

[Redacted]

Heather Cook
Investigation Officer
Fitness to Practice Directorate
General Medical Council
Manchester M3 3AW

16 October 2011

Dear Ms Cook,

Re: Dr Gordon Skinner – GMC Hearing 14-18 November

My lifelong friend, [Redacted], tells me that her Consultant, Dr Skinner is to appear before the GMC in November.

Over the many years when [Redacted] was so clearly unwell, and endlessly seeking help for what was obviously an under active thyroid, she drew blanks from all the doctors in whose care she was. [Redacted]

[Redacted]

This state of affairs continued for many years. We grew up together so I can vouch for the fact that her condition changed her radically and imposed huge restrictions on her life. You can imagine how delighted I was when she came under the care of Dr Skinner. He has completely transformed her life. He discounted the diagnosis of [Redacted] she had been given and treated her correctly for the thyroid difficulties she had had for so long. In a very short time she returned to normal [Redacted], once her thyroid was correctly treated.

I have a very high opinion of this man for his care of my friend – it has been exemplary. Moreover, he has achieved the same success with [Redacted]'s daughter, [Redacted]. What very happy outcomes after so many years of misery!

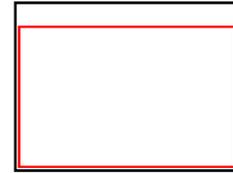
Yours sincerely,

[Redacted]



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22 October 2011

Heather Cook
 Investigation Officer
 Fitness to Practice Directorate
 General Medical Council
 3 Hardman Street
 Manchester M3 3AW

Dear Ms Cook,

Re: Dr Gordon Skinner – GMC Hearing 14 -1 8 November 2011

I understand that Dr Skinner is due to appear before the GMC in November. He has treated my friend [redacted], whom I have known since childhood.

[redacted] had various medical problems and she struggled for some years as none of her doctors seemed to be able to find their root cause. [redacted]

[redacted]

However since Dr Skinner started to treat her for an underactive thyroid this has radically changed her life. [redacted]

I am glad to say that [redacted] is now back to her normal self, thanks to her treatment.

Yours faithfully

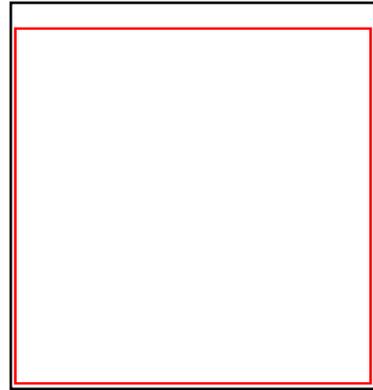


Cc [redacted]
 Mr Ralph Shipway



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17.10.11

Dear Sir or Madam:

I am writing in support of Dr. Skinner. My personal experience of hypothyroid has lasted many years with numerous visits to my G.P entailing many tests, which have been found negative or inconclusive. I lost confidence in my doctor and did not bother him with increasingly numerous symptoms using the Internet and alternative therapies to treat and diagnose myself (much to my families' exasperation.)

Hypothyroid is a disease that presents many symptoms and as such affects the whole of the body's tissues and organs. At my G.P's I am allowed to discuss one symptom every ten minutes. Therefore if I want to discuss two symptoms I have to book a double appointment. Hypothyroidism produces a myriad of symptoms- how can the Dr. diagnose one symptom at a time when this disease requires a physical and clinical examination. My blood test shows low T.S.H and low T4. You would expect a low T.S.H in a healthy person but obviously then you would expect a high T4. Therefore there is something wrong with my thyroid. This is obvious with physical examination but not according to the blood tests as I am in range.

My consultation with Dr. Skinner was exemplary. Over the course of an hour he asked me detailed questions about my family history and my own medical health, allowing me to talk freely without pressure. He carried out a full physical examination and concluded that I was hypothyroid. He said he would contact my G.P and explain his findings and request that I was put on thyroxine.

