached, if you
2 like, in about November 1984, and then we have
3 Factor VIII heat treatment coming in at the end of 1984,
4 but no heat-treated Factor IX. So we are interested in
5 the communication of the risks to the patients of
6 continuing to use Factor IX. So, Professor Lowe, to the
7 best of your recollection, did you discuss that risk
8 with patients?

9 A. Yes. Well, let me think. Sorry, first of all, just
10 looking at the question, should that be against the
11 risks of non-treatment with -- should be it
12 Haemophilia B patients rather than mild haemophiliacs?

13 Q. Well, it's Factor IX that we are interested in.

14 A. So presumably it's Haemophilia B. Well, obviously,
15 I would see some patients with Haemophilia B during that
16 window period. It's a minority of patients. Yes,
17 I mean, clearly, these patients were all sent the
18 letters which we have been talking about; the letter
19 in January and the letter in April, which I don't have
20 in front of me, but I think both said it's the
21 Factor VIII which is heat-treated.

22 Q. Yes.

23 A. So clearly patients with Haemophilia B would ask, "So
24 what's happening about Factor IX?"

25 What information would I give them? I would

1 certainly say that colleagues in SNBTS were working on
2 heat treatment with Factor IX but it wasn't heat-treated
3 at that moment in time. On the other hand, I think the
4 Inquiry knows that the risk of HIV infection and AIDS is
5 much lower in patients with Haemophilia B than in
6 Haemophilia A, and that is thought to be related to the
7 different procedures used in preparing Factor IX,
8 compared to Factor VIII.

9 So we would discuss that the risk, you know, yes,
10 was there but in general terms was smaller and then we
11 would have discussion, as I have already said, about,
12 "Okay, you can continue your treatment with
13 non-heat-treated Factor IX or, if you would prefer not
14 to, you cannot treat bleeds but think again, as we have
15 done already, about the risks of non-treatment in terms
16 of risks of bleeding".

17 Q. Are you speaking from an actual memory, Professor Lowe,
18 or are you speculating about what would have been done?

19 A. You are asking me to think back 25 years, during which
20 time I have seen hundreds of thousands of patients. I
21 have had hundreds of thousands of clinic interviews with
22 patients. I cannot remember, yet again, in 1985 how
23 many patients with Haemophilia B that I saw during this
24 period of time --

25 Q. But you had some -- I'm sorry to interrupt -- but you

1 had some?

2 A. I presume I would have had some, yes. I can't tell you
3 how many.

4 Q. The question of the risk of transmission of the virus by
5 continuing to use Factor IX concentrates, is that
6 something that you would raise routinely with these
7 patients or is it something that you would wait for the
8 patients to raise with you?

9 A. No, you are looking at letters that went out to all
10 patients, which clearly indicate that there is a risk
11 from clotting factor concentrates, and we are talking
12 about what's being done to reduce that risk. And
13 I would certainly raise it with all the patients with
14 Haemophilia B, saying, "It's not heat-treated yet," as
15 I have said, discuss the risks with them and then, you
16 know, have a discussion about, given that information,
17 what are their thoughts, in the same way as I have said.

18 I really am a bit puzzled, as I say, at the
19 continued questioning about, "There is a risk of AIDS,
20 do you say to your patients treat or not treat?" This
21 is, I think, against all medical ethos. If there is
22 a risk with a treatment, you discuss it with the patient
23 and you help them come to a decision.

24 Q. Hm-mm.

25 A. The universal recommendation by haemophilia doctors

1 during this period of time was, "Yes, there is a risk of
2 HIV. It's difficult to quantitate. We will give you
3 the best information that we can" --

4 Q. We are talking about Factor IX at the moment
5 specifically.

6 A. We are talking about Factor IX?

7 Q. Just to clarify, throughout 1985 what was the hospital's
8 policy on Factor IX in terms of which product was to be
9 prescribed? Do you remember?

10 A. Well, Factor IX was always -- Factor IX concentrates had
11 been the routine treatment for patients with severe and
12 moderate Haemophilia B. That was Dr Forbes' policy as
13 director. And Dr Forbes' policy as the director of the
14 unit was that that should continue. I note that there
15 was some question at some stage, I think, about American
16 Factor IX concentrates --

17 Q. Sorry, it's my fault. I didn't make it clear. There
18 are two options, aren't there? You carry on with the
19 Scottish unheat-treated Factor IX or you use American
20 heat-treated Factor IX when it becomes available.

21 A. I didn't know about this heat-treated American Factor IX
22 and I think in fact it wasn't licensed or only available
23 to certain centres in England. But it was Dr Forbes'
24 policy, as the haemophilia director, and Dr MacDonald,
25 his co-director over in blood transfusion, to decide

1 what products were to be used and the policy, as far as
2 I recall, was to continue with the SNBTS Factor IX.
3 Q. Throughout 1985?
4 A. Yes, well, obviously, it was heat-treated, as you say,
5 from October.
6 Q. Can we have [\[SNB0112048\]](#)?
7 Professor Lowe, can you just have a read of that
8 letter?
9 A. Hm-mm.
10 Q. First of all, have you seen that before?
11 A. I don't recall it.
12 Q. Right, if you just take a minute to read it, please.
13 (Pause)
14 A. Right, I don't think I have ever seen that letter.
15 Q. Right, okay. Have you had a chance to read it now?
16 A. I have.
17 Q. If you just look at the second paragraph, the first
18 paragraph is referring to a recent meeting of the
19 haemophilia reference directors. This is April 1985.
20 A. Hm-mm.
21 Q. "... agreed that Factor IX concentrate carried a risk of
22 transferring the AIDS virus."
23 We see that this is a letter from Dr Davidson to
24 Dr Mitchell. It's from the Royal Infirmary, is it not?
25 A. Yes, it is.

1 Q. And we see the second paragraph:
2 "We have therefore decided that we should go over to
3 heat-treated Factor IX in this hospital and I have made
4 arrangements to obtain this from commercial sources.
5 Our monthly requirement for Factor IX is 40,000 units."
6 Were you not aware of that?
7 A. Well, my recall is clearly deficient.
8 Q. Yes.
9 A. But again, I'm sorry, I only became a consultant at the
10 end of October.
11 Q. Hm-mm.
12 A. And Dr Forbes and Dr Davidson and Dr MacDonald made all
13 the decisions. So clearly I had forgotten that that was
14 the arrangement. So presumably that would be from April
15 to October? During that period of time?
16 Q. So the "arrangement" you refer to is the policy about
17 Factor IX?
18 A. Yes.
19 Q. Yes. So now that you have seen that letter, do you
20 think that maybe the policy wasn't what you just told us
21 a few minutes ago?
22 A. Well, clearly not. But again, you are asking me to
23 think back 25 years, when I was not a consultant
24 involved in day-to-day decisions about that.
25 Q. We understand. But does that then mean that you

1 probably didn't have discussions with your patients
2 about the relative merits of the different kinds of
3 Factor IX concentrate?

