

Forensic Hypoglycaemia & Neuroglycopenia — A Clinical Legal Social Endocrinology Challenge for 2024, Forensic Law in Hypoglycaemia 4

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doi:10.56397/CRMS.2024.03.09

Abstract

The author, Derek Beatty, was diagnosed with T1D Diabetes 45 years ago when living in High Wycombe, Buckinghamshire, England. Symptoms of thirst, tiredness, difficulty in reading small print, led to GP doctor consultation with fasting blood glucose Biochemistry tests. Possible Genetic Inheritance may have contributed to reduced Immunogenic resistance to infection possibly triggered from business travel to several African Countries including Kenya, Zambia, Nigeria, Sudan, Egypt, South Africa. Add the trauma as witness to a fatal car crash in Bricket Wood, St Albans, when a driver of a Rolls Royce crashed into the rear of a lorry in the dark on an October afternoon. With a natural Adrenalin trigger to help in an emergency and First Aid training when in a Scout Group in Edinburgh, to stop and assist, comfort the car driver, shout for an ambulance when others appeared. An ambulance arrived promptly (before the era of Mobile Phones), Paramedics took over with hospital transfer. This frightening event has left a vivid memory flashback scar along with near fatal Hypoglycaemia with Neuroglycopenia scars. The Police called 3 days later and requested a witness statement. There was no hesitation to be able to help. When asked about the car driver welfare the answer was that he had suffered severe neurological injury and sadly died. What followed was a correct Fatal Accident Inquiry before a Coroner identifying Accidental Death. With courage the wife and family spoke after to thank me for doing my best to help save the driver, but sadly he had passed. We hope and pray he rests in peace.

This tragic experience has left a strong sense of courage and determination in the belief that prevention is better than cure. When, and if tragedy occurs, what might have been the cause always helps in learning and education and often offers future opportunity to enable prevention. We can learn from tragedy and take steps to forensically identify cause and seek to prevent recurrence. The experience of near fatal Diabetes Hypoglycaemia and Neuroglycopenia caused by ignorance and failure to educate a family what to do in a diabetes hypoglycaemia emergency involving the Hormone Insulin with NHS GP mismanagement and Gross Negligence in Public Office cover up, when combined with an Addisonian Adrenalin Crisis, both with Neuroglycopenia and Simultaneous, has led to 30 years forensic research of the event cause with identified errors in Law justifying disclosure and loss recovery from those responsible for legal errors.

Today with global interest and helpful personal clinical support from an excellent Diabetes

Endocrinology Team of Clinicians and Nurses in Edinburgh and recognition with interest from many clinicians and nurses worldwide of the importance of this work has enhanced personal positivity to succeed and Win in Insulin Chicanes when at the same time treating an incurable long term health condition requiring daily injections of the hormone Insulin platformed with dose adjustment to target normoglycaemia and accommodate lifestyle while addressing insulin dose and type; exercise; diet; differences in carbohydrate and fat content in foods; interest in Keto style diet; fruit; vegetables; food sugar content; adverse stress: happiness; family and friendship encouragement and support; education of damage of excess alcohol; smoking; recreational drugs; and the link to the medical mystery.

Summary review of Virological attack associated with Obesity, Overeating, Alcohol, risk of Foetal Alcohol Spectrum Disorder, Smoking, triggers for Parkinson's Disease, Dyslexia, certain Ophthalmic conditions with possible links e.g., Nystagmus linked to Dyslexic, Genetically Inherited Addison's Disease possibly from India after discovery by Thomas Addison in 1860 and add the Insulin Journey from discovery Banting, Best, Macleod, Collip, 1922, and the World's First Hypoglycaemia Event with Neuroglycopenia experienced as a Clinical Event by Dr Jim Gilchrist and in Law recognised as Such by Banting, Best, Macleod, Collip, and Toronto Police, Canada at the time. Yes, Insulin can be used as a Poison, but it is a lifesaving Hormone for which today in 2024 all T1D Diabetes patients are exceedingly grateful for the research of over 100 years ago.

One must never describe in Law Insulin as a Poison without good cause and reason. Insulin is a Hormone. This is important especially in tragic cases in pregnancy when Gestational Diabetes can occur leading to neonate and young baby infection and on occasion fatality. In 2023 I have experienced Blue Toe Syndrome associated with negative test Long COVID caused by vascular disturbance at toe extremity and Quinsy, very rare in long term Diabetes, sometimes in Tonsillitis during teenage and early adult life, but likely identified as Virological infection caused by Long COVID.

Was prevention of Hypoglycaemia Unawareness in 1987–1994 possible? How do we discover? We need to research. We need social recognition and understanding in 2024 as we use this experience to better understand Clinical Hypoglycaemia and Neuroglycopenia in Law.

2023 published awareness of Hypoglycaemia, IDF INTERNATIONAL DIABETES FEDERATION with Immunogenic Issues in Diabetes and Addison's Disease, has identified implications for COVID-19 Public Health Inquiry Investigation in Scotland. Forensic Aspects of Hypoglycaemia 4, now explores CPS Crown Prosecution Service and Court Reference Redacted in St Albans, Hertfordshire, England, to Correct Errors in Law identified from 1989 when a Law Society registered solicitor in Knutsford, Cheshire, who on the balance of probability, was aware that the Law Society in England at the time had allocated £500,000 in Public Funds to assess whether a case existed to identify Marketing and Safety adverse experience of Hypoglycaemia Unawareness? Investigation led to instances of personal injury and cases of unexplained death in bed syndrome to address a claim for damage experience against the Pharmaceutical Industry. A licence to market BHI Insulin on 26 August 1982 was given after close forensic safety consideration by application to the MHRA at the Department of Health, London. The Licence was granted with provisions that prescribing GP General Practitioner doctors reduced the Insulin dose by up to 20% when prescribed to T1D diabetes patients treated with Porcine or Beef Insulin, prescribed BG Blood Glucose monitoring medical devices to the patient, and provide clear education to the Patient and family members living with the Diabetes Patient, providing care for the patient, and knowing exactly what to do in a Diabetes Hypoglycaemia Emergency, and by default an Endocrine Red Alert Adrenalin Addisonian Crisis. On all counts the GP Practice in St Albans and Bricket Wood, Hertfordshire, failed miserably. When consulted in 1989 by the patient's wife and sister-in-law the Knutsford solicitor firm failed to disclose known Law Society Investigation update involving Hypoglycaemia and education to the solicitor clients, the patient's Wife and Sister-in-Law, and instead sent a libelous letter to the patient in 1989 with redisclosure in 1994. Character defamation of the patient in 1989 and 1994 is forensically identified in 2024 as clinical behavioural temporary mental health when in a state of hypoglycaemia unawareness and can be demonstrated in the animal rat model showing inferior quality Purkinje Cell Environmental Enrichment with insulin overdose or underdose leading to hyperglycaemia which when under corrected can lead to diagnose of T2D Type 2 Diabetes often associated with diet, lack of exercise, poor keto diet experience, alcohol abuse leading

to obesity. In 2000, a request to the Court for medical notes disclosure was described as a 'Fishing Trip'. Again in 2005 an Insurance Broker completely ignorant of Diabetes and Hypoglycaemia misled the court. Disclosure December 2020 by a Transaction Director, London, of the Firm EY, is identified as failure to identify and seek NHS help to address likely Genetically Inherited Addison's Disease in an NHS patient, first suspected in 1994 when the GP Practice failed to act, then in March 1996 when the Official Solicitor was invited to investigate with referral failure. 2024 Forensic Analysis has identified opportunities to act and correct errors in law, nothing was done, why?

In 2024 we investigate the cause of Suicide on 11 October 2020 in Alban Manor Nursing Home, St Albans, during COVID-19 Pandemic of Addison's Disease Patient. Despite aged 79 her life could have been saved but alleged negligence in breach of the Mental Health Act 1983 caused the death with failure to take into account warnings from the Banting Lecture 1994 Hypoglycaemia, Real or Unreal, Lawful or Unlawful with Addison's Disease Suicide.

Under European Human Rights Law, The Human Rights Act 1998, and European Convention on Human Rights, a Public Immunity Argument exists to publish to learn from experience to prevent reoccurrence with implications to assist COVID-19 Public Health Inquiry Investigation.