Although my G.P was not happy about it because of the results of my blood test she agreed to treat me. I am so grateful to a man who will operate as a Dr should- not relying solely on results of tests. While I know these are important one must also listen and look at the patient and their symptoms.

Yours sincerely,

[Redacted signature box]

617

25 October 2011



00707690



Heather Cook Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester M3 3AW

Dear Ms Cook

Re: Dr. Gordon Skinner

Over several years I visited my GP complaining that I felt "under the weather" and "not myself". Several times I had blood tests and was told everything was 'alright', but I certainly didn't feel in 'normal' health.

A doctor friend suggested that I might have an under active thyroid and subsequently I got referred to Dr. Skinner.

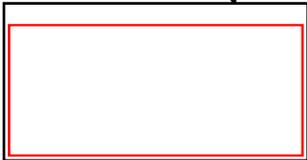
After completing an extensive questionnaire and undergoing an hour long consultation discussing my state of health, he concluded that there was a thyroid malfunction.

After several weeks of Levothyroxine tablets I became to feel better, my energy was restored, and I resumed my hobbies and pastimes, and once again socialized with family and friends

The changes have been phenomenal and I shudder to think what my life would have been like, had I not seen this visionary person.

Thanks to Gordon Skinner I am once again enjoying life.

Yours faithfully,



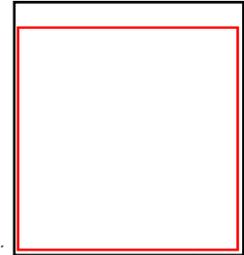
cc.
Ralph Shipway, Westminster.

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24 October 2011

Ms. Heather Cook
Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

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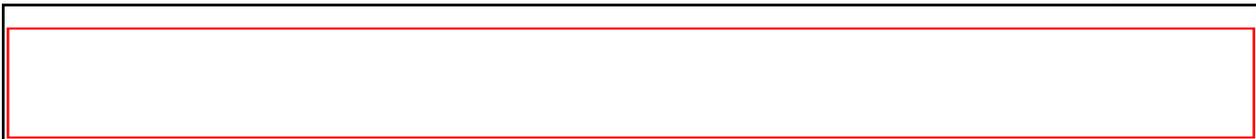
Dear Ms. Cook,

DR SKINNER'S HEARING AT THE GMC - 14-18 NOVEMBER 2011

I am writing to you in support of Dr Gordon R. Skinner.

He has treated me for severe hypothyroidism, returning me to good health. Now monitoring yearly to ensure good thyroid balance and reviewing recent blood tests.

When I first attended Dr Skinner's clinic in , I was on a low dose of thyroxine, yet my health was very poor.



I was told that I was in the "normal range" with regard to the blood test, very frustrating when I had so many symptoms of hypothyroidism.

I asked my GP if I could be referred to Dr Skinner and she was pleased to go so, knowing how frustrated I was to not have any answer to such a decline in my health.

Dr Skinner is always careful in altering thyroid dosage very gradually. The condition of the patient, skin, pulse rate, blood pressure, temperature and general symptoms are taken into account for total patient care.

Dr Skinner is totally professional; he works with the GP via letter contact immediately after a consultation.

He is happy to return patients back to GP care as they show progress. He is happy to answer any queries from the GP or patient and always gives this access.

I cannot believe that this action has been brought against Dr Skinner. He is a dedicated, professional serving to improve the health of those that come and see him.

The accusation against Dr Skinner for "incompetence to practice" would seem to be totally ill founded. If treating a patient according to their needs for thyroid health is wrong then what has the medical profession come to?

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It would seem to me and many people I know with hypothyroidism that symptoms need to be taken into account and not just the blood test.

Many fellow patients have had their dosages of thyroxin reduced, due to blood test results, for many there has been a recurrence of hypothyroid symptoms and a poorer state of health, what duty of care is this for the patient?

Since my return to health, I have been able to [redacted] I could not have done this without the changes made to my thyroid medication. Blood tests show that my body is working well, all levels are good, [redacted].

