

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: LANGHAM-BROWN, JOHN JAMES

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CONSULTANT RADIOLOGIST

This statement (consisting of 5 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: J LANGHAM BROWN

Date: 12/01/2005

I qualified as a doctor in 1978 gaining a degree at Oxford university a BMBCH, Bachelor of Medicine and Bachelor of Surgery. I gained a qualification FRCS, Fellowship of the Royal College of Surgeons in 1983, this is basically a work based course including some examination. I also gained a FRCR in 1989, Fellowship of the Royal College of Radiologist which again is a mixture of work base study, practicals and exams. This qualification allowed me to become a radiologist. My GMC number 2447700.

My initial posts as a house officer and senior house officer were at hospitals based around the Oxford area, that was from 1979 to 1981. I then became a Senior House Officer within Portsmouth from 1981 to 1982. I was then a registrar in surgery at Southampton and Salisbury Hospitals from 1982 to 1983.

From 1983 onwards I decided that I would change tact and become a registrar in radiology at Southampton, the Royal South Hants and Southampton General from 1983 to 1989. In 1989 I became a consultant radiologist working within hospitals within Portsmouth. I am still a consultant radiologist within Portsmouth. In 2004 I took on the extra role of Clinical Director of Radiology. My work is mainly based at the Queen Alexander Hospital but I also have worked at the various hospitals in Portsmouth and South East Hants district.

At present there are approximately 17 consultant radiologist within Portsmouth Hospitals. All of us report on general x-rays but each of us has an area of special interest. My area's are Interventional Radiology, treating patient under x-ray guidance, ie, stretching narrowed arteries.

Signed: J LANGHAM BROWN
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Gastrointestinal radiology (bowels) and breast radiology (breast screening).

As a consultant radiologist I am responsible to the Clinical Director of Radiology and ultimately to the Medical Director. But I am individually accountable for my own day to day work. As a consultant radiologist I basically worked 0830 hrs to 1730 hrs with an on call rota.

I have been asked to detail my involvement in the case and treatment of Elsie DEVINE. I have no personal recollection of Mrs DEVINE but from referral to entries in her medical notes (exhibit reference BJC/16PG373 and 374) I can state the following.

This is a report that I issued in respect of Mrs Elsie DEVINE. The report is computer generated. I would have dictated the report into a hand held dictaphone. It is then typed onto the computer system by a typist. It is then checked by the radiologist who dictated it for accuracy. It would then be printed out and sent to the doctor who referred the patient.

The report reads:

Portsmouth Hospitals NHS Trust

Final Report

Diagnostic Imaging

DEVINE Elise 887 26/06/1911

File Q680266

BROOMFIELD

Case note No.Q680266

PO143DP

Laboratory QAH

Exam Date: 19/08/1999

Lumbar spine & sacrum: There is osteoporosis and a severe lumbar scoliosis, allowing for this no definite lytic lesion seen.

P99-64730 P99-64731

Dr J LANGHAM BROWN FRCR

CRANFIELD T

Exam Date : 19/08/1999

Dictated : 20/08/1999

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Typist : JM

The report shows Mrs DEVINE's name, date of birth and case note number. These would have been checked to ensure that the report is for the right x-ray and the correct patient and correct date.

The referrer was Dr Taynya CRANFIELD , as shown on the bottom of the report. Dr CRANFIELD is a consultant haematologist and the report originated from the pathology laboratory at Queen Alexandra Hospital, QAH .

The clinical information, ie, the request form, which would give a summary of the patients medical condition and would direct the radiologist what is required. But I would infer that Dr CRANFIELD was seeking to diagnose myeloma. Myeloma is a malignant disease of the bone marrow that is common in the elderly and presents with bone pain and anaemia.

The examination was performed at the Queen Alexandra Hospital on 19/8/1999 (19/08/1999) and the x-ray numbers were P99-64730 and P99-64731 (these x-rays are not now available). They involved the lumbar, spine and sacrum which is the lower part of the spine and the bone which links the spine to the pelvis.

My report was dictated on the 20/8/1999 (20/08/1999) and says there is osteoporosis, which is the thinning of the bone. This would have been in the lumbar spine, the last five vertebrae. Severe lumbar scoliosis is a curvature of the spine. Osteoporosis and curvature of the spine would be very common in elderly females and would not be expected to lead to active treatment.

It is my normal practice in a report to include 'relevant negatives' that indicate an answer to the question posed in the clinical referral. Hence the phrase 'no definite lytic lesions seen' (allowing for this is written as osteoporosis and curvature of the spine can make the x-rays difficult to interpret). Lytic lesions are holes in the bone, where the bone is destroyed which would indicate myeloma or other types of bone cancer.

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The qualification 'allow for this' and saying 'no definite acknowledges that the x-rays can be difficult to interpret and that you can't exclude the disease.

Taken by: Signed: J LANGHAM BROWN
2004(1)

Signature Witnessed by: