

Transcription of Doe Case Letter 3

[Begin letterhead]

UNIVERSITY of LONDON

Royal Postgraduate Medical School

Hammersmith Hospital, Ducane Road, London W12 OHS

Tel: 01-743 2030 Ext 512

MRC LEUKAEMIA UNIT [RPMS Logo]

[End letterhead]

DAGG/CRC

October 19, 1982

Dr. Lorne J. Brandes,
Department of Internal Medicine,
Manitoba Institute of Cell Biology,
700 Bannatyne Avenue,
WINNIPEG, Manitoba R3E 0V9
Canada.

Dear Lorne,

[Mr. Doe] died quietly at home on [Redacted date; within the last week]. Since July he became progressively incapacitated and when I left to go on holiday at the end of August he was practically confined to bed, though he could still get up to walk to the toilet slowly. He had an electrically adjustable bed and could get out of it himself into a similarly adjustable chair and get himself upright to walk and back again. His pain was completely controlled by 4-hourly Diamorphine elixir. The immobilization and rapid progression of the disease led to hypercalcaemia, uraemia, terminal coma and death, as easy and pleasant a death as one could hope for, but exhausting for his wife. Here are the serum calcium, urea and creatinine values for July and October:

	July 15	October 11
Calcium	2.61	3.54
Urea	8.53	30.7
Creatinine	92	292

In retrospect, I think he had broken through the weekly cyclophosphamide treatment by November 1981 when for the first time the amount of 3 λ chains in the urine had increased (though still low). Clinically he remained reasonably well until April 1982 when bone pain became suddenly severe, associated with rapid wedging of many dorsal vertebrae.

I have not personally had occasion to start any other myelomatosis patient on the schedule, but will of course do so when necessary.

With all good wishes,

Yours sincerely,

[Signature: David]

Professor D.A.G. Galton, MD, FRCP