


carl jewell

From: "Dominic Blake" [redacted] Code A
To: <c.jewell@[redacted] Code A>
Sent: 31 March 2009 21:16
Subject: Re Your statement and Dr Reid's evidence

Dear Captain Jewell,

Thank you for sending your proposed statement. I feel it is exactly what's required.

I have written a brief summary of Dr Richard Reid's comments on Mrs Spurgin below, in case this is helpful.

Dr Reid was asked to explain what he saw in Mrs Spurgin's clinical notes as he had not made separate statement on her care. A copy of the notes was provided for this purpose.

He said that Mrs Spurgin had previously been in good health but had tripped over her dog and suffered a fracture. The main problem was pain in the right hip and swelling on of the right thigh. Mrs Spurgin was still in a lot of pain and was very apprehensive. MST (morphine sulphate) was increased to 20mg twice daily. He also suggested a tranquilizer to help with Mrs Spurgin's anxiety. He said he would usually have considered a something like valium but if anxiety is so pronounced that it becomes unreasonable, or out of proportion, then it sometimes helps to use a tranquilizer. He said that he must have felt that Mrs Spurgin was very agitated as well as being in pain.

He noted that movement was still quite painful and that her right leg appeared to be shortened by two inches. When considering her pain Dr Reid said he would have had the following possibilities in mind.

That Her hip had become dislocated. He said this usually happens suddenly and there is immediate, significant pain. This hadn't been the case. She had also been in a lot of pain at Haslar so he felt this was unlikely.

The next reason for the pain could have been an superficial infection in the wound, where the skin had been cut, but that would usually have responded to antibiotics

The third possibility was a deep infection in the hip, in and around the bone where the screw had been inserted. He said as a piece of metalwork, and a foreign object in the body, infection might have focused there.

The fourth possibility was that because Mrs Spurgin was elderly and had already suffered a fracture, that it was possible that the screw had caused the head of the femur to disintegrate. He said the only way to deal with that is to go back to theatre for further major surgery. He said that could have been disastrous.

Dr Reid said that figures from the British Orthopedic Association showed a mortality rate for patients who develop a deep infection could be as high as 50 per cent and

that few walk again. He said patients with this problem were usually aged from their 70s, but as Mrs Spurgin was 92 her chances would have been less than 50 per cent. He said he asked for an X-Ray to be done to look for evidence of the infection and the state of her femur.

He only saw Mrs Spurgin on one other occasion, five days later. He wrote that she was very drowsy after the diamorphine had been established. He asked for it to be reduced to 40mg in 24 hours. He said that at this stage his view was that Mrs Spurgin was dying and that the overriding priority was to make her comfortable.

I hope this helps, and look forward to seeing you tomorrow. Best regards, Dominic Blake