

THE NATIONAL HOSPITALS
FOR NERVOUS DISEASES

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Your ref: JW/APB/211

10 June 1988

EAN EDWARD PROCTOR

I am writing this report at the request of Messrs. Simcocks & Co., Solicitors for the Child Care Department the Isle of Man Department of Education.

This report summarises my involvement with Ean and his parents during his stay at The National Hospital for Nervous Diseases between the period 23rd March 1988 and the 6th April 1988. He was seen as part of my clinical duties as Senior Registrar in Psychiatry, at the request of Dr J Morgan Hughes, Consultant Neurologist.

This report is based on my interviews with Ean and Mr and Mrs Proctor. I have also spoken to the nursing staff involved in his care, and read the case notes.

PRESENTING COMPLAINTS

I was told that Ean had an 18 month history of an increasing fatigue - like condition, and this had been progressive and had caused him to lose all muscle function, leading him to require 24 hour nursing attention, and to be confined to a wheel chair. I was also told that he has not spoken for 6 months. There was no history of any previous psychiatric condition, nor any previous severe medical illness. The information I received from Ean's parents did not suggest any previous history of conduct or emotional disorder nor any developmental disorder.

I did not perform a physical examination on Ean, as this had already been done on many occasions by the neurological staff in the National Hospital. I did not order any investigations, but reviewed the extension investigations performed at the National Hospital for Nervous Diseases. My understanding was all these investigations were normal, and no neurological cause was found to account for Ean's condition.

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Continued 2
 Medical report on EAN PROCTOR

MENTAL STATE

Ean was entirely mute. However, his level of consciousness was normal, and he had normal attention and concentration. He was able to smile appropriately, and there was no alteration in sleep patterns suggestive of a major depressive illness. There was no evidence to suggest a psychotic illness, such as schizophrenia.

OPINION

The questions I have been asked to answer are as follows:

Is this a neurological illness?

1 It is possible to have a severe neurological illness that causes total loss of speech. However, if the muscles of speech are affected, so are the muscles of respiration, and the patient will require artificial ventilation. It is impossible to have an organic illness that affects all muscles but allows normal respiration. Ean cannot be suffering from any primary organic illness, be it myalgic encephalomyelitis or any other. It is therefore not surprising that all the sophisticated investigations performed were normal.

2 Does Ean have myalgic encephalomyelitis ("ME")?

The question of the existence of a disease called "ME" is irrelevant to the case of Ean, as, for the reasons described above, he does not have it.

3 What is the diagnosis?

Notwithstanding the absence of severe depression or psychoses, Ean has a primary psychological illness causing him to become mute and immobile.

4 What is the role of diet and exercise?

This question is asked because of the frequent assertion that exertion is "bad" for people with M.E. As that is not the diagnosis, such arguments are not relevant.

Instead, Ean requires intensive rehabilitation to permit him to exercise, otherwise severe and permanent muscle contractions may develop. He also requires a normal, healthy diet.

5 What treatment should Ean have?

Ean requires skilled rehabilitation to regain lost function.

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A.M. Simcocks & Co

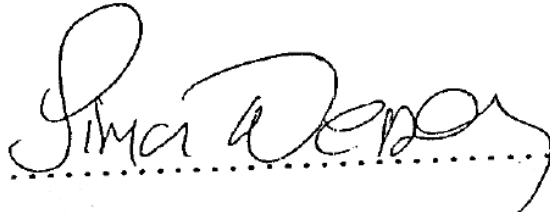
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Medical report on EAN PROCTOR

This involves the close cooperation of nursing, physiotherapy and occupational therapy. In addition, skilled psychological management will be needed.

Such treatment is best provided by a multi-disciplinary team in an in-patient unit. This was the initial plan which led to Ean's transfer to Great Ormond Street, whose reputation is, of course, international.

6 Prognosis

If intensive rehabilitation occurs soon, the prognosis for recovery is likely to be good. However, if it does not occur, or is significantly delayed, the prognosis is poor. There is a serious risk of permanent physical damage from disuse and immobility, and of permanent psychological harm. I therefore support the efforts being made to ensure Ean receives appropriate treatment.



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Approved under Section 12,
Mental Health Act, 1983