4 A. Well, any patient that I saw at the clinic review,
5 I would say, "Well, your current treatment is ..." So
6 presumably, up until -- when is that? April? Sorry, I
7 can't see --

8 Q. April 1985 is the date of the letter, that's right.

9 A. So I suppose I would have to modify what I told you
10 earlier, in that if I saw a patient with
11 Christmas Disease before April, I would say at the
12 moment it is unheat-treated SNBTS Factor IX and discuss
13 the risks of that versus anything else. And then
14 after April, if that was the arrangement, I would
15 discuss it.

16 Q. Yes.

17 A. So could I say that before seeing any patient for clinic
18 review, I would review with the haemophilia sister what
19 their current product was, what they are issued with,
20 what their usage had been and then I would discuss
21 whether the patient was -- what they thought of the
22 treatment and were they happy with it. But I'm sorry,
23 as with the letter of January, the passage of time --
24 I mean, I am looking at letters which I may have seen
25 25 years ago and have completely forgotten.

1 Q. Yes. I have no further questions, sir.

2 Sir, we are under time pressure here and I would
3 like to suggest that, if my learned friend does have
4 questions for this witness, that we could perhaps deal
5 with them in correspondence later on.

6 THE CHAIRMAN: What is your position, Mr Di Rollo?

7 MR DI ROLLO: If that's the way that matters have to be
8 dealt with, then I will put in questions.

9 THE CHAIRMAN: I'm not prepared to take a view on that
10 unless I know roughly what the scope is. It's one thing
11 to ask one or two questions in correspondence and to get
12 an answer. It's quite different if you have extensive
13 questioning.

14 MR DI ROLLO: I don't have extensive questioning and the
15 questions that I intended to raise my learned friend has
16 covered now specific matters which I would have asked.
17 So there are just one or two relatively small points.

18 THE CHAIRMAN: If it's just one or two clarifying points,
19 I think we will do it by correspondence.

20 MR GARDINER: If my learned friend is going to take about
21 ten or 15 minutes, then maybe we could try and squeeze
22 it in.

23 MR DI ROLLO: I don't think I will take even ten or 15
24 minutes.

25 THE CHAIRMAN: I'm always concerned that the questioner's

1 anticipation of the length of the question may be
2 inversely proportional to the combined effect of
3 question and answer. Mr Di Rollo, let's see how you get
4 on. We will at least have a trial run at it and see
5 what happens.

6 Questions by MR DI ROLLO

7 MR DI ROLLO: Professor Lowe, I just really want to pick up
8 on the point about Factor IX and the information that
9 was given. Do you have any specific recollection of
10 altering the treatment of a Haemophilia B patient in the
11 light of the situation that there was HIV in the
12 Scottish blood supply and that Factor IX would not be
13 heat-treated?

14 A. Okay. As I think I have said in my written statement,
15 I became a consultant at the end of October 1985.

16 Q. I think you said that --

17 A. By which time all the SNBTS concentrate was
18 heat-treated. As I have said already, I can't remember
19 which, if any, patients with Christmas Disease I would
20 see between, what, January/April, the earlier part of
21 1985. I would never be responsible, as a trainee
22 doctor, who is not a consultant, in changing anybody's
23 treatment. That was a consultant decision. So when you
24 say did I ever change somebody's treatment --

25 THE CHAIRMAN: Professor, I'm sorry to interrupt but the

1 question was quite specific: do you have any specific
2 recollection of altering the treatment. From what you
3 have just said, the answer to that would, I would have
4 thought, be a straightforward, unequivocal "no".

5 A. I agree.

6 THE CHAIRMAN: Could we please proceed on that basis.

7 MR DI ROLLO: I'm obliged to you, sir.

8 It follows from that that, just to give an example,
9 if one of these Haemophilia B patients was in receipt
10 of, say, prophylactic treatment, they wouldn't have been
11 taken off prophylactic treatment or some other
12 arrangement made in terms of their treatment, they would
13 just have continued as before?

14 A. I'm not sure what question you are asking me. You mean,
15 as regards a change of treatment from SNBTS to this heat
16 treatment?

17 Q. Or not being given prophylactic treatment, ceasing
18 prophylactic treatment?

19 A. Ceasing prophylaxis? Well, all the patients on
20 prophylaxis were reviewed regularly, and obviously part
21 of the review would be, "Should a patient stop
22 prophylaxis?" But again, that would be a decision to be
23 taken at the consultant level.

24 Q. So again, the answer to my question is in the negative?

25 If someone was on prophylactic treatment, you don't

1 have any specific recollection of that treatment
2 altering from prophylactic to non-prophylactic?

3 A. Correct.

4 Q. All right.

5 The other matter I want to ask you about is your
6 position in relation to counselling of patients who had
7 been tested for the HIV virus. Can we just put up
8 a document, page 18 of [\[WIT0040441\]](#). We see
9 28 January 1985?

10 A. Hm-mm.

11 Q. This has obviously been done in Glasgow. Is that right?

12 A. That's correct, yes.

13 Q. Did you have any involvement in this at all? There does
14 appear to be -- is that your signature on --

15 A. That is my handwriting and my signature, yes. I think
16 I know what this is. If I'm correct, this is one -- and
17 again I will be confidential -- one of the patients we
18 perhaps were discussing earlier, who turned out to be
19 HIV positive.

20 Q. Later on?

21 A. Later on.

22 Q. This test is a negative test?

23 A. Correct.

24 Q. The question I want to ask you is: was this patient
25 counselled before you took this test -- which was

1 negative -- was carried out?

2 A. As I understand it, when Dr Forbes asked me to see this
3 patient, and inform him that he had a positive result,
4 I spent some time looking at the case sheets, and at
5 this time I think Dr Forbes and Dr Madhok were trying to
6 look at the history of all the positive patients and
7 what treatments they have had and when they might have
8 seroconverted. And as I recall, following this patient
9 having a positive test later this year, Dr Forbes asked
10 Dr Follett at Ruchill to test previous samples to see
11 when the patient had seroconverted.

12 Before I saw the patient, I was trying to work out
13 what the history of the situation was. So as
14 I understand it, Dr Follett was able to look
15 retrospectively at the sample taken in January and do --
16 and do a test and in fact found that the patient was HIV
17 negative at that time. So presumably had seroconverted
18 some time after that date of 25 January.

19 Q. Can that be right --

20 A. So that is --

21 Q. Can I just interrupt you? The date of the specimen is
22 25 January --

23 A. Yes.

24 Q. -- 1985?

25 A. Yes.

1 Q. The date, apparently, of the test is 28 January 1985.
2 A. That's the date of the report form and that's Dr Follett
3 reporting -- and that was in the patient's case sheet --
4 their Hepatitis B virus status. So what I did was
5 I just wrote down in shorthand, as part of my
6 preliminary measures, you know, what had been the
7 situation. I think Dr Follett then subsequently -- and
8 I think I saw it in the case sheet -- wrote a formal
9 report to Dr Forbes, to the unit, saying that the first
10 positive test was later that year -- I can't remember if
11 it was October/November, something of that time. And he
12 had then confirmed that he had gone back and tested this
13 sample.