Keywords: Clinical Hypoglycaemia, neuroglycopenia, Domestic Violence in Matrimonial Proceedings Act 1976, England, Hypoglycaemia Unawareness, Diabetes Stigma, temporary mental health impairment

1. Introduction

Insulin, a Hormone, was discovered in Toronto, Canada, 1921, by Banting, Best, Macleod, and Collip. The first patient Len Thompson benefitted in injection of life saving Insulin 18 January 1922. The World's First Insulin Hypoglycaemia Event was Toronto early 1922 when Dr Jim Gilchrist a patient suffered convulsions and seizure with appearance of drunkenness. Today in 2024 identified as Hypoglycaemia and Neuroglycopenia in the UK Hypoglycaemia Clinical Events require over 95,000 NHS Red Alert Emergency Ambulance Paramedic attendance and usually immediate transfer to nearest A & E NHS Hospital, caused when BG Blood Glucose falls below 4.0mmol/l. Patients can be T1D and T2D Diabetes Patients and Thyroid Patients e.g., Addison's Disease Patients may suffer similar with Adrenalin Addisonian Crisis.

BHI Human Insulin was granted a marketing licence by the MHRA Department of Health, London, 26 August 1982 after Clinical Trial, then 13 October 1982, Germany, then 28 October 1982 in USA by FDA. In 1985 only 5% of the Insulin Market was Human Insulin and by 1989 80% of the Insulin Market was Human Insulin.

11 October 2020 — Alban Manor Nursing Home, St Albans, Discovery of Deceased Patient Mrs HRB, aged 79, took her own life. Diagnosed

Addison's Disease in Australia, pre 1979, likely Genetically inherited from her mother Mrs Edna Culloden, Bombay, now Mumbai, where she was born 14 September 1941, has identified a statute law requirement to forensically establish the detailed cause of this event during COVID 19 Pandemic.

2010 — European Society of Endocrinology — Isolated Addison's Disease is unlikely to be caused by mutations in MC2R, MRAP, or STAR, three genes responsible for familial glucocorticoid deficiency. *Dias, Chan, Metherell, Pearce, Clark, St Barts, London and Newcastle University* and concludes FGD does not appear to be underdiagnosed in the AD population. However, in 50% of patients with PGD, no genetic cause has yet been identified and it is possible that the other. as yet unidentified, genes giving rise to PGD may be implemented in AD. Where is this gene research in 2024? How was the patient welfare of when a patient in Albans Manor Nursing Home?

On 01,2018, Mr JW, Redacted, Director EY London, and HW prepared Statements identifying likely Genetically Inherited Addison's disease in HW. Was patient Mrs HRB aware of this? Were these statements given to PC K, Hertfordshire Constabulary when Mrs HRB was a patient in Alban Manor Nursing Home? Why were these statements disclosed from MF, Senior Crown Prosecutor, Hertfordshire CPS on

15.12.2020 received 18.12.2020 without any supporting Expert Medical Report confirming the Fear, Paranoia, Agoraphobia, which on 30.3.2021 the CPS asked to advise the cause of these clinical mental health symptoms aforementioned? This disclosure was 2 months after the sad passing of Mrs HRB on 11.10.2020. What bereavement counselling was provided after the event?

Identification of allegations made 20.9.2005 involving PC K and PC K, Hertfordshire Constabulary, and DWW, and DrDG, all involved in near fatal Hypoglycaemia Event 23.2.1994 involving Diabetes and Addison's Disease was considered by CI, Chief Crown Prosecutor, Hertfordshire, with advice that for transparency as Hertfordshire Constabulary was involved referral was made to DS K, Professional Standards, Hertfordshire Constabulary, but nothing happened.

On 23.10.2003, D G, Barrister, Clerk to the Justices, St Albans Court, advised that any revision to order of Trafford Court 13.7.2000 required to be addressed to Trafford Court and NOT St Albans Court. PC1076 K and MF, Senior Crown Prosecutor, Hertfordshire, failed in Error in Law to heed this statute law guidance by DG, Barrister, and by CI, Chief Crown Prosecutor. The findings of St Albans Court 22.4.2022 and instruction to Hertfordshire are in Law illegal and a clear breach of the Human Rights Act 1998 of a T1D Diabetes Patient and Vulnerable Adult with long term T1D Diabetes 45 years.

A legal duty of care exists in law to establish what were the failings in patient health welfare.

Could the tragic event 11.10.2020 have been prevented?

An Inquest was held by GRD, Assistant Coroner for Hertfordshire, on 25.11.2021. Author was not aware and did not attend. Why not informed for detailed Addison's Disease to help Fatal Inquiry?

Disclosure of the following evidence is required from the Coroner for Hertfordshire:

- a) The Event Report of the Matron in Charge on 11.10.2020, DA.
- b) The Medical Report of the NHS Doctor attending at Alban Nursing Home on 11.10.2020.
- c) The Police Log Notes of the attending Police Constable.

What lessons and understanding can be established in Clinical and Legal Learning to add fuller understanding to the likely legal errors in the disclosure to Clerk to the Justices, and study since the lacuna law failures observations of NHS GP Dr ALA, GMC2782427, 8 February 1994 at NHS Harvey House GP Practice, St Albans and Bricket Wood, the Practice having been established by Dr J L, (deceased 2022) GP and Police Surgeon for St Albans, and address the failure to diagnose Hypoglycaemia Unawareness in Diabetes and Addison's Disease directly linked to failings within the conduct of provision of NHS Health Welfare to DCB, HRB, HCB, with identified alleged breach of the Health and Safety at Work Act 1974.

Alleged welfare breach of the Mental Health Act 1983 content of undiagnosed Hypoglycaemia Unawareness is identified.

Discovery recognition of prescription of wrong insulin and dose causing Personal Injury to be in breach of the Offences Against the Person Act 1861 by common law assault when MHRA Licence approval for BHI Insulin was granted 26 August 1982, subject to dose reduction of up to 20% when a T1D Patient was NHS Registered GP Prescribed BHI Insulin to replace Porcine or Beef Insulin along with provision of Medical Device BG Monitoring System including device plus BG testing strips with need for detailed education and device use to be provided to the T1D Patient and family members including wife or husband, children or friends with education to know exactly what to do in event of Diabetes Hypo Emergency or Addison's Disease Addisonian Adrenalin Crisis to arrange and provide third party help in a Hypoglycaemic Emergency is identified as serious error in patient and family welfare.

Failure to act leaves witnesses present, on call GP when summonsed and refusal to attend, exposed to Criminal Prosecution if found guilty of criminal conduct within the Mental Health Act 1983.

Expert witness report of Addison's Disease was made available to Manchester Crown Appeal Court on 23.11.2000 when the Court refused Expert Witness Evidence Report and summons that Chief Executive Trafford Health Authority be ordered to appear in Court and disclose to the Court the medical records of HRB after admission by HRB that she suffered from

Addison's Disease. The Court was unable to investigate the likely possibility that Daughter HCB had inherited Addison's Disease from HRB Mother. It was discovered that the wife of DW, brother of HRB, was aware of Addison's Disease in the family as had been published 'Coping with Thyroid Disorders', Dr Joan Gomez, 1994; and Thyroid Dysfunction, Godden, Volpe, Toronto 1975.

Human Insulin — Studies about human insulin were very limited before 1980 as significant amounts of human insulin could not be obtained. Research with diabetes since 1994 and now involving COVID-19 we are better informed but stigma and patient, family education remains lacking and better knowledge sharing is required. Today Genetically Engineered GM Human Insulin with many combinations is prescribed every day throughout the world to treat diabetes. The pharmaceutical industry successfully purified human and animal insulin with safety advice available to prescribing clinicians and licensing bodies.

COVID 19 — March December 2020 pre COVID Vaccination programme it is estimated that around 25%-33% of the sad COVID-19 deaths are people who have an underlying health condition, often diabetes. Source published NHS England and Scotland Public Health statistics.

Is Human Insulin better than Animal Insulin in the Treatment of Insulin-Dependent Diabetes Mellitus? *G Schrnthaner, presented Edinburgh 1993, published ADA 1992.*

Is the link Immunogenic? Rediscovery of interesting scientific information reviewed many years ago identifies reduced resistance to Virological Infection with helpful summary Clinical Virology, Guide for Practitioners, George Winter 1999. Forensic Aspects of Hypoglycaemia, 2019 Vincent Marks, and Insulin Murders 2007, Vincent Marks and Caroline Richmond, addresses 14 real life cases.

Is there a link between the type of **Insulin** and why some very ill COVID-19 patients treated with insulin for diabetes were at more risk? In the mid 1990's content was reviewed by a barrister who was involved with the **Legal Opinion about Human Insulin, Forrest & Evans, 26 January 1993**. This was shortly after the preparation of the **Low Task Force Draft Report, Posner, December 1992**.

29 August 2020 report requested from **DBS, Disclosure and Barring Service** confirmed clean

Data record in Scotland.

