

Royal Free Hospital School of Medicine

UNIVERSITY OF LONDON

Rowland Hill Street, London NW3 2PF

071-794 0500 Ext.



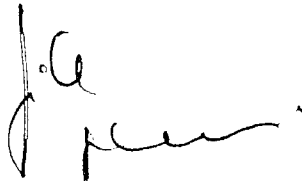
University Department of Medicine
Ext.3278

Fax No: 0171-435-5803

30 March 1995

AJW/NK/Zuckerman.18

Professor A Zuckerman
Dean
RFHSM

DEAN'S OFFICE	
Date Received:	4 April 1995
Action:	

Dear Professor Zuckerman

**re: Mr Brian Blatch's response to the proposed Appeal by
Mr A J Wakefield and Professor R Pounder**

Having read and re-read Brian Blatch's response to our proposed appeal, I feel that I must respond. I do this not in order to redress the indictment of me personally, since I must take full responsibility for this venture, but because the letter manifests an apparently much deeper rift which may reflect the Medical School's attitude to my work, and to me personally, and therefore any future that we might have together.

I should say at the outset that the documents presented to Brian were no more than a proposal, and should have interpreted as such. The word "proposal" is used in my letter to Brian and indeed, in his response to me. The fact that Robert Sawyerr had signed the contract is of no consequence in legal terms. Mr Sawyerr has confirmed this and has apologised if any enthusiasm to act on our behalf has been interpreted incorrectly. In addition, I have taken independent legal advice on the document to ensure that it does not, in any way, represent any form of contractual obligation on the part of the Medical School.

It should be said that there are certain aspects that Brian Blatch highlights in his letter which are entirely justified. *The Inflammatory Bowel Disease Study Group* is not recognised by the Medical School, and as such the title of Director is entirely spurious. It is perhaps ironic that, while the Group is not recognised within the School, it is recognised internationally as one of the foremost research teams in the field. However, forthwith, if it is the wish of the School Council, these titles will be deleted from any papers, abstracts, communications or letters sent by me or by the *Group*. I hope this has not caused the School any undue embarrassment or compromised the

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School in any way. Secondly, Brian Blatch refers to the proposed Professorship for the Director of the Group - namely me. This suggestion, which was countenanced by me in the original proposal from Sawyerr Edwards and Butler, represents a clear excess on my part, for which I apologise. Brian's concerns over the target of £24 million, confuses an international issue with what is essentially a local one. Most of the money would have been sought from US trust funds, and any conflict with current fundraising activities would have been addressed as the "proposal" developed.

In considering the future of my research programme, several points come to mind. I originated this work prior to my arrival at the Royal Free Medical School: the ideas were conceived in Canada in 1987. The ideas were developed at the Royal Free with the enthusiastic help and support of Roy Pounder, a valued colleague and personal friend, without whom I would probably have returned to Canada to further these studies. You and other individuals within the School have also been supportive and this letter is not in anyway intended as a criticism of that support. Subsequently, the work has been successful, if somewhat controversial. Funding has been difficult to obtain, despite a large volume of publications over the last 4 years. This has necessitated considerable personal financial commitment in order to sustain the programme.

Faced with this difficulty, as I indicated to you early on, it is my intention to try and generate research funding through biotechnology, and while I consider this both a reasonable and plausible initiative, the School and in particular Brian Blatch have not altogether approved of this particular approach. You may remember that in an attempt to raise money from City financiers for Endogen's activities I was asked to raise some funding for Medical School building. £300,000 was on offer from the financiers, and although Endogen's research activities had produced a range of antibodies, none of these had been characterised and were therefore, in their current state, of no value. Despite this, I persuaded Endogen's Directors to make a payment of £100,000 to the School plus a percentage of Endogen such that there would be continued interest and returns for the School in the venture. Freemedic plc instead requested £150,000, 40% overheads, 5% of the company and retention of all intellectual property on any antibodies produced in the future - the sole interest of the investors. This request meant that it would have been immoral to have accepted the offer from the financiers since the work could not have been performed. We therefore had no choice but to decline the offer and put the project on hold. A great deal of time and effort, and enormous potential may have been wasted. Despite this, I still feel that the "biotech" approach, handled properly and sensitively, is a very valuable one.

The current initiative to raise funding for a new Inflammatory Bowel Disease Centre has met with similar problems. What was a genuine and enthusiastic attempt to promote the interests of the School, as well as providing a real opportunity to further the interests of a group of patients suffering from a particularly unpleasant disease, has

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been snubbed. The manner in which this was done was, I believe, a high-handed overreaction that was designed to embarrass me as much as possible. If there is a protocol for this form of proposal, then I was not aware of it, for which I apologise. All documents relating to the proposal were put before Brian Blatch prior to any commitments or undertakings by Roy Pounder or me.

Our work remains extremely controversial but there is a growing number who now believe it. However, my obligation is not to those who do not believe it. At the risk of sounding pious, my overriding obligation is to those people who suffer from inflammatory bowel disease. Unfortunately, this may represent a conflict of interests that the School finds unacceptable. However, I am sure that the implications of our data are not lost on you. From the study, due to be published in the Lancet, 1 in 100 patients at the age of 45 are likely to suffer from inflammatory bowel disease. We are currently studying a 1970 longitudinal birth cohort, the data from which is even more alarming. It is anticipated that by the age of 45, 1 in 50 of those vaccinated children will develop inflammatory bowel disease. I have neither the time nor the inclination to fight personal battles with individuals who have no perception of these medical problems within an institution that has otherwise been extremely supportive.

Last month, I gave an invited lecture at an NIH consensus meeting in South Carolina. There, the representative from NIH indicated that for the year 1995/96 they will be providing \$12 million for inflammatory bowel disease research. The Medical Research Council, for the year 1995/96, has allocated nothing. Certainly, in this field, this country appears to be condemned to mediocrity unless individuals are prepared to take risks, provide creative leadership and discard failed convention.

Yours sincerely



**A J WAKEFIELD FRCS
SENIOR LECTURER IN HISTOPATHOLOGY & MEDICINE
HON. CONSULTANT IN EXPERIMENTAL GASTROENTEROLOGY TO THE
ROYAL FREE NHS TRUST**

Copies to:

Professor R Pounder
Professor L Fine
Professor P Revell