Dr Skinner's level of patient care is more thorough than I have experienced from several GPs over many years.

Dr Skinner's treatment is based upon an overall assessment of a patient and not just upon blood test figures. Such blood test ranges attempt to encompass a "normal" for all. We all have a range of haemoglobin level, sugar, blood pressure and still work perfectly well!

Perhaps we may need variations in thyroid prescription for an individual to stay in good health.

It is my hope that more medical professionals begin to diagnose and treat hypothyroidism according to a patient's symptoms as well as the blood test.

I have not included all my background or all the points I would wish as the letter would be very laborious to read. I am more than happy to be contacted and will reaffirm my support for Dr Skinner in any future circumstances for I fell extremely fortunate (as I'm sure do many patients) to have such a capable doctor improving my quality of life.

Yours sincerely,

[redacted signature box]

Heather Cook
Investigation Officer
Fitness to Practice Directorate
General Medical Council
MANCHESTER

[Redacted]

23.10.11

Dear Madam

[Redacted]

I have known [Redacted] for [Redacted] yrs. & found her to be bright, vivacious & active. However, having had regular contact, it became noticeable over the past [Redacted] that [Redacted]'s general health was beginning to decline. She became progressively unwell, culminating in long periods off work, & inability to function as before. [Redacted] visited G.P.'s frequently & had occasional trips to Hospital. She never looked or felt well. She was [Redacted] unable to perform household duties & had numerous infections.

[Redacted]

I well remember meeting [Redacted] prior to her referral to Dr. Skinner & I could hardly recognise her, as her appearance had changed dramatically.

[Redacted]

[Redacted] I was only feet away from her when she said "Hello". I realised with difficulty that this was [Redacted].

Since being diagnosed & treated by Dr. Skinner [Redacted] has improved by leaps & bounds. She has resumed work & is enthusiastic & conscientious. She now copes well with family & household duties & has regained her attractive appearance.

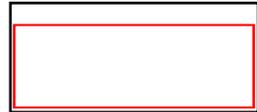
Since seeing Dr. Skinner [Redacted] described how at long last she had found a Doctor who really listened to the symptoms she was experiencing.

[Redacted]. [Redacted] husband & family feel that she has "got her life back". Her well being is evident & she is so grateful to Dr. Skinner for his treatment & care.

Yours faithfully

[Redacted]

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22nd October 2011

To the GMC

RE: DR Skinners hearing

[redacted] my GP discovered I had an Overactive Thyroid. [redacted].

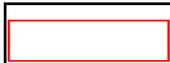
It did not make much difference to my condition and I was on medication until [redacted] when my GP discovered I was Hypo-Thyroid. Since then I have been on Thyroxine, but still did not feel well.

In [redacted] I met DR Skinner who prescribed a different dose of Thyroxine and since then I have felt very well and have no problems with my thyroid. He has also helped 7 members of my family with their Thyroid problems and many other people whom I know.

I now help DR Skinner in his clinic in [redacted]. During the time I have never know him do any harm to any of his patients, I have only known him to help his patients. He has always time to listen to his patients for at least an hour each visit and I know hundreds of people he has helped.

The biggest problem the patients in [redacted] have is what they would do if anything happened to DR Skinner and they could not see him. I am sure that most of his [redacted] patients have written testimonials concerning this hearing.

I cannot understand this vendetta that the GMC have against him.



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[Redacted]

22nd October 2011

To the GMC

RE: DR SkInners hearing

I had been ill for many years, [Redacted]
and I generally felt very unwell. [Redacted]

Because of my family history with thyroid complaints, I went to see DR Skinner who prescribed Thyroxine. I am now very well [Redacted]

I know many people, who had many health problems, who have had all these solved after seeing DR Skinner. I am appalled by the GMCs attitude towards DR Skinner.

[Redacted]



22nd October 2011

To the GMC

RE: DR Skinners hearing

I was a very active child [redacted]
[redacted]

[redacted]
[redacted] until I got to the point where I had to give up most of my activities.