Why were Insulin issues raised 28 June 1994 on BBC2 Newsnight, 9.50pm, with investigation to solve and prevent crime in compliance with the Harassment Act 1998 suddenly identified as alleged breach of the Act in a manner to prevent disclosure of the witness account of an 11 year old child, not Gillick Competent, used in attempts by the St Albans GP Practice by injunction in 1995 and 1996 and later in September 2006 by an ignorant Insurance Broker determined to avoid loss recovery from a legitimate Insurance Cover Police but subject to alleged Obstructed Justice when Diabetes was described as Nonsense and Hypoglycaemia as a Joke and Domestic Violence in September 2006! This misdirection of the Judicial System in England justifies focused Police investigation and disclosure to assist cause of 30 year alleged Hate Crime stigma and help better understand tragic neonate baby deaths at events in Morecombe Bay, Shrewsbury, Chester, East Kent and Nottingham.

The British Diabetic Association Trading as Diabetes UK, Employment Sector Local Government, on 20/9/2019 applied to Verifile Report for a report which was disclosed on 23/9/2019. The Certificate associated with the report was dated 20/9/2019. There were no recorded comments. The file was Date Closed on 23/9/2019. The Certificate expired after 93 days on 23/12/2019.

The author was approached by Diabetes UK by phone and e mail on 3/1/2020 11 days after the Certificate had expired and had been electronically removed from the DB System. This clearly explains why attempts to locate the Certificate were impossible, a waste of valuable time, and caused unnecessary stress and ill health by obstruction.

Diabetes UK made the request on 23/9/2019 the same day the File was Closed. Access online was impossible. Any request by Diabetes UK should have been made to my main residence in Edinburgh and was not. Verifile refused to accept an Edinburgh address at the time and would only accept a shared address in Cumbria. Data protection involving Insulin may be questionable. Issues between Diabetes UK and Verifile is the responsibility of Diabetes UK, not the author's responsibility. Time was wasted important to Insulin and COVID research into infection prevention.

2 hours were spent with Police Scotland on 30 August 2020 investigating this matter and reviewing evidence with subsequent helpful disclosure to the Secretary of State for Health, Scotland.

Serious administration errors in the procedure used by Diabetes UK to access DB Certificates may have been discovered at this time. Referral to ICO for further investigation and correction by Diabetes UK was time wasted obstruction likely caused by Mr JW, Director, EY Ernst Young and PC K, Hertfordshire Constabulary, when Fear, Paranoia, Agoraphobia was later disclosed and questioned by the CPS Stevenage Court 30 March 2021 involving likely Genetically Inherited Addison's Disease.

Explanation of Genetically Inherited and likely undiagnosed Addison's Disease was informed to the CPS and St Albans Court and ignored by the Court and CPS. Was the evidence ever read? Why not?

The position as Elected Chairman, St Albans Diabetes UK Voluntary Group, was terminated by mystery to the Charity in early 2020, possibly by Mr JW or by PC K Hertfordshire Constabulary, who had failed to investigate evidence and knowledge available on request may have caused this inconvenience.

Previous attempts to locate GP Medical Notes 1985–1994 in 1994/95 proved impossible. Suspicion exists they may have been shredded. This was the time the author's insulin treatment for T1 diabetes was switched from Porcine to Human Insulin and incorrectly prescribed with failure by NHS England to provide BG Blood Glucose testing monitor, BG strips, and family education on how to use any medical device to test BG.

In discussion with Police Scotland the view was taken that it is appropriate for disclosure of diabetes information in possession involving diabetes and COVID-19 be informed to MP and MSP for disclosure as required to HealthWatch England, NHS England, NHS Scotland, and to address possible Immunological links between diabetes and COVID-19 at Public Inquiry.

On 10 November 2023 it was proposed a New Complaint, Historical Complaint, about NHS Harvey House GP Practice, St Albans, by the Inspector – Primary Medical Services and Integrated Care Quality Commission (Central Region – Herts and South Midlands) with fresh evidence disclosure again to the Health Service

Ombudsman and the GMC, General Medical Council.

2. Investigation

The facts contained herein are certified as true. A sworn Affidavit can be made.

Disclosure by CPS St Albans 15.12.2020 received 18.12.2020 was sent 2 months after Suicide of Heather Rosemary Beatty, 11.10.2020. Why did James Walker, Transaction Director, EY London, fail to advise the CPS Hertfordshire, PC1076 Khalid, Hertfordshire Constabulary, mislead the author, obstruct justice?

On 16 November 2021, author was advised by NHS Scotland, Lothian Health Board, not to travel in person to attend court hearing(s) in St Albans. This advice was endorsed by Police Scotland on disclosure to Police Scotland of confirmation letter from the Consultant Physician and Honorary Senior Clinical Lecturer, Clinical Director Edinburgh Centre for Endocrinology and Diabetes.

The Court and CPS were slow to act to this disclosure and in error proceeded on 22 April 2022 to have a Court Management Hearing or Trial without arranging for the author to be legally represented as was his right in law leading to unfair Court proceedings in breach of Right to a Fair Trial in Civil Proceedings in Breach of Article 6 (1) of the European Convention on Human Rights and Human Rights Act 1998. This event was heard in the Wrong Court and Unlawful Error in Law instruction issued to Hertfordshire Constabulary following directions issued by the Court.

In Article 5(2) no reasons for apparent warrant have ever been provided by the Court nor Police Hertfordshire. At the commencement of the matter PC K, Hertfordshire Constabulary, failed to make contact by Clear Letter; Telephone Contact nor Webcam Zoom contact which would have been possible in the event of the claim it was not possible to meet with the author in Edinburgh.

The matter has since mid 1994/early 1995 been a matter of Clinical and Legal Investigation into the Hormone Insulin prescribed by NHS England and NHS Scotland to keep the author and others alive and treat the NHS Recorded Health Condition as a Patient treated with T1D Diabetes requiring daily regular prescribed Insulin medication. Insulin, a hormone, is not a

poison despite the fact that Insulin dose prescribed by Doctor Prescription in advice to a Patient with Diabetes may have to be adjusted by Insulin Type; Dose; Delivery Frequency; and depending on patient lifestyle, diet, exercise, possible Diabetes Genetic Inheritance issues, with possibility that in the event of a pregnant lady experiencing Gestational Diabetes possibly caused by Genetic factors; alcohol, smoking, recreational drug issues and/or partner effect on such this identifies discovery of Insulin in young babies and in the event of possible pulmonary hypertension in very young neonate babies explains why in some instances additional oxygen may be required in Maternity Units where in event of reduced Immunogenic resistance leads to Infection exposure risk.

By having been prescribed a wrong insulin type and dose August 1985 to 25 May 1994 the damage to Derek Beatty's Immunogenic Endocrinology System cause by common law assault by all Prescribing NHS GP's attached to HH GP Practice, St Albans and Bricket Wood, St Albans, led by GP Dr JL (deceased) and Police Surgeon for St Albans, along with Dr ALA GMC 2782427, aided by Dr BS; Dr J C; Dr SE, now K, is in 2023 identified as Common Law Assault of the author in breach of the Offences Against the Person Act 1861. It is further alleged Mr JW and PC K have further assaulted the author by alleged malicious Diabetes Discrimination and alleged Hate Crime by ignorance and have in 2023 caused further personal assault injury leading to Emergency transfer to NHS Lothian St John's Hospital, Livingston, for minimally invasive surgical ablation to discharge Quinsi infection with IV Pen Treatment and oral Pen treatment after 24 hour hospital inpatient stay. Prima facie evidence identifies this event being caused by Diabetes Hypertension associated with long term T1D Diabetes and likely associated with (-) test Long COVID with clinical interest to assist in Forensic Law in Clinical Hypoglycaemia as published 31 August 2023.

Investigation by Cumbria Police, commenced 15 February 2023 concluded with Police Advice guidance 6 March 2023 DI CB identified that the author is the victim of alleged Common Law Assault by all NHS GP General Practitioners operating at HH GP Practice, Russell Avenue, St Albans and St Luke's Parish Church, Bricket Wood, St Albans, mid 1987–1994 with ongoing Immunogenic Personal Injury.

Unnecessary stress caused to the author by conduct of JW and PC K from January 2020 through ignorance and failure to conduct proper forensic investigation in accordance with the Human rights Act 1998; the Criminal Justice Act 1967; the Magistrates' Courts Act 1980; by failure to interview the author by PC K, Hertfordshire Constabulary, to address the cause of any attempted contact with HCB estranged daughter with suspected Genetically Inherited Addison's Disease from her mother likely undiagnosed, now claimed to be HW on marriage to J W, was to address concern for her welfare as advised to the author by PC PN, Hertfordshire Constabulary, in late 1994/95 and discussion with Progression Solicitors, Windermere, January 2018.

