

# Evidence 21

28 July 1991 Winston letter to Graeme Thomson, Central TV falsely alleging congenital uterine septum, etc.



RMLW/JC.

29th July, 1991

Mr. G. Thompson,  
Central Independent Television,  
Central House,  
Broad Street,  
Birmingham, B1 2JP.

Dear Graham,

I have seen the letter sent by Dr. Jack Glatt to the Independent Television Association Ltd. It contains a number of inaccuracies, in fact so many that I doubt whether he could be regarded as a reliable witness. I cannot comment on the various points he makes about the patients he lists in his letter, except Mrs. Langton, who is a patient who I have seen and examined personally.

Mrs. Langton was originally referred to me under the National Health Service, before she went to see Dr. Glatt, and therefore it is quite natural that she should wish to come back to see me at this stage. Because of the very long waiting list at Hammersmith Hospital, she elected to enter the private sector and unluckily for her, went to see Dr. Glatt. With regard to the points that Dr. Glatt makes in his letter about Mrs. Langton the following comments are perhaps relevant.

1) Dr. Glatt says that he never received any correspondence from the GP at any time, who says that he was unaware of any significant problems in the uterus. This is rather surprising, as the abnormality in her uterus was first brought to my attention by her GP, who had reviewed the reports from the Royal Northern Hospital, which clearly stated that her uterus was abnormal before she undertook any in vitro fertilization treatment.

2) The patient was apparently referred by the Royal Northern Hospital to Dr. Glatt. However, their records clearly showed an abnormal uterus, and I would be very surprised if this was not mentioned in the referral letter. Obviously, I have not seen the referral letter so I cannot verify this.

3) Dr. Glatt tries to absolve himself from responsibility for this patient by saying that he had very little contact with this couple. Of course, this is no excuse for his inadequate care, as he is responsible for the junior members of his team and for what they do in his absence. Nevertheless, Mrs. Langton says that she had a good deal of contact with Dr. Glatt and that one of her in vitro fertilization cycles was

almost entirely supervised by him, because at that time all the other members of the team were on holiday.

4) Dr. Glatt says that one of his colleagues performed a hysteroscopy in order to inspect the uterine cavity under direct vision. This would appear to be true, but the circumstances of the hysteroscopy are not discussed in the letter. For your information, Mrs. Langton tells me that a Dr. Morcos performed the hysteroscopy in Dr. Glatt's absence. The hysteroscopy was done without any anaesthesia and that the procedure was extremely painful and resulted in a degree of collapse immediately afterwards. The procedure was so painful that she found it very difficult to keep still during the hysteroscopy. Apparently her sister accompanied her to this clinic, and can give evidence to her considerable distress during and after this procedure. In my view a diagnostic hysteroscopy under such circumstances without anaesthesia, when a patient is in pain and anxious, is unlikely to be useful in providing accurate information. If the patient is unable to keep still due to severe pain, it is very likely the significant abnormalities would be missed, as appears to be the case in Mrs. Langton's situation.

5) Dr. Glatt claims that the uterus was measured for length using ultrasound. This is fine as far as it goes, but of course ultrasonic investigation of the uterus is an extremely poor way of assessing whether or not there is a uterine abnormality. In my view, the assessment of her uterus was at best incompetent, and at worse less than a patient might justifiably expect given the expected expertise of a specialised infertility clinic.

6) It is true that Mrs. Langton had seven attempts at in vitro fertilization, with embryo transfer on six occasions. It is also true that she conceived on no less than three occasions and on each occasion aborted in the first trimester. What is extraordinary, is that in spite of Mrs. Langton's repeated requests, no attempt at investigation as to the cause of miscarriage was undertaken. Mrs. Langton has a clear recall of the conversation with one of the embryologists, who also suggested to the clinicians, that investigations were necessary. This suggestion was pooh-poohed by the doctors in the clinic and no attempt was made to try to understand the underlying basis for the miscarriage.

7) All of Mrs. Langton's miscarriages were dealt with by the National Health Service where the uterus was scraped out. This I think says a considerable amount about the deficiency of the care provided by Dr. Glatt, who preferred to dump his ill patient on a National Health Service hospital, rather than to undertake responsibility for the consequences of the failure of in vitro fertilization. It should be pointed out that failure of in vitro fertilization after an unsuccessful pregnancy, is one of the most emotionally disturbing processes which can be imagined for a chronically infertile patient.

8) There is a suggestion from our brief record to the GP, a copy of which Dr. Glatt has presumably got, that we were considering putting this patient into our own in vitro fertilization programme. This of course is not strictly correct. What we have found is confirmatory evidence of a severely abnormal uterus, which both Mr. Margara and I (both qualified Consultant infertility specialists working in the

National Health Service) have deemed to be congenitally abnormal as a result of a septum. We have suggested to Mrs. Langton that removal of this septum, which has been there probably since she was born, would be justified. We also feel that were this septum to be removed, in vitro fertilization might have some possibility of success, though the question of her age now is of considerable importance, as she is forty years old. We have not put Mrs. Langton into our in vitro fertilization programme, but if we did, this would only be after we had ensured that we had improved the status of her uterus.