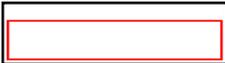
I moved to [redacted] when I was [redacted], by that time I was a complete mess, very depressed and was struggling [redacted]

A concerned friend suggested I see DR Skinner, I went to a new GP in [redacted] who took a number of blood tests to discover I had an Underactive Thyroid, [redacted] My GP immediately wrote me the referral to DR Skinner. My first consultation with DR Skinner lasted over 1 hour, and he prescribed me Thyroxine.

[redacted] years later, thanks to DR Skinner I am very well, and I am now able to hold down a full time job, [redacted]
[redacted]

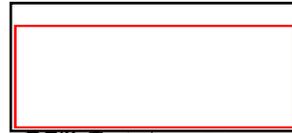
On my last visit to my GP, [redacted], he commented on how well I was looking and on how he firmly believes that I would not be able to cope [redacted] had I not seen DR Skinner.

I cannot understand why the GMC are hold a hearing on DR Skinner and are finding fault with him when he has completely saved my life along with countless others in the same situation as me.





00708029



25th October 2011

Heather Cook
Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester M3 3AW

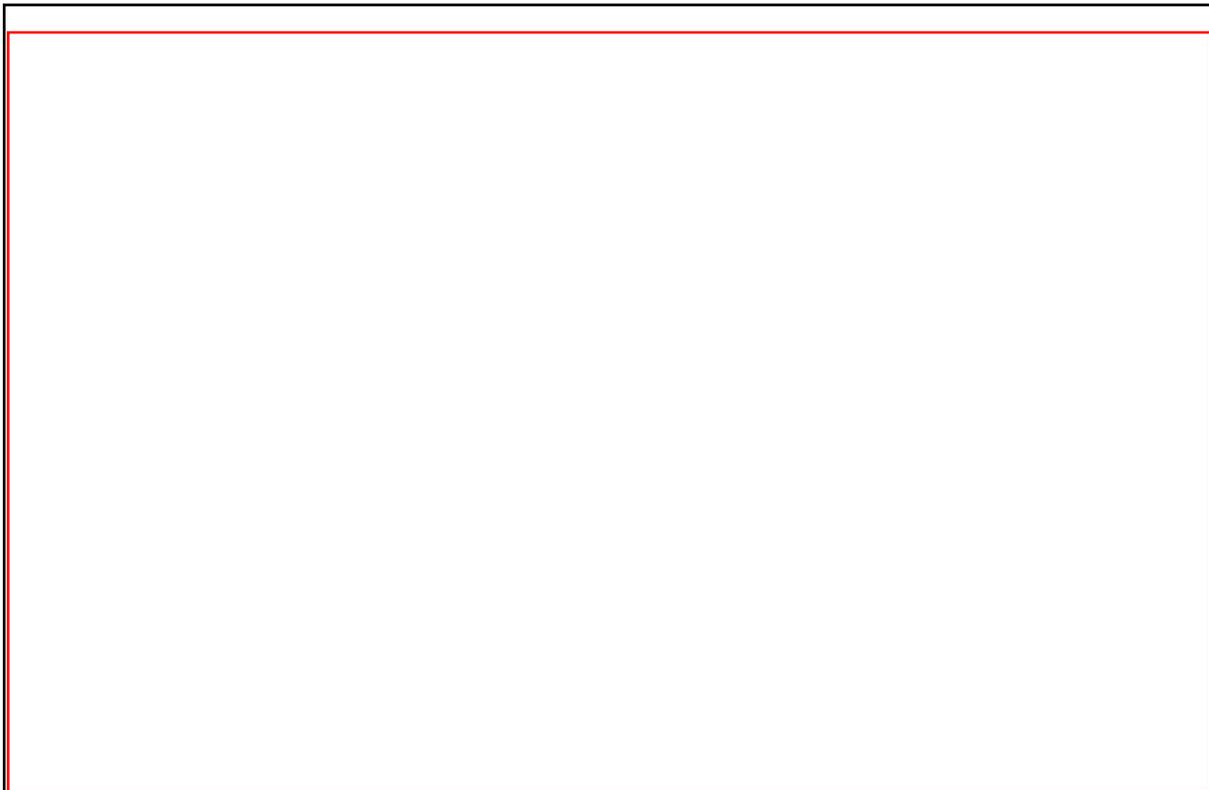
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Dr. Gordon R B Skinner: Fitness to Practise Hearing 14th to 18th November