Nobody has told the author not to contact his daughter to address concern for her Clinical Welfare but prevented investigation of the issues of Hypoglycaemia Unawareness and Neuroglycopenia associated with Insulin treatment of Diabetes and Genetically Inherited Family Addison's Disease with clinical symptoms of Fear, Paranoia, Agoraphobia, if undiagnosed, and when diagnosed associated with Hydrocortisone NHS prescribed treatment in HRB and HW leading to Fear, Paranoia, Agoraphobia, in HRB which Dr ALA GMCxxxxx failed to diagnose and refer for Secondary Care Clinical Endocrinology justifying in law annual T3 and T4 Endocrine assay to address likely need for Hydrocortisone dose change or other medication change clinically identified in post menopause Endocrine patients. Dr ALA, Harvey House GP Practice negligently failed to address in breach of Paragraph 12(1) of her Terms of Service. Renewed GMC Rule 12 Investigation to assess Dr ALA's Fitness to Practice as a GMC Registered GP was unsatisfactory and justifies that she should be brought to St Albans Magistrates' Court to face alleged Criminal Charges of Perverting and Obstructing Justice and Common Law Assault.

All Criminal Law and Civil Law investigation has been conducted within the Healthcare Consultancy of Aston Clinton Scientific Ltd a Company incorporated in England in 1997 which owns all the Copyright Goodwill and Clinical Hypoglycaemia papers, published and unpublished. The company is registered with ICO, Information Commissioners' Office, with compliant Data Protection.

Any complaint by JW, HW, PC K, should have

been against, or raising concerns, with the Company and not the author as a person.

Conduct by PC K, Hertfordshire Constabulary and JW, has led to further immunogenic injury of the author caused by reduced immunogenic resistance to infection caused by the errors in Insulin Prescription and Dose in breach of the Insulin Marketing Licence granted to NHS UK on 26 August 1982 by NHS Harvey House GP Practice, St Albans.

The ongoing Immunogenic lower infection resistance caused by wrong insulin and dose 1987-1994 on the balance of probability was the responsible cause of this personal injury experienced by the author and triggered by the alleged malicious unnecessary stress and life disruption caused by the ignorant conduct of PC K, Hertfordshire Constabulary and JW, Director, EY, London, since January 2020, in deliberate obstruction of justice in continued wrong use of the Harassment Act since 2000, Trafford Magistrates' Court, 13.7.2000, when since 24.2.1994 the author has investigated Clinical Hypoglycaemia as a Clinical Investigation in Civil Law and Criminal Law to Detect and Prevent Crime. This makes the author exempt from the Harassment Act which has been deliberately used to Obstruct Justice and cover up Gross Medical Negligence in Public Office and Malicious Hate Crime against the author since February 1994.

Clinical and Medical Ignorance of all GP's at Harvey House GP Practice at the time in 1994 and Mr DWW and Mrs SW (deceased) caused child abuse of an innocent 11 year old child led by Dr AL A, GMC 2782427 as they failed to diagnose likely Genetically Inherited Addison's Disease which the CPS and Court asked the author to diagnose affecting HW in 2021 and her refusal to attend court in person caused by her illness. A 30 year Negligence Cover Up has occurred in St Albans and Harvey House GP Practice has used Hertfordshire Constabulary and others in their conduct in obstructing justice including the GMC, General Medical Council, a Charity for Patients and Registered Doctors including GP General Practitioners and Clinicians identified 19 July 2001 in the High Court of Justice, Administrative Court, 19 July 2001 and Law Society recommendation for further Police Investigation which the Chief Constable, Hertfordshire Constabulary, failed to do.

The Court has been asked to Strike out the findings of the Court in reference xxxxxxxx heard 21.4.2022 following discovery of fresh evidence concerning alleged Common Law Assault of the author by Dr ALA, GMC2782427, Dr JWL GP General Practitioner and Police Surgeon attached to Hertfordshire Constabulary, St Albans, mid 1987 – retirement; Dr BS; Dr PC; Dr SE, as advised to the author in 2023 by Cumbria Police after acknowledgement 15.2.2023. The Court has declined to act to correct errors.

Discovery that disclosure placed with the Court by PC K, Hertfordshire Constabulary, amounts to Character Defamation of the author with Diabetes Discrimination in breach of Human Rights Act 1998.

Discovery March 2023 has identified Dr JL, GP Harvey House GP Practice and Police Surgeon, Hertfordshire Constabulary, obstructed justice in the High Court, RCJ London, on 27 June 1995 and 27 March 1996.

The main limb of evidence is based on a Court Order from Trafford Magistrates' Court 13.7.2000; heard at the Appeal Court Manchester 23.11.2000; and Court Order 22.9.2006 heard at St Albans Magistrates' Court.

All cases against the author in Criminal Law and Civil Law are hereby identified as being within the context of a deliberate and malicious alleged conspiracy to obstruct and pervert justice since near fatal Clinical Hypoglycaemia with Neuroglycopenia Event 23.2.1994 which was not a Criminal Event. The patient required immediate Paramedic Ambulatory help which HRB; HCB; PC K and PC K in attendance failed to organise to summons a 999 A1 Red Alert Emergency NHS Ambulance and the on call GP Dr DG, Harvey House when telephoned to attend and help refused to attend leading to Derek Beatty experiencing near fatal health experience of Hypoglycaemia Unawareness and Neuroglycopenia with PTSD and resulting flashbacks.

Witnesses included Mrs JS, Redacted, Bricket Wood, St Albans who summonsed Hertfordshire Constabulary to attend but negligently failed to summon a 999 A1 Red Alert Emergency Ambulance.

DWW, the Insurance Agent who had arranged insurance cover for the author, HRB, HCB, was contacted 23.2.1994 as he resided locally in Bricket Wood, St Albans. He refused to attend nor request an Emergency Ambulance

attendance. He knew the author was treated with Insulin for T1D Diabetes.

Mrs CR was contacted. She knew the author was treated with Insulin for T1D Diabetes and despite being in Knutsford, Cheshire, could easily have contacted the NHS Emergency Ambulance Service and requested an Ambulance and Paramedic attendance to go fast track to the event with Paramedic support. She failed to do so. This was negligence.

PTSD Flashbacks undiagnosed by Dr ALA and Dr JL subsequently but later after referral by Redacted Medical Centre, Watford, to Dr RR, Hertfordshire Partnership Trust, occurred again on 23.2.2023 with significantly raised BP Blood Pressure and BG Blood Glucose and subsequently on 22.4.2023 caused by reduced Immunogenic Endocrine Resistance after wrong NHS prescribed Insulin and Dose by Harvey House NHS GP Practice, Russell Avenue, St Albans, and St Luke's Parish Church Hall, Bricket Wood, St Albans, leading to Emergency Transfer from A & E Department, RIE, Edinburgh, to ENT Treatment facility, St John's Hospital, NHS Lothian, where emergency Quinsy Aspiration and 24 hour IV Penicillin In Patient was required with 7 day oral pen. The ongoing Immunogenic lower infection resistance caused by wrong insulin and dose 1987–1994 on the balance of probability was the responsible cause of this personal injury experienced by the author and triggered by the alleged malicious unnecessary stress and life disruption caused by the ignorant conduct of PC K, Hertfordshire Constabulary and JW, Director, EY, London, since January 2020, in deliberate obstruction of justice in continued use of the Harassment Act Since 2000, Trafford Magistrates' Court, 13.7.2000, when since 24.2.1994 the author has investigated Clinical Hypoglycaemia as a Clinical Investigation in Civil Law and Criminal Law to Detect and Prevent Crime and as such makes the author exempt from the Harassment Act which has been deliberately used to Obstruct Justice and cover up Gross Medical Negligence in Public Office and Malicious Hate Crime against the author since February 1994; along with Clinical and Medical Ignorance of all GP's at Harvey House GP Practice at the time who abused an innocent 11 year old child whom they failed to diagnose with Genetically Inherited Addison's Disease and allowed a 29 year Negligence Cover Up to occur in St Albans and used Hertfordshire Constabulary and others

in their conduct in obstructing justice including the GMC, General Medical Council, a Charity for Patients and GP Registered Doctors, General Practitioners and Clinicians.

The CCRC had agreed fresh evidence may be placed with the CCRC to consider a new Application to the Appeal Court to apply to have overturned all Conviction Orders and likely certain Civil Court Orders since 1994, at Public Expense. Due to lack of understanding by the CCRC, a Registered Charity; and the GMC, General Medical Council, this legal Insulin Debacle has continued for 30 years. Why?

At the discretion of the Court summons to appear before St Albans Magistrates Court are justified against PC K, JW, Drs A, S, G, C, E; DWW. CR, to answer allegations hereby made by Derek Beatty against them as identified by Cumbria Police in 2023.

Application for Judicial Review was heard in:

The High Court of Justice Administrative Court – Statement of Grounds in Application for Judicial Review on identification of Alleged Errors in Law identified 20 March 2001, heard 19 July 2001 in the Administration Court, High Court of Justice, Royal Courts of Justice, Strand, London WC2 before Lord Justice Redacted and Mr Justice Redacted.

