EXHIBIT CA

The New Children's Hospital
Royal Alexandra Hospital for Children

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CS:CF

Wednesday, 27 August 1997

Dr. Quentin King,
Fairholme Surgery,
16 Broughton Street,
SINGLETON NSW 2330

Dear Dr. King,

RE: LAURA **FOLBIGG**, DOB: AUGUST 7, 1997
8 MILLARD CLOSE, SINGLETON. NSW. 2330
NCH.MRN: **0661143**

It was a pleasure to meet Laura at the New Children's Hospital last week, at two weeks of age. We performed an overnight polysomnogram on **Tuesday, August 19, 1997**, and this revealed mild central apnoea of infancy with no evidence of upper airway obstruction or bradycardia. Given the family history, this was a rather pleasing result, even though Laura's sleep-breathing is not entirely normal. Most children with central apnoea mature and evolve out of it over a period of a few months without symptoms. There is potential for amplification of central apnoea in the face of an upper respiratory tract infection, co-sleeping, exposure to cigarette smoke, and so on. I have discussed this result with Craig recently, by telephone, and I plan to re-study Laura in sleep in five or six weeks time. As you probably know, we have placed Laura on a home cardiorespiratory monitor with a memory and download facility. This will allow Craig and Kathy to download cardiac and respiratory data by telephone from their home to the New Children's Hospital, and we will look at this over the next few months in a longitudinal fashion, to keep a close eye on Laura's progress. In particular, if there are any worrying alarms, especially in the context of an upper respiratory tract infection, then we may need to take the next step in protection of this infant, namely, hospital admission with close nursing care and supervision as well as monitoring. The chances of this occurring, as I have explained to Craig, are not high, but the monitor information really dictates to us whether this is necessary or not. We also performed a urine metabolic screen which was normal, and some baseline blood tests which were also normal. I thought that Laura was normal to physical examination with no dysmorphic features. Importantly, her oropharyngeal diameter looked normal and there was no flattening of the mid-face or smallness of the chin.

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Letter to Dr. Quentin King from Dr. Chris Seton re **Laura Folbigg** (Continued)..

In summary, I said to Craig that I would be very optimistic that Laura will progress through infancy without sleep-related problems, and in particular I would hope that the measures we have undertaken will minimise her risk of SIDS.

I look forward to letting you know of the the sleep study result in five weeks time, and if I have any acute interaction with Laura in the meantime, I shall of course let you know.

Please feel free to contact me if you have any acute respiratory concerns regarding this infant.

With kind regards,
Yours sincerely,

DR. CHRIS SETON,
STAFF SPECIALIST,
SLEEP DISORDERS UNIT