14 So if you like, this is a shorthand because in the
15 case sheets we were trying to record the history of
16 the -- the history of the event.

17 Q. So what you are saying is that this patient was not
18 tested in January 1985?

19 A. Correct.

20 Q. He was tested after his positive result?

21 A. Yes, I think Dr Forbes' policy was to try, in all the
22 patients who had positive tests, to then work with
23 Dr Follett to test back as to the date that
24 seroconversion had occurred. And that was clearly
25 important for trying to establish the source of the

1 infection. Could it be located to any particular
2 treatment? And that was obviously of interest to SNBTS
3 and the other concentrate manufacturers as to what
4 batches, et cetera.

5 So my recollection is that Dr Forbes, and I think
6 assisted by Dr Madhok, was trying to look at all the
7 patients who had tested positive and to work back, and
8 that is my shorthand, which I think I should probably
9 have written in the case sheet rather than on the report
10 form, but basically I was, you know, in the days before
11 seeing the patient, just trying to look and see what had
12 happened, because many of the patients were then keen to
13 know, "If I have a positive test, when did that occur?"

14 Q. So "HIV (verbal)", what does that mean?

15 A. Yes, that is me recording a verbal report from the
16 Ruchill Regional Virus Laboratory that at Dr Forbes'
17 request they had gone back and tested the patient who in
18 fact had been negative back in January but positive
19 later that year.

20 Q. Sir, I have no further questions.

21 THE CHAIRMAN: You are quite clear about that? This note
22 refers to a negative test result from a specimen taken
23 on 25 January 1985.

24 A. That is correct.

25 THE CHAIRMAN: Yes. Mr Anderson?

1 MR ANDERSON: I have no questions.

2 THE CHAIRMAN: Mr Johnston?

3 MR JOHNSTON: I have no questions either, sir.

4 THE CHAIRMAN: You are content with that?

5 MR GARDINER: Yes, thank you, sir.

6 THE CHAIRMAN: Professor, thank you very much.

7 MR GARDINER: Dr McClelland next, sir.

8 DR MCCLELLAND (continued)

9 Questions by MR GARDINER (continued)

10 THE CHAIRMAN: Good afternoon, Dr McClelland. Welcome back,

11 I think I might say.

12 MR GARDINER: Thank you, sir.

13 Good afternoon, Dr McClelland.

14 A. Good afternoon.

15 Q. You have previously given evidence to the Inquiry on

16 several occasions on topic C1, B1 and B2. Today we are

17 concerned with the B5 topic, which is information to

18 patients, and you have provided us with two statements

19 on that topic. I think that's right, isn't it?

20 A. I have provided you with a recent statement relating

21 specifically to a meeting of patients in December 1984.

22 Q. Yes, thank you. I think you should have paper copies in

23 front of you?

24 A. I have.

25 Q. Yes, thank you. Could we just have a look at the

1 supplementary statement, just to take things
2 chronologically. That's [\[PEN0121426\]](#). So just to take
3 things chronologically. Could you tell us when you
4 first heard about the results of patients in Edinburgh
5 who had tested positive?

6 A. Yes, as in my statement, it was on the evening of Friday
7 26 October 1984.

8 Q. Yes. How did you hear?

9 A. By a telephone call -- a telephone message from
10 Dr Christopher Ludlam.

11 Q. What did he say?

12 A. I have absolutely no recollection of the precise words
13 but the substance is as recorded in my note, dated -- my
14 summary of -- dated 20 November, which was -- at that
15 time he referred to six patients in his care with
16 haemophilia who had been found, in what was initially
17 sort of investigative testing, apparently to have
18 antibodies to HTLV-III, and three of those patients, he
19 believed to have been treated only with SNBTS
20 Factor VIII.

21 Q. Yes. What was your reaction to that?

22 A. Well, my reaction to that -- again, I cannot remember
23 but I'm sure it would have been of surprise because we
24 certainly did not really anticipate that this would
25 happen so soon. We certainly had anticipated that this

1 was a real risk but I cannot remember my emotional or
2 intellectual reaction. My practical reaction is as
3 summarised in my note of the time.

4 Q. Yes. We will have a look at that in a minute but can
5 you remember what Dr Ludlam's reaction was to this news?

6 A. No.

7 Q. Okay. Were you told in that first phone call how many
8 samples had been sent for testing?

9 A. No.

10 Q. Who had done the testing?

11 A. The testing had been done in the laboratory of
12 Dr Richard Tedder, who was, I think, at that time in the
13 Middlesex Hospital in London.

14 Q. Yes. Okay. What did you do after you received this
15 news?

16 A. As I recall, the telephone call was quite late in the
17 evening and on the following morning I telephoned
18 Dr Cash to inform him of the information. Dr Ludlam, as
19 I said, had made it quite clear that he was uncertain
20 how to interpret these initial results and was hoping to
21 get what he described -- what I recall him describing as
22 "confirmatory tests". So I informed Dr Cash of this
23 information, as it had been given to me. Again, I have
24 no recollection of my precise words but they would have
25 been fresh -- whatever I recounted to him would have

1 been as accurately as I could recount what Dr Ludlam had
2 told me the previous evening.

3 Q. Yes. Is it your recollection that during the first
4 phone call with Dr Ludlam, he mentioned having done any
5 analysis of the transfusion records, or anything like
6 that, of the patients with a view to identifying the
7 batch of blood that was responsible?

8 A. I have no recollection of him referring to that.

9 Q. Yes, okay. So your recollection is simply being told
10 that this news about the six patients testing positive?

11 A. Yes.

12 Q. Thank you. So what did you do as a result of this phone
13 call in the next few days?

14 A. Well, I took no further action at that immediate time,
15 other than calling -- than informing the national
16 medical director of the SNBTS. There wasn't really any
17 other action that I was in a position to take with the
18 information available. I was, looking at my note,
19 apparently on the 29 and 30 October, I was off sick, but
20 my deputy, who was Dr Frank Boulton, who was
21 a consultant -- who had been a haemophilia consultant in
22 Liverpool, so knew his stuff in this area -- was
23 contacted again by Dr Ludlam. And I don't know the
24 nature of this communication but I'm sure it was verbal.
25 I have certainly never seen a record of it. At that

1 time, by whatever process, he had identified that it
2 appeared that these three patients had all been
3 recipients of the same batch of Factor VIII.

4 Q. Yes. Thank you.

5 A. Dr Boulton passed that information on to Professor Cash
6 immediately.

7 THE CHAIRMAN: Dr McClelland, I had noticed that you were
8 off sick on 29 and 30 October and I have to say, it
9 would not have surprised me in the least if you had said
10 that the news that you received at the end of the week
11 was so shattering that it affected you to that extent.
12 You are now giving us a fairly rational objective
13 account of what you can remember and what you can't.
14 But was this not an event of such horrifying
15 significance that it affected you seriously?

16 A. I cannot recall what my emotional reaction to that was.

17 MR GARDINER: Thank you, sir.

18 This supplementary statement you have produced, is
19 this from your own recollection or is it by reference to
20 documents? Where has this come from?