To address in 2024 Fresh Evidence discovered March 2023 following the death of Dr JL, GP, Harvey House NHS GP Practice, Russell Avenue, St Albans, and St Luke's Parish Church Hall, Bricket Wood, St Albans, who at the time in question from August 1987 to 25 May 1994 and thereafter in addition to being employed by the NHS, National Health Service, was in the employ of Hertfordshire Constabulary funded by Hertfordshire County Council as Police Surgeon for St Albans justifies a new investigation.

Dr JL GP referred the author to be seen by Dr K G, Consultant Dermatologist, at Watford General Hospital, on 24 December 1991, to treat skin disorder identified as skin disorder associated with incorrect treatment of T1D Diabetes with BHI Human Insulin, and treated with Oxytetracycline 250mg and Daktacort. In the same timeframe Dr BS GP referred the author to be seen by Dr P, Consultant Rheumatologist, Watford General Hospital, for treatment of Flexor Tendonitis with painful injection of DepoMedrone into the tendon sheath to correct side effects of BHI Human

Insulin prescribed August 1987–25 May 1994 in breach of licence granted by the MCA, Medicines Control Agency, Department of Health, London, 26 August 1982.

22 April 2022 – Reports from St Albans Magistrates' Court are confusing to the author and to his solicitor to whom at this stage £1,000 + VAT has been paid. To instruct his solicitor further at a requested further cost of £2,000 + VAT the disclosure from St Albans Magistrates' Court differs from the disclosure from the CPS Crown Prosecution Service, Hertfordshire.

Long Term T1D Diabetes Endocrinology Clinical Medicine Rare Complications Red Alert.

Cumbria Police have clearly identified that the alleged offences occurred in Hertfordshire, along with alleged obstruction of justice in the High Court, Royal Courts of Justice, RCJ London, and Appeal Court, RCJ London.

A Judicial Review to address historical believed errors in law and obstruction of justice since 1994. Publication discovered March 2022 identifies the death of NHS GP Dr JL mid-2022 and has identified he was a Police Surgeon in St Albans as well as an NHS GP in St Albans.

His referral on 24 December 1991 that the author be seen by a Dermatologist and that of Dr BS by a Rheumatologist to correct flexor tendonitis adds weight to the personal injuries experienced when wrongly prescribed BHI Human Insulin in breach of the MHRA Licence granted 26 August 1982 as confirmed by Dr SM, MCA Reference LQ1470, 6 February 2001 addressed to the author.

PS, Stephenson's Solicitors, 30 April 1996, advised that the £0.5m Legal Aid Funding granted was to investigate and address whether BHI Insulin was 'Safe' and met with 'Marketing Approval' which Counsel Opinion Forrest and Evans, December 1993, which along with BDA Published Information all GP's at Harvey House GP practice, St Albans, failed to act on and by this failure placed at risk the lives of all T1D Diabetes NHS Registered patients at the practice lives at risk and injury.

Investigation findings by the Chairman of the Medical Services Committee by Hertfordshire Health Agency 23 August 1994 was disclosed to me on 23 August 1994 advising that Dr ALA may have failed to comply with Para 12 (1) of her Terms of Service as found by the Committee which she denied and lied about, and failed to

disclose to the High Court the PTSD Injury, the Skin Disorder and Flexor Tendonitis she and her colleagues had caused. These injuries have subsequently led to the author suffering very serious Otitis Externa and Osteomyelitis in 2016 requiring hospitalisation and IV Antibiotic treatment and in 2003 a Quinsy requiring Emergency Red Alert attendance at ENT with emergency aspiration to relieve acute pain and IV/tablet Penicillin.

Beyond reasonable doubt, along with shock and raised BG Blood Glucose and BP Blood Pressure on 23.2 2023 these personal injuries could have been prevented as caused by reduced Immunogenic Resistance to infection caused by incorrect Insulin and Type re triggered by JW and PC K, Hertfordshire Constabulary from early 2020 when they deliberately misled the Registered Charity Diabetes UK, the British Diabetes Association, along with the CPS and St Albans Magistrates' Court.

Confirmation by Diabetes UK and taken to Parliament has identified 7,000 excess diabetes patient deaths in 2022 and from January – March 2023 1,461 excess diabetes deaths.

The advice given to the author on 16 November 2021 by Dr Redacted, Lothian Health Board, and Police Scotland, and adhered to protect the author's health and welfare was clearly essential leaving the findings of St Albans Magistrates' Court 21 April 2022 unlawful and in clear breach of the Human Rights Act 1998 and justifies the Court decision of that date be identified as an attempted Malicious Prosecution to obstruct justice, that the suspected Warrant for Arrest be discharged immediately at Public Expense with immediate reimbursement of costs paid to Irwin Mitchell Solicitors along with a further costs requested to attend Court.

The Court had previously asked the author to investigate why HW suffers from Fear, Paranoia, Agoraphobia, advised to the Court as Undiagnosed Genetically Inherited Addison's Disease which JW as a Director of EY ought to have consulted with his GP and the GP of HW to arrange referral to be seen in Secondary Care by a Consultant Endocrinologist knowledgeable of Thyroid Disease and Addison's Disease.

JW, PC K and Dr ALA all require to be ordered to appear before St Albans Magistrates' Court and explain to the Court their conduct and malicious discrimination behaviour in this matter to the Court with possible referral to the

Crown Court or High Court.

When the author mentioned he had been unwell after emergency transfer to St John's Hospital, Livingston, ENT, with unbearable Ear and Mouth, Throat pain, this was diagnosed and immediately treated as Quinsy requiring immediate aspiration and penicillin IV and tablet treatment with 24 hour hospital stay. This is very unusual and is likely to be caused by immunogenic resistance reduction after wrong Insulin type and dose and Hypoglycaemia Unawareness 1987–1994.

This identifies the importance of fast response to certain Red Alert Endocrine Health issues sometimes difficult to relate to unlike blood or body appearance with broken leg, arm etc.

Cumbria Police have boosted encouragement and confidence and belief to have this complex area of Hypoglycaemia shared with recent presentation updates and Certificate receipt which the author is proud of. The work jointly with Dr C Yap, University of Monash, Malaysia, seen by Prof Vincent Marks, retired, Surrey University, aged 93 at time of decease 2023, welcomed the content to hopefully better help jury understanding of Hypoglycaemia which is a Clinical issue but can be falsely interpreted as a drunkenness issue which only occurs if a person with diabetes exceeds say ½ pint of beer.

Long Term T1D Diabetes Endocrinology Clinical Medicine Rare Complications Red Alert.

In 2016 while receiving IV antibiotic treatment for Otitis Externa and Osteomyelitis T1 Diabetes patient experienced Hypoglycaemia Event with low BG Blood Glucose requiring Paramedic help. This, along with recent issues following IV pen treatment and tablet pen to treat very rare **Quinsy** experience April 2023 with acute pain, tonsil swelling and swallowing difficulty identifies the effect IV pen and tablet form pen along with antibiotic medication linked to Hypoglycaemia associated to medication reaction with Insulin when such are administered together. T1D diabetes patients must be careful.

Lower immunogenic resistance is likely caused by wrong insulin and dose 1987-1994 by NHS England GP prescribing assault of Derek Beatty noted 2023 by Cumbria Police and ongoing Judicial investigation. This experience identifies an Endocrinology Red Alert Issue similar as published *BMJ 2016, Hypoglycaemia, Duncan et al,*

Stirling; Insulins, Schernthaner, Vienna, December 1993.

Reduced Infection risk linked to Immunogenic risk with Allergenic potential reaction to errors in Insulin Type and Dose with historical medication prescription error offers likely cause of shock and severe pain events in patients with long term Diabetes and possibly other Endocrinology health issues such as Thyroid, Parkinson's Disease.

Exposure to Vascular Shock, likely identified by raised BG Blood Glucose and BP Blood Pressure, identifies the need for awareness of the NHS Scotland Ambulance Service that in extreme head, mouth, ear pain a Long-Term Endocrinology Patient may require to be classified as a Red Alert like Respiratory welfare Asthma and Pulmonary Hypertension, Hypo alarm and Adrenalin Crisis as we experience Long COVID with Mental Health issues post Pandemic.

New 2023 Cellular Hypoglycaemia Research by Dr C Yap, Malaysia, working with the author identifies new opportunity to extend this research and Public Awareness in support of Scotland's Health focus post COVID with funding needs.

The author was informed by the Office for Supervision of Solicitors in 2001 that they had registered an interest in possible further investigation into findings of Trafford Magistrates' Court July 2000 and Manchester Crown Court November 2000. This was referred to the Chief Constables of Greater Manchester Police and Hertfordshire Constabulary at the time. Exact forensic letters can be sourced from 2001. Legal Services Trafford Council claim the files no longer exist. At the High Court of Administration, RCJ London, in Application for Judicial Review, Lord Justice Redacted noted that point. This led to judgements in the case be sent to the Director of Criminal Business of the Court Service.

