

The Penrose Inquiry

Comments of Professor Ian Hann on excerpts from the 2nd International Symposium of Infections in the Immunocompromised Host

I have just read through all of this extensive paperwork. I don't think that it is necessary to change my report but the Inquiry may wish to see my comments which can be copied directly from below:-

I have read the abstracted papers from the Second International Symposium on Infection in the Immunocompromised Host held in Stirling in June 1982. I would like to reply in note form:-

1. My memory of sections of this meeting is in parts very good as it was a significant point in my life - presenting data to a very important international meeting and personally contracting Coxsackie B4 endomyocarditis from my baby son which led to worsening health during the meeting and emergency admission to hospital immediately upon my return, with several weeks in hospital and 2 months off work with poor cardiac function. The meeting itself was very gloomy with eminent doctors expressing their dismay at the dramatic new problem.
2. I remember the Workshop on Immunoprophylaxis and Immunoglobulin with a presentation from Dr's Yap, Welch, Crawford and McLelland from Edinburgh BTS. I do not know whether they attended the plenary session by Dr Gold which had such a major impact.
3. Page 111 gives a very good insight to my memory on aetiology at the time and which persisted for some time thereafter i.e. it was unknown but the favoured hypothesis was that cytomegalovirus (CMV) along with hereditary predisposition and agents such as amyl nitrite might be causative factors. There was no discussion that I remember alluding to blood transfusion borne infection. There was a single statement recorded to on page 111 which referred to transmission of CMV through I believe, direct contact with blood of sufferers, as well as the statement that "blood or body secretions would appear to be potential vehicles of infection...". The puzzling nature of all of this is recorded in para 3 on page 111 where the lack of implication of transfusion with AIDS is emphasised.
4. At the time there was much discussion that there were various separate syndromes - wasting/Lymphadenopathy/AIDS itself, reflecting the poor level of knowledge at that time shortly prior to my taking up the post at Yorkhill.
5. The report does not make any recommendations with regard to prevention and strongly emphasises the poor state of knowledge and desperate need for research.
6. There is no mention of haemophilia persons in the documents I have recently seen. My memory is that there was 'corridor discussion' of possible other affected patients including a very small number with haemophilia. I cannot be certain of this memory which may reflect slightly later events when recognition occurred as detailed in the preliminary report.