21 A. This statement marked PEN1426 --

22 Q. Yes, the statement we are going through.

23 A. This is, as I think I have tried to make clear in the
24 statement, based entirely on the documents that I was
25 aware of, that I had prepared contemporaneously --

1 I mean, within a very short period of the event, which
2 was my attempt to record -- because I obviously realised
3 the importance of this event and was trying to summarise
4 concisely what we had done and when.

5 I have to be very clear that beyond these documents
6 I have effectively no more detailed recollection of
7 the -- you know, the background or the other content of
8 this --

9 Q. I understand that. Has looking at the documents helped
10 you remember?

11 A. It hasn't -- I'm very suspicious of being helped to
12 remember things that I didn't remember before. I would
13 say the answer to that is no.

14 Q. Yes. So the evidence that you are giving is based --

15 A. What I recorded at the time.

16 Q. I am sorry?

17 A. It's based entirely on the documents.

18 Q. Okay. Let's have a look at the next page. You say here
19 that:

20 "A recall was initiated."

21 And there is a reference to reference 13, which is
22 [\[PEN0121376\]](#). That's a letter to you from --

23 A. Dr Perry.

24 Q. Dr Perry. That's what has allowed you to remember that
25 there was a recall on 1 November. Is that right?

1 A. I have quoted this because this is what I assume is the
2 most authoritative source.

3 Q. Okay. Let's move to [\[SNB0065996\]](#). This is a memorandum
4 from yourself to Dr Perry and Dr Cash dated
5 20 November 1984?

6 A. Hm-mm.

7 Q. Have you used this memorandum --

8 A. Yes.

9 Q. -- too?

10 A. Yes.

11 Q. You have? So we see in paragraph 1, what you told us
12 earlier, about your conversation with Dr Ludlam.
13 Paragraph 3, you were off sick. Paragraph 4, "Dr Ludlam
14 telephoned me at home again."

15 Can you just tell us what you remember about that
16 second phone call from Dr Ludlam?

17 A. Again, I do not remember anything more than I recorded
18 here.

19 Q. And what's that?

20 A. That he had had a further communication with Dr Tedder
21 and that they had now established that a total of 16 of
22 the patients with haemophilia appeared to have HTLV-III
23 antibody, and Dr Tedder and Dr Ludlam had formed a view,
24 looking at whatever data was in their possession -- and
25 I don't know exactly what data was in their

1 possession -- that either 15 or 16 of these patients had
2 received the same batch that had been received by the
3 first three identified patients.

4 Q. Yes. Although there is three unaccounted for, are there
5 not? Because I think you told us there are three
6 patients who had received commercial factor --

7 A. In the initial report on the 26th, Christopher Ludlam
8 had referred to six patients, of whom three -- I assume
9 looking at this note, was confident that there was
10 another source, which presumably was commercial
11 Factor VIII. I have no idea what the strength of the
12 evidence for that presumption was.

13 Q. Yes. So might it be that Dr Ludlam's initial assessment
14 was that it was three patients who had had commercial
15 concentrate and three who had had SNBTS concentrate, but
16 by the time he comes to November 2, he has discounted
17 the commercial concentrate and he has now got 15 or 16
18 who are positive, all attributable to SNBTS --

19 A. That was at the time, and remains, my understanding.

20 Q. Yes. So more information has come in and --

21 A. Yes.

22 Q. -- the preliminary view has changed. Is that the
23 position?

24 A. Well, yes. Clearly a number of patient samples --
25 whether it was single or multiple samples I have no

1 idea -- had been submitted by Dr Ludlam to Dr Tedder's
2 laboratory and these initial tests were probably
3 relatively slow and laborious to perform. So the
4 results are coming out in bits.

5 Q. Yes. So you, I think, you have told us that from
6 Dr Ludlam's analysis of the data, he had identified
7 a batch that was perhaps implicated in the infection.
8 Is that right?

9 A. Yes, he had been through the records in his possession
10 and probably had also made reference to records held in
11 the BTS blood bank and come to the conclusion that one
12 batch appeared to be common to all of the 16 patients.

13 Q. Yes. And did you have any involvement in continuing
14 that analysis in order to try to identify the most
15 likely batch that had infected these patients?

16 A. Yes -- and that's -- I did slightly later on. The date,
17 which I can tell you in a moment -- yes, on -- I think
18 it's a bad photocopy. I think on 15 November I met with
19 both Dr Ludlam and Dr Perry and I do remember vaguely
20 that meeting took place in my office in the old BTS
21 centre in the Royal Infirmary, essentially to address
22 the question as to what other batches had been received
23 and whether there was evidence that would allow us to
24 recommend to the PFC that they should withdraw batches
25 in addition to the one that had been implicated and had

1 already been withdrawn.

2 We were aware -- Dr Ludlam had assembled the
3 information, which is referred to in the report -- that
4 quite number of batches had -- put it the other way
5 round: this group of patients had received one or more
6 vials of Factor VIII from quite a number of different
7 batches and it was, therefore, important for us to try
8 and form a judgment as to whether other batches should
9 be withdrawn and that was the substance of what we were
10 attempting to do at that meeting.

11 Q. So how long was that meeting?

12 A. I would think it was two or three hours.

13 Q. And what evidence were you looking at?

14 A. Well, we were looking at -- I cannot remember now the
15 specific documents that we reviewed, but -- you know,
16 inferring from my memo to my letter of 15 November to
17 Professor Cash --

18 Q. Which is that? Have we seen that?

19 A. No, and I don't know what its number is in the system,
20 I'm sorry.

21 Q. I think this might be --

22 A. It's reference --

23 Q. Is it [\[SNF0013624\]](#) I think? Is it reference 16? Yes.

24 [\[SNF0013624\]](#). Is that it on the screen there?

25 A. I think so. Yes, that's it.

1 Q. Sorry, what do you take from that letter?

2 A. If we can just go -- that's fine, thank you.

3 I spent several hours this morning -- that was the
4 15 November -- with Dr Ludlam and Dr Perry, acting
5 director of the PFC. What we were aiming to do was
6 summarised in the rest of the letter. We were aware
7 that there were patients in whom seroconversion is known
8 to have occurred during 1984 and who, it is believed --
9 or was believed -- received exclusively PFC Factor VIII
10 and in one case only apparently commercial Factor VIII.

11 The information from Dr Ludlam was that in that
12 particular patient, the commercial Factor VIII had been
13 received by the patient only sufficiently far in the
14 past to be unlikely to be cause of the HTLV-III
15 infection. That was Dr Ludlam's judgment. I have no
16 additional information about that.

17 As we have already dealt with, one, Dr Ludlam and
18 Dr Tedder had looked initially at the information they
19 had and concluded that this particular batch, 090, was
20 highly suspect as being the source -- that had been
21 withdrawn. We felt it was essential to look at the
22 other batches used over the relevant period to see if
23 any other batches should be considered for withdrawal,
24 and I then go on to describe very -- you know, what was
25 the very simplistic approach that we adopted to try and

1 quickly come to a judgment on that.