Why in the Public Interest did this not happen and be informed to St Albans Magistrates' Court to prevent misguided claims of Mr DWW being placed with St Albans Magistrates' Court on 22.9.2006 and on 21 April 2022 when alleged malicious and Diabetes Discrimination claims were placed with the court when on 22.9.2006 evidence offered to investigating Police Constables about Hypoglycaemia and Neuroglycopenia and was refused and later PC

K failed to investigate in compliance with the Criminal Justice Act 1967 and Magistrates Court Act 1980 leading to unfair court proceedings in breach of Human Rights Act Law 1998.

Case Study: Sceptic Shock with Purkinje Cell Mental Health Welfare Environment Imbalance in Hypoglycaemia

Clinical Abstract: Immunogenic Issues in Diabetes, Addison's Disease with Vascular Cardiac Risk, Painful Neuropathy, leading to Otitis Externa and Osteomyelitis diagnosed and treated 2016. In 2023 infection of throat tissue with infection bacteria leading to unusual Quinsy with pus requiring aspiration and IV the oral penicillin treatment. Likely cause is multiplication of bacteria in the blood affected by a weakened immune system leading to bacteraemia which had the immune system not been compromised 1987 – 1994 by incorrect insulin type and dose with victim criminal assault and failure to provide near fatal hypoglycaemia unawareness emergency hospital transfer on 23.2.1994 normal healthy experience would have seen the immune system preventing excessive multiplication of bacteria spread and eradication. It is suspected sceptic shock occurred on 23.2.2023 by unnecessary stress and likely PTSD flashback leading to dramatic raised BP Blood Pressure and BP Blood glucose. After emergency hospital transfer, Quinsy diagnosis and treatment with surgical Quinsy aspiration and 3ml pus drainage stabilisation was implemented. IV Benzylpenicillin 24 hours and Phenoxymethylpenicillin Potassium oral has stabilised the condition with follow up required.

This forensic shock event on the balance of probability caused by patient exposure to unnecessary stress identifies the ongoing clinical challenge faced by patients with Diabetes post COVID Pandemic with published statistical disclosure of in 2022 an excess of 7,000 deaths of Diabetes patients in England and January – March 2023 an excess of 1,461 Deaths of Diabetes patients over usual incidence pre pandemic.

ENT Clinical follow up 4 weeks after forensic shock event of Quinsy shows Redacted Health Note (appt 19.5.2023)

December 1993 – Immunogenicity and Allergenic Potential of Animal and Human Insulins, Guntram Schernthaner, Published ADA **Human Insulin, A Decade of Experience and**

Future Developments, ADA 3 December 1993 addresses this type of immunogenic issue in Diabetes along with other pharmacokinetic and pharmacodynamic properties of Human Insulin with MHRA Licence granted in the UK 26 August 1982, Germany 13 October 1982, and USA by the FDA 10 April 1986, ROW 65 countries in 1992. The statute obligatory guidance to prescribing GP's and Clinicians in the UK for compliance with MHRA Marketing Approval was that on transferring from Porcine Animal Insulin to BHI Human Insulin dose be reduced by up to 20% and patient issued with NHS Prescribed Blood Glucose testing system with patient education to patient, family, friends, and identification of awareness of Hypoglycaemia be educated to the Diabetes Patient along with 'A Guide to Insulin Treated Diabetes and Driving' published by the DVLA, Driver & Vehicle Licensing Agency Rev September 1985.

Error – Failure by prescribing GP General Practitioners to do this 1987 – 1994 was in breach of statute English Law and adds weight to the unlawful prescribing of an overdose of the wrong insulin and forensically identifies breach of English Law, breach of Health and Safety at Work Act Statute 1974, and common law assault of the victim patient as advised to him in 2023 by Cumbria Police.

Further personal injuries sustained have been aggravated by identified malicious conduct since early 2020 involving PC K Hertfordshire Constabulary and Mr JW, Director, EY, London. This follows obstruction of justice to cover up gross medical negligence in public office in RCJ, Royal Courts of Justice, London, on 27 June 1995, by all GP's practising medicine at NHS England, Harvey House GP Practice, St Albans and Bricket Wood, St Albans, and on 27 March 1996 at the Appeal Court, The RCJ, Royal Courts of Justice, London. Discovery 2023 has identified the GP who set up the Practice was also a Police Surgeon in employ of Hertfordshire Constabulary.

Update to malignant Otitis Externa and Osteomyelitis Neuropathy Research of 2016 – 2024.

Introduction in Forensic Clinical Law: 30 Years after Near Fatal Hypoglycaemia and Neuroglycopenia Event, Bricket Wood, St Albans, Hertfordshire, Forensic Investigation questions is a Statute Law Investigation Inquiry

a sensible way forward to address Mental Health Post COVID-19 with Diversion from Prosecution in Forensic Identity contributing to attempted malicious prosecution in wrong lacuna hollow law against Diabetes Victims by attempted wrong use of Harassment Law in Clinical Immunogenic Endocrinology Research after Discovered Obstructed Justice in Negligence cover up of Prescribed Insulin to Clinically Treat Diabetes Endocrine Disorder.

Are criminal allegations against qualified nurses in this time of fast-moving Endocrinology and Diet and Cell Welfare Research post COVID fully understood by Hospital Management, Doctors, Nurses and Legal Investigators?

A Clinical Research Tool to Win in Insulin Chicanes

“Environmental Enrichment” (EE) is a proven alternative therapy for Type 2 Diabetes related complications. EE preserves the Purkinje Cells in the brain. The latter is a promising therapy for prevention of diabetes related mental disorders. Sensory nerves are at higher risk of damage in the hyperglycaemic milieu leading to diabetic neuropathy. Patients lose sensation in their lower extremities making them vulnerable to injury because they do not feel the pain, which is a warning sign of tissue damage. That can lead to catastrophic outcomes because with high blood glucose, wounds get difficult to heal. Gas gangrene and tissue necrosis develop, leading to the only resort being amputation and life change challenge. Early diagnosis of diabetes is nevertheless crucial in prolonging the onset of diabetes and its complication. To date many candidate early biomolecules have been reported which are promising early indicators for diabetes. However, advancement in this field of research has not been reported.

Holistically diet, lifestyle, mental health and clinical treatment of Diabetes and Thyroid Disease, including Addison’s Disease, plays an important role in patient welfare. Tragically many patients die young or go through life suffering from the old Victorian Stigma of being tainted by having to treat an incurable illness. This is not a joke as suggested in September 2006 in ignorance by a Hertfordshire Insurance Broker describing Diabetes with Neuroglycopenia as a Joke and Nonsense. This caused Obstructed Justice in Law of a critical life-threatening complication of Diabetes and Endocrinology Disease in Hypoglycaemia

Unawareness and now in 2023 Otitis Externa and Osteomyelitis as disclosed in a tragic young law student death with likely clinically undiagnosed Otitis Externa and Osteomyelitis. A patient requiring clinician prescribed Insulin justifies clinical respect and understanding in English Law which has been misunderstood since 1994 with sad consequences in this investigation.

In 2024 as we recover and move forward after the COVID-19 Pandemic of 2020 we explore new welfare ideas. It is a delight to be able to share some latest work for future research based on 45 years T1 Diabetes experience complimented by Purkinje Cell environmental welfare. The foundation base sits around 1993. (Alexander WD., 1993)

Derek C Beatty in 2016 described **A Listening Ear** © addressing experience of Otitis Externa and Osteomyelitis with the link to endocrinology immunogenic infection cause of a rare Diabetes complication. When COVID-19 was first noted in the UK in January 2020 research has identified viral risk factors associated with the cause of such infection and offers improved Forensic Law understanding of the hormone insulin sensitivity to endocrine infection which poses serious healthcare risk for many patients when immunogenic reduced resistance to infection leaves patients vulnerable and exposed to exploitation when errors in law cause misuse of statute law in attempts to cover up and obstruct loss recovery in ignorance of how the hormone insulin works to treat patients diagnosed with Diabetes and links to Addison’s Disease often Genetically Inherited from previous TB tuberculous type infection, in this case from India in 1941. The Author has managed Type 1 Diabetes for 45 years and overcome successfully some of the long term chicane complications of insulin treatment. Raising awareness of a complication of long term diabetes **Malignant Otitis Externa** requires diagnosis and treatment very promptly on presentation. Adults who have had diabetes for a long time will likely have a weakened immune system and are prone to infection. Researchers in Italy in 2001 started to explore the effect that diabetes may have on hearing loss. 47 patients treated with insulin were noted to have impairments in the spinal canal in the ear. Problems often began with a lesion in the inner ear possibly caused by neuropathy. Studies have shown that hearing loss in the high frequency

area of the ear can lead to progressive hearing loss. 442 cases of malignant otitis externa were recorded in England in 2013/14 and seen in hospital and more treated by GP's at home. Diabetes was flagged up as an underlying cause. Pain associated with **Malignant Otitis Externa** often starts around 7 – 8 pm in the evening and becomes worse until 2.00 – 3.00am leading to difficulty in sleeping. Pain experienced during the day is usually manageable with prescribed pain management. When COVID-19 was first diagnosed in the UK, January 2020, a new immunogenic infection risk factor for patients with Diabetes emerged.

