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[Channel 5]

Dear

I was very surprised that your draft report contained so many inaccuracies as of 4pm on Friday, when your programme is due for broadcasting this Monday. I'm afraid that your team of experts has failed to advise you how to interpret clinical evidence properly. This is what is to be expected if the people advising you are not in receipt of all of the evidence and appear more interested in promoting their own prejudices than establishing the facts. As far as I know your advisers have not received copies of the clinical records, have not seen the witness statements of the Chester nurses and doctors, and were not in attendance at the trial in Manchester.

You still sound rather confused regarding key clinical matters. This is not meant as a criticism. It reflects the failure of your experts, who are presumably medically qualified, to explain to you the basic principles regarding the relevance of various aspects of the clinical evidence. It's crucial to distinguish the effects of "air embolism", i.e, the injection of air into the bloodstream (one also uses the term "circulation") from the injection of fluid (or fluid and air) into the stomach via a nasogastric tube.

I'll try to explain the difference as briefly as possible.

Response from the Prosecution Expert Medical Witness:

Some babies were killed by air being deliberately injected into the stomach.

None of the babies were killed as a direct result of the injection of air, or fluid and air deliberately injected into their stomachs. Several were **destabilised** by this action. My opinion was shared by my fellow paediatrician and by the consultant neonatologist who reviewed my reports initially, but who sadly died. Our hypothesis was that the injection into the stomach of a large volume of fluid (such as milk) or a combination of fluid and air would interfere with the breathing of the baby, causing hypoxia (loss of oxygen) and collapse.

An action sufficient to destabilise babies is more likely to involve an injection of fluid (or fluid and air), and not air alone. After all, several vomited. It is possible to inject a significant volume of fluid (or fluid and air) through narrow nasogastric tubes within a matter of seconds. The injection of fluid (and air) leads to abdominal distension, 'splinting' of the diaphragm, and respiratory collapse. This was seen most dramatically in the case of Infant G.