2 Q. But you are not looking at 090 material at this point?

3 A. No.

4 Q. No?

5 A. No. We had accepted that for operational safety
6 reasons, it was -- 0090 had to be withdrawn. In fact,
7 as it turned out, virtually all of the vials of 0090 had
8 been sent to the Edinburgh centre and had already been
9 infused. There were 50 vials had been sent to Aberdeen,
10 of which 41 had been received back by the PFC during the
11 return.

12 THE CHAIRMAN: Mr Gardiner, there is one aspect of that
13 question I would like to understand.

14 Dr McClelland, I have seen material recalling 0090
15 from Aberdeen and Edinburgh. The one gap in my
16 understanding at the moment is how that was carried
17 forward to finding out whether patients had unused 0090
18 in the refrigerators or whatever. Could you tell me
19 what happened downstream, as it were, from the centres
20 themselves?

21 A. I can't actually because that would have been part of
22 the recall procedure which was clearly run by the
23 quality manager of the fractionation centre. It would
24 only have applied in Aberdeen because there was -- all
25 the batches, the thousand or so vials that went to

1 Edinburgh were accounted for and had been infused. So
2 as far as I am aware, there was nothing to recall.

3 THE CHAIRMAN: The distinction I'm interested in is whether
4 the 1020 that went to Edinburgh and were distributed
5 some months previously were accounted for in the sense
6 that it was known that the patients had infused them
7 all.

8 A. At this juncture I cannot answer that, sir. I had
9 always worked on the assumption that we -- let me
10 rephrase that. Looking back at my records of the time,
11 I appear to have assumed or known that they had all been
12 transfused. I'm not aware of any documentary evidence
13 on that point. Sorry.

14 THE CHAIRMAN: To really reduce it, do you know whether
15 Professor Simmonds' sample, that was eventually found on
16 the shelf, was an Aberdeen or an Edinburgh sample?

17 A. I don't but I suspect that it may have been a sample
18 that was never released to either of the units but had
19 been retained for quality or research purposes.

20 THE CHAIRMAN: Thank you.

21 A. That is a supposition, I don't know that.

22 THE CHAIRMAN: But it's another explanation --

23 A. It is another possible explanation.

24 THE CHAIRMAN: Thank you, Mr Gardiner.

25 MR GARDINER: Thank you, sir.

1 Could we go to 1428 of the supplementary statement,
2 please. So that's page 3 of [\[PEN0121426\]](#). If you have
3 the top of page 3 of your statement, you are describing
4 the analysis that you went through at that time and it's
5 all listed there. And having gone through that analysis
6 of the other batches, you come to four conclusions. If
7 we could go back to your letter, your conclusions are:

8 "1. On the basis of this investigation, the
9 conclusion reached by Dr Perry, Dr Ludlam and myself is
10 that the initial view is correct, namely that the single
11 batch 023110090 is probably responsible for
12 seroconversion.

13 "2. No other recent batches stand out as being
14 distinctively strongly implicated.

15 "3. there is therefore no obvious basis on which we
16 could advise a selective withdrawal of one or more other
17 batches.

18 "4. there may be a need for further confirmatory
19 examination ..."

20 That was your conclusion at that time, was it?

21 A. Yes, absolutely.

22 Q. What other work, if any, was done, Dr McClelland, in
23 order to try to establish whether batch 090 was the
24 batch that had infected these patients?

25 A. I don't have -- I have not seen, in trying to respond --

1 to prepare this statement, any other documentation that
2 assists me to answer that question, looking at the
3 period of, you know, a decade or two decades on from
4 this incident. As you will already have heard elsewhere
5 from other witnesses, a sample was found and was
6 subsequently analysed.

7 Q. And what's your understanding of the results of that
8 analysis?

9 A. The results of that, I think, are -- require a much
10 more -- an expert virologist to evaluate or probably
11 a number, who might well not agree. My understanding is
12 that when this sample, which was -- one has to
13 remember -- very elderly by the time it was submitted to
14 the National Institute of Biological Standards and
15 Control for testing. It was possible to detect some
16 HIV-related sequences or an HIV-related sequence of DNA,
17 using really very sophisticated methods. I think 20
18 base pairs or something like that. A very small bit.

19 And I'm not competent to interpret what that
20 actually means, bearing in mind the duration over
21 which -- the period over which the sample had been
22 stored and lots of other technical factors. But these
23 tests that are used are not particularly straightforward
24 to assess. But we were, I think -- our -- certainly my
25 reaction to that was that it tended to support -- tended

1 to support the conclusion that this batch probably had
2 been the source, but I personally, in my rather meagre
3 state of the knowledge of the techniques, wouldn't want
4 to put it more strongly than that. I think one always
5 has to just retain a degree of suspicion about the very
6 obvious conclusions in these things.

7 Q. Yes.

8 A. But act on them where they involve patient safety.

9 Q. Yes. I mean, when the initial assessment was done, how
10 would you describe the conclusion that you came to about
11 the likelihood that batch 090 was the batch that had
12 infected the patients?

13 A. I think it was a conclusion that we had absolutely had
14 to come to in terms of taking the actions appropriate
15 for patient safety. Viewed from a, if you
16 like, rigorous scientific point of view, I don't think
17 it was at all robust because there were probably
18 numerous other interpretations and much cleverer
19 techniques that I'm sure could have been used to explore
20 this, but we were really looking for operational
21 answers.

22 Q. Yes. So you wouldn't use a word like "probably" or --

23 A. No.

24 Q. -- something?

25 A. No.

1 Q. No. Okay. Right.

2 Let's move on. We should perhaps also mention that

3 I think you tried to do some further investigations into

4 the batch with Dr Tedder. Is that right? Were you not

5 involved in that subsequently?

6 A. No. I don't recall having any further involvement with

7 that batch personally.

8 Q. Okay. Let's have a look at [\[PEN0121423\]](#). I was meaning

9 in terms of screening donors to the batch?

10 A. Sorry?

11 Q. Sorry, it wasn't a good question, my fault?

12 A. Okay, yes, yes. We were obviously aware of the fact

13 that -- on the assumption that this batch had

14 transmitted, there had to be one or more donors whose

15 plasma had been the source of the virus that was

16 transmitted. So the obvious thing would be, you know --

17 nowadays, absolutely routine -- would be to test all the

18 donations and I attempted to -- there were two practical

19 problems. One was to get somebody who could do that

20 number of tests because there were around about 4,000

21 donations, and I approached the only two people that

22 I could -- that I was aware of at the time who had the

23 capability of doing any tests in the UK -- I have to

24 confess I did not think of going to the United States

25 for this question, and in retrospect I should have done,

1 but I didn't -- and that was Dr Richard Tedder and
2 Dr Philip Mortimer.

3 I actually spoke so both of them -- I spoke to one
4 of them at a meeting in London and followed it up with
5 a letter, and the other one, Dr Mortimer, I think,
6 I wrote the same letter to. And they both -- I have
7 Dr Tedder's reply, which I think is in court book.

8 Q. I think we can see your letter to Dr Tedder, which is on
9 the screen, [\[PEN0121423\]](#). You are inviting him to get
10 involved, and then his reply, [\[PEN0121424\]](#), am I right
11 in thinking that Dr Tedder didn't really think it was
12 worthwhile because you had only managed to track down
13 about half of the donors. Is that right?