Experience now suggests in 2024 it difficult to differentiate between Otitis Externa and Quinsy swelling identified in this unique case of long term T1D Diabetes. Quinsy throat infection is usually associated with tonsillitis experienced in younger adults in age group 20, 30, 40. Incidence in later life is rare. Longer life expectancy hoped for in society with better diet understanding, eating habits, exercise, and improved understanding of health welfare for patients with long term health conditions a need is today identified to enhance the clinical knowledge and understanding that this health condition should be shared for better clinical endocrinology knowledge.

Otitis externa is a condition that causes inflammation (redness and swelling) of the external ear canal, the tube between the outer ear and eardrum. Otitis externa is often referred to as "swimmer's ear" because repeated exposure to water can make the ear canal more vulnerable to inflammation. Symptoms include:

- ear pain, which can be severe 8.00pm – 2.00am
- itchiness in the ear canal
- a discharge of liquid or pus from the ear
- some degree of temporary hearing loss

Only one ear is usually affected. Treatment of symptoms infection should clear up in a few days. Some cases can persist for several months or longer. Malignant Otitis Externa is a serious but rare complication of Otitis Externa where the infection spreads to the bone surrounding the ear canal.

When to see your GP You should see your GP promptly if you think you may have otitis externa.

Your GP will ask about your symptoms and

whether you regularly use any items that are inserted into your ears, such as hearing aids or ear plugs. They may also examine inside your ear using an otoscope. If you have recurring episodes of otitis externa that haven't responded to treatment, your GP may take a swab of the inside of your ear. This will be tested to help determine what type of infection you have, if any, so appropriate medication can be prescribed, and treatment effected.

What causes otitis externa? Most cases of otitis externa are caused by a bacterial infection but can also be caused by:

- irritation
- fungal infections
- allergies

There are a number of things that can make you more likely to develop otitis externa, including:

- damaging the skin inside your ear
- regularly getting water in your ear

Getting water in the ear is particularly significant, because this can cause you to scratch inside your ear, and the moisture also provides an ideal environment for bacteria to grow.

Who is affected? Otitis externa is relatively common. It's estimated that around 1 in 10 people will be affected by it at some point in their lives.

The condition is slightly more common in women than men and is most often diagnosed in adults aged 45 to 75.

People with certain long-term (chronic) conditions are at greater risk of developing the condition including:

- diabetes
- eczema
- asthma
- allergic rhinitis

How otitis externa is treated: Otitis externa sometimes gets better without treatment, but it can take several weeks. Your GP can prescribe ear drop medication that usually improves the symptoms within a few days.

There are a number of different types of ear drops that may be used to treat otitis externa, which tend to be used several times a day for about a week. Your GP may refer you to a specialist for further treatment and advice if symptoms are severe or you fail to respond to

treatment.

Preventing otitis externa: To help reduce your chances of developing otitis externa, avoid inserting cotton wool buds and other things into the ears, including fingers, as this can damage the sensitive skin in the ear canal. Regular swimmers may consider using ear plugs when swimming or wearing a swimming cap to cover the ears and protect them from water. Try to avoid getting water, soap or shampoo into the ears when showering or bathing.

Complications of otitis externa are uncommon but can be very serious. One rare complication of otitis externa is malignant otitis externa, which is where an infection spreads from the ear canal into the surrounding bone. This requires prompt treatment with antibiotics and sometimes surgery. It can be fatal if left untreated. Long COVID infection may leave patients at risk.

Weak immune system A higher risk of developing otitis externa if a weakened immunogenic condition exists that can weaken the immune system, such as long-term Type 1 Insulin Dependent Diabetes.

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Common causes of otitis externa can include:

- **a bacterial infection** – usually by bacteria called *Pseudomonas aeruginosa* or *Staphylococcus aureus*
- **seborrheic dermatitis** – a common skin condition where the naturally greasy areas of your skin become irritated and inflamed, which can sometimes affect the ears
- **a middle ear infection (otitis media)** – discharge produced by an infection

deeper in the ear can sometimes lead to otitis externa

- **a fungal infection** – such as from the *Aspergillus* variety and the *Candida albicans* variety (which also causes thrush); fungal infections are more common if antibacterial or steroid ear drops are used for a long time
- **irritation or an allergic reaction** – otitis externa can occur because of a reaction to something that comes into contact with your ears, such as ear medication, ear plugs, shampoo or sweat

Otitis externa can also return after previous treatment if the complete full course is not adhered to.

Possible triggers are not direct causes but may make the condition more likely to develop.

Excessive moisture Liquid in the ear canal can make a patient more likely to develop an infection. Moisture provides an ideal environment for bacteria – and to a lesser degree, fungi – to grow. Risk may be increased by:

- swimming – particularly in dirty or polluted water
- sweating
- being exposed to humid environments

Water can also wash away earwax inside the ears, which can make them itchy.

Ear damage Your ear canal is very sensitive and may become damaged through:

- scratching inside your ears
- excessive cleaning
- inserting cotton buds
- wearing ear plugs or in-ear headphones for long periods
- using a hearing aid may also increase the risk of developing otitis externa.

Chemicals

Chances of getting otitis externa are increased if you use certain products in or near your ears, such as:

- hair sprays
- hair dyes
- earwax softeners

Underlying skin conditions As well as seborrheic dermatitis, certain underlying skin conditions can increase the risk of otitis externa.

These include:

- psoriasis
- eczema
- acne

Allergic conditions Allergic rhinitis or asthma, can lead to a higher risk of developing otitis externa.

Weak immune system You are likely to be at higher risk of developing otitis externa if you have a condition that can weaken your immune system, such as: diabetes HIV or AIDS. Certain cancer treatments, such as chemotherapy, may also increase the risk of otitis externa.

Malignant Osteomyelitis

Osteomyelitis is the medical term for a bone infection, usually caused by bacteria. Osteomyelitis most commonly affects the long bones in the legs, but other bones, such as those in the back or arms, can also be affected.

Symptoms of osteomyelitis may include:

- a high temperature (fever) of 38C (100.4F) or above
- bone pain, which can often be intense.
- swelling, redness and a warm sensation in the affected area

The condition is often referred to as either:

- **acute osteomyelitis** – when the infection develops following an injury, infection or underlying condition.
- **chronic osteomyelitis** – when the condition regularly returns.

When to see your GP

Osteomyelitis can affect people of any age, so visit your GP if you or your child experiences persistent bone pain with a fever.

Very young children do not always develop a fever when they have osteomyelitis, and they may not be able to communicate any bone pain. You should see your GP if your child becomes irritable, has a reduced appetite and is reluctant to use a certain part of their body (most often an arm or leg).

Why does osteomyelitis happen?

Osteomyelitis develops when the bone becomes infected. In most cases bacteria is responsible for the infection although it can also be caused by fungi. Blood tests and a biopsy may be used to determine whether you have an infection and what caused it.

There are two ways the infection can occur:

- **following an injury** (known as contiguous osteomyelitis) – such as a fractured bone, animal bite or during surgery or following surgery.
- **via the bloodstream** (known as haematogenous osteomyelitis)

Contiguous osteomyelitis is more common in adults, whereas haematogenous osteomyelitis is more common in children.

Certain things can increase your chances of developing osteomyelitis. For example, if you have a condition that affects the blood supply to certain parts of your body, such as diabetes, or a condition that weakens the immune system, such as rheumatoid arthritis. Osteomyelitis is also known to be a common complication of certain health conditions. For example:

- 30-40% of people with diabetes who experience a puncture injury to their foot will develop osteomyelitis.
- less than one in every 200 people with sickle cell anaemia will develop osteomyelitis in any given year.

Malignant Osteomyelitis can become chronic osteomyelitis if not treated quickly, as the bones can become permanently damaged, resulting in persistent pain and loss of function.

How is osteomyelitis treated?

If diagnosed early, osteomyelitis can be treated with antibiotics for at least four to six weeks. At first, you may have to stay in hospital to receive IV antibiotics, but it may be possible to receive IV treatment at home when you start to feel better.

In severe or chronic cases of osteomyelitis, surgery may be used in combination with antibiotics. Surgery is most often used to remove damaged bone and drain pus from wounds.