Dear Ms Cook,

I would like to submit this letter in support of Dr. Skinner. Please accept it as evidence and ensure all members of the panel receive a copy.

In I consulted my GP
He carried out a thyroid function test which came back as "OK"



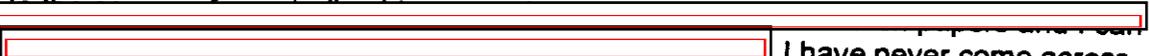
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I was referred to a consultant endocrinologist in [redacted] Over the next [redacted] or so he carried out a number of thyroid hormone blood tests. In spite of my obvious symptoms he was adamant I was euthyroid - because the blood test said so.

In [redacted] I was referred to Dr. Gordon Skinner who made a tentative diagnosis of hypothyroidism based on my obvious signs and symptoms. He started me on a cautious [redacted] μg thyroxine. [redacted] within a month all [redacted] symptoms cleared. My improvement since then has been enormous.

Failure to diagnose my hypothyroidism has had a great cost. [redacted]



[redacted] I have never come across any contribution from any of the doctors who have made allegations against Dr. Skinner. None of them have sought to understand the patient's condition and not one has carried out the safe and simple expedient of a trial of thyroxine. Indeed they have invariably felt able to criticize Dr. Skinner's care without ever seeing the patient!

Dr. Skinner has diligently complied with all the conditions imposed upon him. These conditions have not only placed a heavy burden on his practice but have had a devastating impact on patients, namely:-

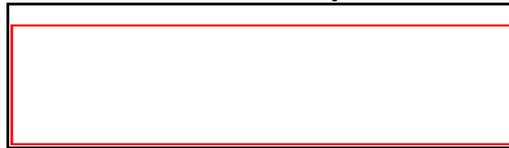
1. General practitioners are in many cases reluctant to refer patients because of concern arising from the conditions.
2. Some insurance companies now refuse to pay for referrals to Dr. Skinner.

3. A number of doctors refuse patients the treatments they used to offer, in fear of unfairly suffering the same fate as Dr. Skinner.

The conditions were imposed with the intention of ensuring the continued safety of Dr. Skinner's patients. However, other than verifying the delivery of the required documentation, the GMC has made no effort over the past three and a half years to examine the details of the supplied documents or ensure patient safety. If Dr. Skinner posed any risk to patients, the conditions imposed upon him have played no part in reducing such a risk. They have, on the other hand been a drain on Dr. Skinner's resources and substantially impeded thyroid patient's access to appropriate care and treatment. Many patients have suffered continuing harm because of the conditions.

The GMC has abused the imposed conditions, ignoring their intended purpose. I assume the panel is not empowered to order reparation to Dr. Skinner or his patients, but I request that the panel considers a formal note of this abuse so that patients are able to seek appropriate remedy.

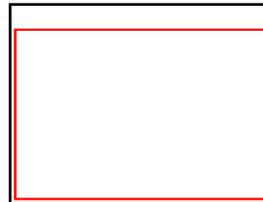
Yours faithfully,





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3rd October 2011

Heather Cook,
 Investigation Officer,
 Fitness to Practice Directorate,
 General Medical Council
 3, Hardman St
 Manchester.
 M3 3AW

Dr, G Skinner- Review Hearing

Dear Madam,

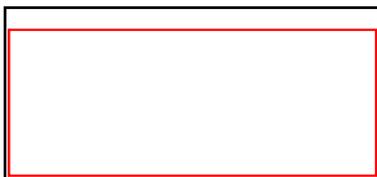
I was diagnosed with hypothyroidism in [redacted], TSH [redacted] I never regained full relief from symptoms taking the standard treatment of levothyroxine sodium. After [redacted] years of increasingly poor health (I was too ill to work) I learned about alternative treatments to levothyroxine (T4). My then GP refused to even discuss this with me. Thus I was forced into the private sector.