14 A. That was his -- that was his response. I think he also
15 had -- he was overwhelmed with requests, because this
16 had suddenly becoming a big issue, not just in
17 Edinburgh, and I think his lab probably couldn't cope
18 and we knew -- and there is other correspondence which
19 you will have -- that it was going to be extremely
20 difficult to track all the donors, although steps were
21 taken to -- Dr Perry described in a letter -- to try and
22 identify samples from all the donors.

23 Q. Yes. So that was not pursued then?

24 A. To my knowledge, that was not further pursued. Again,
25 I think that decision could in retrospect be criticised

1 but it wasn't.

2 Q. If we put that away and go to your other statement on
3 this topic, which is [\[PEN0161239\]](#). We are going
4 backwards in time now, because we are going back to
5 the December 1984 meeting. Could you tell us, please,
6 as briefly as you can manage, what was the purpose of
7 the meeting?

8 A. Again, I should preface my response by saying that I do
9 have a recollection of this meeting but it is, if you
10 like, more photographs of the venue than any verbal
11 recollection of exactly what took place during, or
12 indeed prior to the meeting. So I have been extremely
13 dependent, in fact, on one source in preparing this
14 statement, as I have said, which was the article from
15 the Edinburgh Evening News, which I found in my own
16 documents and was clearly dated two days, I think, after
17 the meeting took place. Yes, 21 December.

18 The purpose of the meeting was clearly to try to
19 inform patients with haemophilia that an event had
20 occurred of enormous importance to them, which was that
21 some of their number appeared to have become infected
22 with this dreaded new virus.

23 Q. And why were you to be at the meeting?

24 A. Because I was there in a very specific capacity as
25 representing the organisation which had manufactured the

1 product which was believed to have been the source of
2 the infection. There was a secondary role in which
3 I was there, because at that time I had already been
4 fairly actively involved in work around AIDS for
5 a variety of reasons, including the issues dealing with
6 donors and so on. So I was relatively well informed
7 about the sort of general issues about the
8 interpretation of the test results and so on. So there
9 was a kind of general knowledge element to my presence
10 as well.

11 Q. What was decided before the meeting about the
12 information that was going to be given out?

13 A. I have absolutely no recollection.

14 Q. Okay. What about at the meeting? Do you remember which
15 other doctors were there, if any?

16 A. As I said in my statement, I did -- I mean, Dr Ludlam
17 was definitely there. I understand from somewhere else
18 that Dr Forbes was there but I have absolutely no
19 recollection of him being present.

20 Q. You don't remember seeing him there?

21 A. I don't remember him being there, no.

22 Q. Do you remember who spoke?

23 A. I remember I spoke and that is documented because I'm
24 quoted in the Evening News. Christopher Ludlam must
25 have spoken. I don't remember his -- I don't have

1 a mental picture of him speaking to the patients but he
2 clearly must have done so.

3 Q. Do you remember what he said to the patients?

4 A. No.

5 Q. Do you remember what you said to the patients?

6 A. I can quote from -- well, (a), I can refer to what
7 appears to be really quite a good factual piece of
8 reporting in the Evening News and I could confirm that
9 that was the sort of information that I would have given
10 and had written in other places at around that sort of
11 time. So it's entirely consistent with, you know, other
12 things that are documented that I said or wrote.

13 Q. Yes. What sort of information was that?

14 A. This was information about what we understood at that
15 time about the nature of the test, about the nature of
16 the virus, about the likely prognosis for people who
17 were found to have a positive test and ...

18 Q. Yes.

19 A. That's about it, I think. No, I also would have told
20 them something about the measures that the BTS, as the
21 manufacturer, was taking to try and minimise risk for
22 the future in terms of donor selection and plans to
23 introduce routine donor testing, which is a whole other
24 issue.

25 Q. Would you have mentioned the fact of the infection?

1 A. No, I had -- I mean, I can't remember but I think
2 I would have spoken in -- you know, if you like, in
3 patient information leaflet-type terms, about what
4 I believed at that time from my own knowledge of, you
5 know, the situation, of the infection and the virus and
6 so on. I would have been trying to say to the patient,
7 "This is what we know", selecting information that
8 I believed would be important for people in that
9 situation.

10 Q. I mean, obviously --

11 A. The content is actually -- I suspect -- fairly
12 accurately described in the Evening News article.

13 Q. Yes. Obviously, the important news is that some
14 Scottish patients with haemophilia have tested
15 positive --

16 A. Yes.

17 Q. -- for this new virus. I mean, do you have
18 a recollection of that being communicated to the
19 audience?

20 A. I do not recall that being said. But it must have been
21 said. That was the purpose of the meeting.

22 Q. Right. Okay, let's have a quick look at [\[PEN0161294\]](#).
23 Is that the article that --

24 A. Yes, that's the article I was referring to.

25 Q. If we just go down and have a look at the second column

1 under the heading "Vulnerable":

2 "Dr McClelland said the 15 people were discovered as
3 the result of routine testing of those most vulnerable
4 because of their reliance on frequent transfusions. The
5 situation was explained to haemophiliacs at a meeting
6 with medical experts in Edinburgh this week ..."

7 Does that suggest that you did tell the audience
8 that 15 people had tested positive?

9 A. It certainly -- I mean, it states that I -- it reports
10 that I informed the audience. As I have said, I cannot
11 recall what I said and what Dr Ludlam said. I find it
12 very surprising that, having said this was fairly
13 accurate reporting, I eat my words because I do find it
14 surprising that I would have said that. I'll explain
15 why I say that.

16 There was a very, very clear delineation between
17 Dr Ludlam's role as the doctor caring for these
18 patients, and it was quite -- and me and Dr Boulton as
19 the people representing the BTS and the manufacturer of
20 the product, and we did not transgress that line. So,
21 from other recollections of the nature over many years
22 of that relationship and that demarcation, if I can use
23 that neutral word, I find it almost inconceivable that
24 I would have been the one to transmit that
25 information -- that critical and shattering

1 information -- to the patients. I'm sure Dr Ludlam
2 would -- I haven't -- I deliberately have not read his
3 evidence about this but I'm sure that he would also
4 believe that he is the one that would have made that
5 specific and vital statement.

6 Q. Yes.

7 A. But recollection, I'm sorry, I don't have.

8 THE CHAIRMAN: It appears that you were also the person who
9 told the meeting that infection with the virus did not
10 necessarily mean that the people would develop AIDS?

11 A. That is entirely possible, that I would have said that.
12 Because that was our belief at the time.

13 MR GARDINER: But maybe we shouldn't set too much store in
14 this article then as a record of what you said.

15 A. Yes, having -- yes, I think there is a question now,
16 that I hadn't clocked before, I have to say.

17 THE CHAIRMAN: I'm glad to hear that you are back on the
18 level that most of us would be on most of the time in
19 relation to newspaper reporting, Dr McClelland.