Complications

Although osteomyelitis is usually treated successfully with antibiotics, chronic and severe cases can lead to other problems.

Recurring osteomyelitis

If you've had a previous episode of osteomyelitis, there's a chance of it returning. This is because underlying conditions that often cause osteomyelitis, such as poor circulation or a weakened immune system can be difficult to treat.

Gangrene

If the blood supply to the bone is severely reduced, this can cause the tissue to die (gangrene). Amputation may be used as a last resort if gangrene develops. The condition can usually be treated before it reaches this stage.

Preventing osteomyelitis

It's not always possible to avoid getting osteomyelitis. But there are steps you can take to reduce your chances.

Cleaning wounds thoroughly with water and dressing them in a clean bandage will reduce the chances of getting an infection from an injury. Improving your general health will help reduce the risk of developing conditions that can lead to osteomyelitis.

Diabetes and Feet

Foot health is especially important for people with diabetes. Find out how to take care of your feet and get help if complications occur.

Diabetes and the Ear

When Otitis Externa occurs in the ear canal in the event correct ear drop antibiotic treatment is not commenced promptly and the infection cause is not diagnosed within a week for patients with a weakened immune system, such as patients with long term diabetes. This can lead to the infection quickly spreading onto the bone behind the ear leading to extreme pain and discharge especially if the moist environment within the ear canal is not kept dry. When this occurs IV antibiotic treatment is obligatory up to 3–4 times a day for 6 weeks to treat the condition with regular follow up including hearing test on completion of treatment. Diagnosis by Ultrasound and CT may be helpful however an MRI scan will likely show how far the infection has spread with follow up CT scan after 6 weeks and again after 3 months to ensure stabilisation and ensure less chance of reoccurrence.

Saliva Gland and Dental Link

Insulin link – Researchers have recently analysed findings from previous research and found that reducing inflammation of the gums in people with diabetes can help lower the risk of serious complications such as eye problems and heart disease. It is thought that when bacteria infect the mouth and cause inflammation, the resulting chemical changes reduce the effectiveness of insulin and raise the levels of blood sugar.

Plaque with bacteria can build up when otitis externa develops and could lead to serious gum disease known as periodontal disease. Dental treatment to reduce inflammation may therefore help to reduce blood sugar levels. Researchers have suggested findings highlight the need for doctors and dentists to work together in the treatment of people with diabetes.

'This research confirms that there may be a link between serious gum disease and diabetes. It highlights the role dentists can play in managing the condition, given that gum disease is very treatable.'

The findings were published as part of the international Cochrane Collaboration. (Melin, E., Thunander, M., Landin-Olsson, M., Hillman, M., & Thulesius, H., 2014)

A study from South Sweden with 196 patients published in 2014 with helpful clinical information raises a number of questions by showing people with long term diabetes seem to show elevated calcium in saliva and reduced magnesium zinc and potassium levels in saliva which is interesting. Type 1 and Type 2 diabetic patients secrete significantly less resting and stimulated salivary protein concentration compared the healthy participants. Secretary capacity (stimulated minus resting values) was markedly reduced compared to controls. Is this a diet issue associated with diabetes?

The study also investigates depression, smoking, physical inactivity and season independently associated with midnight salivary cortisol in type 1 diabetes. Patient experience with excessive saliva secretion late at night and during the night suggests very little understanding exists. The timing is also associated with extreme pain experienced from about 8.00pm till 5.00am with malignant otitis externa.

This suggests the need to review diet issues for patients with Type 1 and Type 2 Diabetes where use of Aspartame instead of sugar in drinks and food especially in tea, coffee and diet sugar free lemonade drinks may be detrimental to patient wellbeing especially if the long term use of such drinks and foods lead to electrolyte imbalance in saliva secretion in patients with long term diabetes and excessive saliva secretion associated with midnight salivary cortisol (MSC) changes.

Further research is needed to identify potential needs for the average patient with long term Type 1 Diabetes who may have experienced a

little known complication of the condition Malignant Otitis Externa possibly leading to Osteomyelitis and Quinsy. Any research is not intended to question generally accepted principles in diabetes care in Primary and Secondary Care environments and is not designed in any way to potentially put patients' health or wellbeing at risk. Research should be particularly designed to support new ways of thinking and treating a long term complication of the condition by way of patient experience and expertise when patients with diabetes are consumers of the NHS throughout the UK. This view is extended to create more awareness of the complication amongst professional diabetes clinicians, dental clinicians and nurses in both Primary and Secondary Care and assist in prompt diagnosis of patients presenting with the complication to enable early diagnosis and treatment to prevent and minimise extended treatment requirement or poor treatment outcomes and enhance patient wellbeing.

Early diagnosis of disease – It is commonly acknowledged that the earlier a disease or condition is diagnosed the better the prognosis for the patient and the lower the costs generally for the healthcare provider, for example, reducing the need for costly treatments or expensive hospital stays. Diagnostics can increasingly assist in determining the likely effectiveness of different therapies and in helping patients monitor their own long term condition.

- Can a slight diet modification correct this?
- There are many papers about aspartate and as patients with diabetes tend to use artificial sweeteners is this an issue?
- Is high midnight salivary cortisol (MSC) a contributory factor in saliva gland secretion?
- The Swedish study '**Depression, smoking, physical inactivity and season independently associated with midnight salivary cortisol in Type 1 diabetes**' by Eva O Melin et al. published September 2014 looked at regular tongue saliva swabs taken at 23.00 and 00.30 hours. The pain experience starts around 7–8 pm and becomes worse until 2.00–3.00am leading to difficulty with sleeping at night.
- Does salivary gland difference between patients with diabetes, Type 1 and Type 2, or prediabetes suggest that such patients

may experience more hunger and thirst leading to weight gain requiring diet program and exercise correction and if not checked may lead to massive weight gain and possible bariatric surgery?

Presentation at GP Practice

Any patient suffering from long term Type 1 Diabetes treated with insulin on presentation at the GP practice with Otitis externa (Ear Infection) and Osteomyelitis (Bone Infection) and pain should be treated immediately with antibiotic tablets, ear drops, an ear swab taken at first presentation and pain relief discussed with the patient and prescribed. If symptoms persist after one week the patient should promptly be referred to a specialist ENT centre for further diagnosis and treatment. An urgent CT and MRI scan should be ordered to assess the extent of the infection in the inner ear and whether the condition may have spread onto the bone behind the ear.

Blood test profile – Reduced Sodium (Na+) and Magnesium (Mg+) may be observed and require monitoring.

Ear Structure

The inner ear is a fluid filled bone structure with around 30,000 hair cells (sensing cells) which are activated by wave like movement in the fluid. The movement in the hair cells transforms into electric impulses which via the hearing nerve are transmitted to the brain. Magnesium helps maintain a normal function of calcium in the channel to the fine hair cells which register sound frequencies in the inner ear. Lack of magnesium may damage the function of the hair cells and hearing nerve. This may result in hearing strange noises or reduced hearing ability. The older a person becomes the less magnesium is produced in the body. With age the ability to absorb magnesium from the diet is reduced and at the same time the body's elimination of magnesium is increased.

Magnesium is very important for hearing and magnesium has an influence on the nervous transmission and the function of the nervous system. A magnesium supplement may be helpful to contribute to a normal electrolyte balance and help restore hearing loss.

Pain Relief

Otitis externa (Ear Infection) and Osteomyelitis (Bone Infection) is likely to cause extreme pain for the patient especially late at night and

during the night. If patients are allergic to strong prescribed pain killers this can make pain management very difficult. A suggested pain management and treatment plan could be:

- Paracetamol 500mg – up to 8 tablets per day (4 times / day x 2) plus
- Ibuprofen 200mg – up to 1 – 2 tablets 3 times / day plus
- DL – Phenylalanine 500mg – 1 tablet per day with food at breakfast
- Ear – Tone Magnesium 320mg with Ginkgo biloba extract 100mg and pine bark 125mg – 1 tablet daily

Pain killers tend to cause constipation and irregular bowel function. DL – Phenylalanine may be found to stabilise bowel function and help stabilise BG levels.

Caution

IV delivered antibiotics may be found to reduce BG levels sometimes significantly especially during the night and late morning. This tends to be the opposite of a Type 1 patient with infection and treated with antibiotics when BG levels may fluctuate and may tend to rise. Regular BG monitoring is very important and especially a night time snack before bed to prevent risk of low night time BG or carryover to next morning.

Hygiene

Hygiene when IV antibiotics are delivered is very important to prevent sepsis or other complications. Symptoms of sepsis can be similar to hypoglycaemia.

When IV antibiotics are delivered by cannula it is important to keep the cannula protected and clean by wearing a loose sleeve shirt and loose clothes, tops and sweaters at all times and a plastic sleeve during showering.

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