

Homicide and Serious Crime Command  
New Scotland Yard  
8-10 Broadway  
London SW1H 0BG

Michael Jones  
[Address]

29 October 2013

Dear Sir or Madam,

**Update to my report to your office of 28/06/2013 of a cover-up of medical evidence by Guy's & St. Thomas' NHS Trust.**

I write further to my letter to your office of 28 June 2013, in which I alleged a cover-up of medical (MRI) evidence by Guy's & St. Thomas' NHS Trust's Radiology, Neurology, and Complaints Departments. This update to my previous letter aims to correct an error in the arguments made in that report in objection to Guy's & St. Thomas' first response to my complaint to them of 19/03/2013. It has no bearing upon the content of the original complaint letter of 19/03/2013 (enclosure 1), only upon the correspondence subsequent to GSTT's first response. For reasons of clarity, I enclose copies of the original letter of complaint and subsequent correspondence, plus a further copy of the original Brain MRI scan.

The allegation of a cover-up centres upon the issue of the misreporting of a serious medical anomaly revealed by my Brain MRI scan of 02/10/2008 (enclosure 5). In my complaint of 19/03/2013, I referred to several images published on my website (<http://somr.info>), including a three-image sequence from Series 7 of that scan – images 7/13-15 (coronal sections). The allegation in my complaint was that these images revealed the presence of a 'foreign object', suspected to be an illicit surgical implant, but which had been disregarded and reported as normal by St. Thomas' Radiology and Guy's Neurology Depts. (the original MRI Findings report of 06/10/2008 had referred to a "*tortuosity of the left vertebral artery*").

The response from the Complaints Dept. (enclosure 2) was to state that: "*your MRI has been reviewed again by the Neuro-radiologists on 8 May 2013. They say that they agree with the original neuro-radiology report of Dr. Hawkins*". The response goes on to attribute my concerns over the three-image sequence mentioned above to the appearance of: "*the left vertebral artery (seen with some surrounding soft tissue)*".

My letter in answer to this response from GSTT (enclosure 3) expressed dissatisfaction with this explanation on three grounds:

1. That the explanation was: "*clearly erroneous, as the object referred to in these images lies on the right (not the "left") of the vertebral column*" (p.2 para.4).

2. That: *“the revealed structure of this object is not adequately explained in terms of arterial material and “surrounding soft tissue””* (p.2 para.4).
3. That GSTT’s response did not include any documentary statement of this ‘review’, nor any indication of the identity of the physician(s) affirming this second opinion (p.3 para.2).

Having reviewed the MRI scan material, I am now aware that the objection mentioned in point (1) above was mistaken. I now understand that the scan images are laterally transposed, as in a mirror-image, so that the left side of the head appears on the right side of the image, and GSTT were correct to state that the object referred to does indeed lie on the left of the vertebral column.

In my letter to your office of 28 June 2013 I had referred only to point (1) in objection to GSTT’s response, as this appeared as the most clear and emphatic indication of an error in their explanation. As I now realise this judgement was misguided, I take this opportunity to correct my mistake. The issue is not therefore that GSTT’s explanation was ‘clearly and obviously’ erroneous in describing right as left, but that the object revealed in images 7/13-15 is not at all adequately explained as a “vertebral artery”, and the emphasis of my objection should instead have focused on point (2) above. GSTT’s explanation does not adequately account for the variation in density (indicating a variation in material composition) suggested by the internal ‘C’ structure of the object seen in image 7/14; neither does it explain the two mysterious ‘linkages’ proceeding upwards from this object seen in image 7/13.

The principle point of contention therefore is that neither Dr. Hawkins from St. Thomas’ Radiology Dept., nor Dr. Andrews from Guy’s Neurology (or indeed the “neuro-radiologists” who it is claimed reconfirmed their original findings), could with honesty have mistaken the object revealed in these images as a vertebral artery, as the revealed structure of the object precludes any such interpretation. I do not challenge their inability to provide a satisfactory alternative identification for the object, as, if it results from an illicit surgical implantation, it is without any medical precedent.

I apologise if my earlier misjudgement may have misled the progress of any investigation on your part, but it seems appropriate at this point to reiterate the substantial points of objection to GSTT’s response to my complaint, and to replace the emphasis on the principle point of contention.

I have also included GSTT’s (final) response to my letter of 23 July 2013 (enclosure 4), in which they restate their original position that there was “nothing abnormal” to report on the MRI scan. In view of this, the elements of my complaint with respect to points (2) & (3) above, and generally with respect to the ongoing series of omissions by GSTT between October 2008 and the present, remain outstanding. Consequently I referred the complaint to the Parliamentary & Health Service Ombudsman on 23/09/2013, where it is now under consideration (PHSO ref: EN173713).

Yours faithfully,

Michael Jones

Enclosures:

1. My original letter of complaint to Guy's & St. Thomas' Complaints Dept., dated 19/03/2013.
2. Complaint response from GSTT's Complaints Dept., dated 03/06/2013.
3. My letter in answer to GSTT's response, dated 23/07/2013.
4. GSTT's response to my second letter, dated 03/09/2013.
5. CD copy of Brain MRI scan made at Guy's & St. Thomas' NHS Trust on 02/10/2008, plus copy of original disc face.