20 MR GARDINER: Do you have a memory of how many patients were
21 in the audience?

22 A. I do have a memory of the -- the venue was very familiar
23 to me because I had been there as a student and I had
24 been there as a lecturer. It was a right dismal spot.
25 It was a big lecture theatre that was designed to

1 accommodate a full undergraduate medical class, which
2 would have been of the order of 150. My recollection
3 was that it was relatively well filled. There were
4 several rows with quite a few people in them but
5 whether -- you know, whether it was 20 or 30 or 40,
6 I couldn't begin to guess.

7 Q. Between 20 and 40?

8 A. Well, that's a complete guess. All I can look at is the
9 sort of very dim and distant mental photograph of it and
10 think there were quite a few people there. I wouldn't
11 really want to be more -- less than 150 and more than 1.

12 Q. What about how the patients were advised about the
13 meeting before they came? Do you have any information
14 about that?

15 A. I have absolutely no information about that.

16 Q. Okay. We have heard from other witnesses that it was
17 very cold. Does that ring any bells?

18 A. It was late December in Edinburgh.

19 Q. Yes. We were told that due to some malfunction with the
20 heating or something, it was particularly cold?

21 A. It was just normal for the old Royal Infirmary.

22 Q. Okay. Let's have a look at 1241 in your statement,
23 please. Question 9:

24 "What information was given about treatment, risks,
25 testing, significance of positive test ..."

1 You say, third line down:

2 "It is possible that commercial Factor VIII may not

3 have been mentioned."

4 Do you think there was any discussion of commercial

5 Factor VIII and homegrown Factor VIII and the relative

6 risks and so on?

7 A. I just don't remember.

8 Q. Okay. Question 10, what about the patients' response to

9 what they were told by the doctors at the meeting?

10 A. As far as -- as I have said here, I can't recall what

11 patient -- there were some questions from patients. I

12 think they were probably fairly muted because I think

13 they were probably in a state of shock and having

14 considerable difficulty in orientating themselves.

15 Partly because of the nature of the information, partly

16 because it was a very strange spot. It was a very

17 strange situation altogether. So I think it would have

18 been very difficult for patients to really absorb what

19 was happening at that time.

20 Q. Did you have a memory of a shocked or muted response

21 from patients?

22 A. Not really. Not really. Nothing that I would hang my

23 hat on, no.

24 Q. Yes.

25 A. I think -- if I can just supplement that, I think it

1 probably was fairly muted, because if there had been
2 sort of outbursts, I think one would have been likely to
3 remember -- particular sort of expressions of distress
4 and so on. But I do not remember.

5 Q. Yes. Sir, I'm going to move away from the meeting now.

6 Just a final question about risk warnings in SNBTS
7 products? Can you help us with that, Dr McClelland?

8 A. Probably not in the way you want.

9 Q. Okay. Let's have a go. Let's have a look at
10 [\[PEN0120286\]](#). Could we go over the page, please. Then
11 again the next page please.

12 We see that this is -- at the top of the page --
13 a request from the Inquiry for evidence of the warnings
14 of risk of hepatitis issued with certain factor
15 concentrates. If we go down to the bottom of the page,
16 we see paragraph 1, "Warnings concerning coagulation
17 factor concentrates prepared by the SNBTS":

18 "Warnings concerning coagulation factor concentrates
19 prepared by the SNBTS are given in pages 6 to 21 of the
20 document supplied to Lord Archer. Specifically ..."

21 There is a reference to:

22 "Product licence applications.

23 "General information."

24 And page 7. The quote that's taken from that is:

25 "Contra-indications, precautions and warnings.

1 "The SNBTS advises that the product may carry the
2 risk of transmitting serum hepatitis."

3 This is from March 1978. Just to see if you can
4 help us with that, do you know about those warnings at
5 that time? Is that an accurate description of the
6 warnings that were ...?

7 A. I really couldn't without -- this is unannounced.

8 I really couldn't comment on that. I have no reason to
9 suppose that it's not, but ...

10 Q. Yes. Perhaps we can just let that stick to the wall at
11 the moment.

12 If you just bear with me, Dr McClelland. Just maybe
13 a final point of clarification, Dr McClelland. You
14 said, going back to the December 1984 meeting, that it
15 was a "strange situation". I think you said that
16 earlier. That's right, isn't it?

17 A. Yes.

18 Q. Can you just explain what you meant?

19 A. I think it was a strange situation in one or two ways
20 actually. First of all, the venue itself was -- must
21 have been very -- what I really meant was that it was
22 strange for the patients. They weren't used to being
23 ushered into a large lecture theatre on a dismal evening
24 with a -- and it was a very formal lecture, a big sort
25 of table in the front, and I guess we were probably sat

1 or stood behind that thing. So it was the opposite of
2 the comfortable counselling situation, if you like. So
3 that in itself, I think, must have been difficult for
4 them.

5 And it was a situation that I had never envisaged
6 I would be in -- or I can't imagine I would ever have
7 envisaged before, and I have never been in since -- of
8 having a group of patients to whom some dire news was
9 being communicated in a group. This was a very strange
10 situation. By saying that, I'm not implying that it was
11 a wrong thing to do. That's a whole other discussion.

12 Q. Yes. Thank you. Thank you very much.

13 Sir, I have no further questions and I see that
14 that's two minutes to one, unfortunately.

15 THE CHAIRMAN: Mr Di Rollo?

16 MR DI ROLLO: I don't wish to ask any questions at the
17 moment. I wonder whether it would be possible just to
18 consider for ourselves whether there is anything in
19 correspondence we would wish to ask this witness. I do
20 realise the need to move on and not leave things hanging
21 in the air.

22 THE CHAIRMAN: The one thing Dr McClelland will be worrying
23 about is the sword of Damocles hanging in the air.

24 MR DI ROLLO: It is not of that manner.

25 THE CHAIRMAN: It's minor clearing up matters again?

1 MR DI ROLLO: Yes.

2 THE CHAIRMAN: Maybe if we can do that in correspondence
3 Dr McClelland, and make things easy, over the summer,
4 and also to keep your interest going over the summer.

5 A. Thank you, I am most grateful.

6 THE CHAIRMAN: Mr Anderson?

7 MR ANDERSON: I have no questions, and simply I give the
8 caveat that if there are to be questions I would welcome
9 the opportunity to see what they are.

10 THE CHAIRMAN: I think if there are to be written exchanges,
11 everyone should see them before they go, so as to ensure
12 that it's all dealt with in one and it doesn't become
13 a drawnout, piecemeal process of correspondence.

14 Mr Johnston, do you have any questions?

15 MR JOHNSTON: No, I haven't.

16 THE CHAIRMAN: Is that satisfactory?

17 MR GARDINER: Yes, sir.

18 Sir, I think we have finished with this witness for
19 the time being.

20 THE CHAIRMAN: Thank you very much.

21 A. Thank you.

22 HOUSEKEEPING

23 MR GARDINER: I have two or three bits of housekeeping,
24 which I can deal with simply by referring to documents
25 for the record, which can perhaps be just noted very

1 quickly.

