

# Dr. John H. Grocock

Dr.A.Lord,  
War Memorial Hospital,  
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Surgery  
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Tel: **Code A**  
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Our Ref: JHG/PD

### DOMICILARY VISIT PLEASE

Dear Dr. Lord,

Re: Mr. Arthur CUNNINGHAM, d.o.b. Code A  
Merlin Park Rest Home, Fort Road, Gosport.

I would be most grateful if you could have a look at this gentleman for me. I do apologise if this referral letter is a little woolly, but unfortunately we have managed to misplace his notes at the moment, probably by misfiling them, and I am writing some of this more from memory.

As you may remember, he was under your care six months ago, when he was asking for help with his poor mobility and Parkinsons disease, and did attend the day hospital on a few occasions before refusing to go again, as he didn't feel he was getting what he wanted.

He has now moved from his flat to Merline Park Rest Home in Fort Road, where he has now been for a couple of months. He has managed to antagonise a lot of the staff but I think a lot of this is to do with his "loss of independence". However, he has not been as well, as soon after he got there he did develop quite marked dystonic movements, involving his face, trunk and arms, such that he was hardly able to feed himself or sit in a chair without writhing about. He did seem to develop some visual hallucination, and I wondered if this was due to too much Sinemet. At that time he was taking Sinemet 275 five times daily, and I reduced his dose, alternating Sinemet 275 with Sinemet 110 which seems to have improved him. I did seem him this week, however. It is clear that since he got to the rest home he has spent most of his time shut away in his room, and has further loss of his mobility, and discussing it with him he did feel that re-attendance at the day hospital to try and improve this would be a good idea if you would be agreeable, and I would be grateful if you could re-assess him.

As well as his Parkinsons, he had bone grafts in his lumbar spine after an aircraft crash in the second world war, and has had weakness in his legs ever since. He is a type 2 diabetic controlled with diet alone. It has really not been a problem since he managed to lose weight, and he is mildly hypertensive.

I have rather ascribed his hallucinations to the effects of drugs. However, matron phoned me this evening to tell me that he is still occasionally getting hallucinations, and it did just make me wonder whether there was some other cause. I would be most grateful if you could review him first and give me your advice, even if you feel he may be becoming a case for Vicky Banks' involvement.

Many thanks.

**Code A**

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Code A  
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*P.S. I have changed our patient signing family members, saying he is being*