On page 6 Dr. Glatt makes a number of allegations about the national association, CHILD. For your information CHILD was founded by Mrs. Dorothy Bull (an ex-patient of mine), myself, and Mr. Peter Niven, a well known Consultant Gynaecologist from the west country. A fourth trustee was Lord Soper. I was therefore a founder trustee of this organisation. CHILD has no particular remit to forward any of Hammersmith Hospital's views. It is a national organisation and is quite independent in all respects of my practice. It is true that a number of annual general meetings of CHILD have been held at Hammersmith Hospital, because we have extensive premises where a suitable AGM can be held. These premises were lent to CHILD for charitable reasons. Dr. Glatt claims that an ex-secretary of mine has been a Committee member of CHILD for several years and was at one time its Chairperson. I imagine that the person to whom he refers is Mrs. Clare Brown, who was never a secretary of mine, but a secretary of Mr. Margara my colleague. Clare Brown is an infertile patient and seemed to be an ideally suitable person to be on the committee of this charity. This in no way would suggest any improper relationship between my office and a respectable charity.

Dr. Glatt was appointed as a medical adviser to CHILD approximately nine years ago. Many members of CHILD I understand, became increasingly concerned about Dr. Glatt's involvement as a medical adviser, as it was felt that increasingly the advice he was giving to patients was not entirely disinterested. For that reason, I understand the committee members of CHILD suggested that he might resign. Mrs. Bull resigned from CHILD about three years ago. I have no idea why she resigned, and certainly there was no friction between Mrs. Bull and myself. Indeed, we had not met for many years and I think Mrs. Bull's unhappiness with the Trust, largely stems from the fact that it had grown from being a local organisation based in Devon, where she lives, to a national organisation over which she no longer had any control. Mrs. Bull wanted to control the way the committee was structured, and the committee members were certainly not happy about this, as they had every right to be. Mrs. Bull therefore offered her resignation voluntarily, and I understand that this was accepted, and was certainly agreed to by the other trustees.

Dr. Glatt refers to the organisation BABIE. As far as I know there is no specific rankour to which Dr. Glatt refers. However, both the National Association for the Childless and CHILD, the two largest patient support groups in this country, both respectable charities, were very concerned about BABIE, because it was felt that patients were paying for membership as a cheap way to get private in vitro fertilization, and it was widely felt, and I believe this to be correct, that BABIE was therefore not an impartial organisation and one that was viewed with grave suspicion as preying on the desperation of infertile couples.

Dr. Glatt, on page 7 of his letter quotes in detail my comments on the television programme. I stand by these comments, which are true and clearly capable of substantiation. I was not in any way criticising Dr. Glatt with these statements, indeed I had no knowledge of the fact that Dr. Glatt would be the focus of attention by the Cook programme, when I recorded my interview with Clive Entwistle and Graham Thompson. The editorial control is a matter for Central Television, but I see no great problem with the placing of my comments within the context of the programme.

Dr. Glatt seems to think that the patient with the abnormal uterus to which I referred on the programme, was a patient of his. This is not correct, as can be verified from the statement I made regarding a patient who had either nine, ten or eleven treatments. This referred to another patient, treated by another clinic, which was not named in the programme. In Mrs. Langton's case, there were only seven treatments with IVF and no reference by me was made to Mrs. Langton on the programme.

I think you will have to decide for yourselves whether you feel that my remarks denegrating the training standards in the private sector were disgraceful, or not. In my view these comments are factually correct, and there is a sad deficiency within the private sector, which unfortunately so far has not been addressed by the Licensing Authorities.

On page 8 Dr. Glatt suggests that I have some pecuniary motive in criticising other peoples' private practice. It is not true, 'that I made no mention of my own heavy involvement in private practice'. I clearly stated this during my interview and also the television makers were well aware of my involvement with private practice. However, these comments were not broadcast, as not being relevant to the gist of the programme. Moreover, I do not have any financial involvement with private practice. For many years I have elected to give all my private income, wholesale, to the Institute of Obstetrics and Gynaecology charitable trust fund, where the money is used to run and improve the existing National Health Service practice at Hammersmith. I have never taken any remuneration from the private clinics with which I am most involved. With regard to Allerton Medicare, it is true that I am a Consultant Adviser to this unit in Leeds. The other Consultant Adviser is Mr. Peter Brinsden, of Bourn Hall, who was named in the programme, together with Dr. Glatt. My total financial involvement with the Leeds Allerton Medicare programme is a retaining salary of £2,000 per annum. This, I think you will agree is a tiny fee and is used to pay for my travel expenses to various international meetings, at which I am occasionally invited to speak. Some of this money has also been used to fund junior staff going to academic meetings.

It is true that Dr. Glatt worked in my unit in 1983 and 1984, as he claims. He is being less than candid when he says that his personal associations with me were not positive. The truth is that the Chairman of my department, Professor M.G. Elder and my Consultant colleague, Mr. Raul Margara, became increasingly concerned about the standard of Dr. Glatt's practice within our clinic, and felt there were a number of irregularities which were of a serious nature. They put pressure on me

to dismiss him from the clinic, but I resisted this pressure for at least a year, until it became clear to me that his continued retention as an unpaid member of our team was inappropriate. I therefore suggested to him that he might leave, and I gave as an excuse (as a face saver) that due to restructuring of the building and restructuring of our employment within the Institute, we would no longer have physical space for him to run a once weekly clinic in our facility. There is absolutely no truth in his suggestion that he was sacked from the Hammersmith because he had met with success in the private sector with his own in vitro fertilization programme.

Finally, Dr. Glatt seems to think that he has been aware of 'my attitude towards him', ever since his dismissal. I have never had any particular attitude towards Dr. Glatt and whilst I regard many of the inadequacies of his practice clearly deficient, I have to say that these deficiencies are matched by other in vitro fertilization units within the private sector.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'R. Winston', with a large, sweeping flourish extending upwards and to the right.

Robert M.L. Winston,  
Professor of Fertility Studies.