2 THE CHAIRMAN: If that's a sensible way to go about it.

3 MR GARDINER: Yes. Sir, the first thing I would like to

4 mention is a witness statement by George Masterton and

5 that's [\[PEN0120498\]](#). I propose simply to take it as

6 read and move on to the next one, sir.

7 THE CHAIRMAN: I have not read it. I assume that my

8 attention will be drawn to anything later that I have to

9 pay particular attention to.

10 MR GARDINER: Yes. The next thing is a statement by

11 Karin Froebel and that's [\[PEN0121628\]](#). And if we could

12 just have a very quick look at that.

13 THE CHAIRMAN: Yes, I would like to know the particulars if

14 it goes beyond what I might reasonably anticipate, from

15 earlier questioning, to be involved.

16 MR GARDINER: So, the first page, she explains her

17 background, and she says in the second paragraph:

18 "I'm not medically qualified therefore, for all my

19 work using blood samples, both prior to this time,

20 during this period and subsequently ..."

21 The important bit about this paragraph is the line

22 five lines down, half way through, which says:

23 "I believed that they were aware that some of the

24 blood might be used for research."

25 That's something to note there on consent. But the

1 important bit of this statement is on the next page,
2 1629, in the third paragraph. If we start six lines
3 down. This is talking about the Melbye testing:

4 "In Glasgow there was a freezer full of stored serum
5 samples from an earlier study which Dr Forbes suggested
6 could be used. I wrote to both Montagnier and Gallo and
7 had a reply from Dr Gallo directing me to send the
8 samples to his research scientist. The samples, 77,
9 were locate, I think, by Dr Madhok, packed in dry ice,
10 and Dr Forbes and I took them to Glasgow Airport to be
11 air freighted to the laboratory in the US."

12 So that's helpful evidence about testing. Because
13 if you recall, sir, Professor Forbes was a bit unclear
14 about how that testing had been done and we have had
15 a helpful letter from the Central Legal Office and
16 that's at [\[PEN0121677\]](#).

17 Sir, this is a letter dated 27 June 2011. We see
18 there on the first page the section of the Froebel
19 statement that we have just looked at. If we go over
20 the page to 1678, we see the second paragraph:

21 "Professor Forbes' position is that he does not
22 remember the events described in those paragraphs, ie
23 the sending of the samples to Dr Gallo's research
24 scientist in America, albeit he knew of Dr Gallo and the
25 work he was doing. Professor Forbes has advised me that

1 he is happy to defer to Dr Froebel's recollection of
2 events on this matter and accepts that what she
3 describes is a logical explanation of events."

4 I think that fills in a gap.

5 THE CHAIRMAN: It does fill in a gap. It perhaps brings to
6 the surface an interesting speculation I have been
7 having myself as to the difference in approaches between
8 Glasgow and Edinburgh and the other bodies who acted in
9 the same way in using Dr Tedder. I have had an
10 impression more than once that there was a much closer
11 relationship between Glasgow and America in some of
12 these areas than was necessarily the case elsewhere.

13 MR GARDINER: Yes.

14 THE CHAIRMAN: So if you can bear that in mind and perhaps
15 raise the matter from time to time if an opportunity
16 arises, I would be obliged.

17 MR GARDINER: Yes. Thank you, sir.

18 Those are my housekeeping items but I understand
19 that Ms Dunlop has some housekeeping to do as well.

20 MS DUNLOP: Sir, I should explain that these additional
21 matters relate to topic B6 and Ms Patrick was prepared
22 to address these matters but has had to leave for other
23 reasons.

24 They are four in number. The first relates to the
25 witness Elaine and it's simply to say that there is

1 a reference in the transcript -- this will be the
2 transcript for day 31, between pages 15 and 17 -- to
3 documents produced by solicitors. References to these
4 documents may be found at [WIT0040813](#). These are
5 medical records and will be treated in the same way as
6 other medical records.

7 The second point is that Professor Leen produced
8 a number of interesting guidance documents and other
9 materials and again for the record could I perhaps give
10 the numbers of these so that anyone who wants to consult
11 them is able to do so.

12 [\[PEN0121130\]](#). That is a set of guidelines from the
13 British HIV Association.

14 [\[PEN0121100\]](#). This is a second set of guidelines
15 from the same -- sorry, I should have said that the
16 first set of guidelines relate to antiretroviral
17 therapy; the second set of guidelines relate to the
18 management of co-infection with HIV-1 and Hepatitis B or
19 C.

20 The third document is an WHO document entitled,
21 "What is the impact of HIV on families?" That is
22 [\[PEN0121298\]](#).

23 There is then an article from the Journal of
24 Acquired Immune Deficiency Syndrome, entitled,
25 "Mortality in the highly active antiretroviral therapy

1 era". That is [\[PEN0121092\]](#).

2 Finally another, I think, essentially guidance
3 document, called, "HIV in primary care", and that is
4 [\[PEN0121176\]](#).

5 Thirdly, there was reference, I think, on more than
6 one occasion during the B6 evidence to newspaper
7 articles. A selection of articles from the period has
8 been placed in court book and, so that people can
9 refresh their memories about the tone of some these
10 pieces, I will give the numbers of some of them:

11 [\[DHF0017443\]](#), [\[DHF0017790\]](#), [\[DHF0018015\]](#), _____
12 [\[DHF0018091\]](#), [\[DHF0019316\]](#), [\[DHF0019322\]](#), [\[DHF0019348\]](#)
13 and [\[DHF0024628\]](#). I gather that these articles all come
14 from 1985 apart from one, which is 1986. I think there
15 may actually also be one where the date is a little
16 unclear.

17 Then, lastly, in relation to the witness Mark, there
18 is a passage in the transcript around about page 86 of
19 his evidence, where you may recall, sir, we were
20 slightly running out of time and there was a reference
21 to a number of letters in the medical records and you
22 asked for later direction to any additional letters at
23 which you should perhaps have a look. Ms Patrick has
24 given one additional number, which is WIT0040312.
25 I think that's one at which she was intending to look

1 but didn't really have time. Again, because that's
2 a medical record, it won't be, as I understand it,
3 hyperlinked, but just to supply that reference.

4 In case you thought that was the end, sir, there is
5 one final article, which is in fact from the B5 topic.
6 It's an article to which Professor Ludlam referred. In
7 fact it's the 1995 article about examining the virus
8 sequences. The title of the article is, "The molecular
9 epidemiology of human immunodeficiency virus type 1 in
10 Edinburgh," by Holmes and others. The reference for
11 that is [\[PEN0121679\]](#).

12 THE CHAIRMAN: Mr Di Rollo, do you have housekeeping matters
13 to raise?

14 MR DI ROLLO: Not today.

15 THE CHAIRMAN: Thank you. Mr Anderson?

16 MR ANDERSON: No, sir.

17 THE CHAIRMAN: Mr Johnston?

18 MR JOHNSTON: None, thank you, sir.

19 THE CHAIRMAN: Then we will have a break.

20 (1.13 pm)

21 (The Inquiry adjourned until not before 6 September 2011)

22

23

PROFESSOR GORDON LOWE (continued)1

24

Questions by MR GARDINER (continued)1

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