I got total relief of symptoms taking Armour desiccated thyroid in combination with liothyronine sodium (T3), swiftly regaining health. [redacted]

A new NHS GP arrived on the scene so I discussed my predicament with her, she was initially willing to help, but in fear of her License to Practice, declined to prescribe the Natural Desiccated Thyroid component of my Treatment. She was however, willing to refer me to Dr. Skinner, at my request, who prescribed this for me and also, prescribed sufficient T3 to permit relief of symptoms.

As a patient my interest is relief of symptoms, so I can live a normal life. I care not about theoretical test results, which may be both flawed and the premise on which they are based flawed also. I just want to feel well. No NHS practitioner has permitted me this, but Dr. Skinner has, long may he continue to practice.

Yours faithfully,



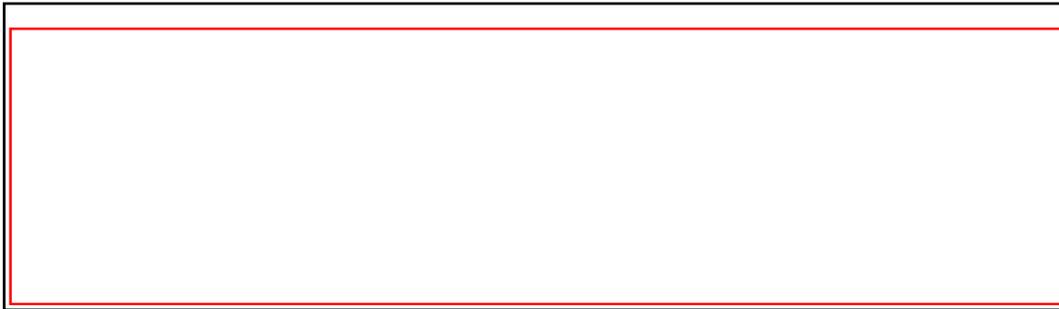
cc to [redacted]

cc to Mr Ralph Shipway, Radcliffe le Brasseur (Solicitors) .Gt College St, Westminster,
 London SW1P 3SJ



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Testimonial Statement to the GMC Hearing into Dr Gordon Skinner - to be considered directly by the Hearing Panel.



At the age of [redacted] (I am now [redacted]), I experienced a significant bout of ill health which remained unsatisfactorily handled up until I found myself visiting Dr Skinner. Up until I met Dr Skinner, my health suffered very substantially, my ability to sustain work roles and develop any form of life outside work was destroyed. I have lost work because of my health, been unable to work full time, nearly lost my home, been unable to maintain close relationships and essentially been unable to live a life of any meaningful quality.

During this time I have very actively researched and undertaken whatever means were available to me to get a satisfactory diagnosis and treatment of my condition. I increasingly became aware that all of my symptoms were completely aligned to Hypothyroidism. In fact, it was identified as early as [redacted]. I have undertaken comprehensive research into the diagnosis and treatment of hypothyroidism not just in the UK but also Europe and the US and Australia.

I finally found out about Dr Skinner's pioneering approach via an article in the Daily Mail. This article outlined patients' experience and also identified the challenges that he had experienced in his career. The patient primarily quoted in his article spoke in such an eloquent and powerful way that I knew that I had to see him.

I obtained a copy of Dr Skinner's excellent book and again recognised everything that I was experiencing. Following an insistence to my GP I obtained a referral to see him.

When I first visited the practice, I found myself welcomed by an incredibly professional staff. I feel it is imperative to point this out as the charges against Dr Skinner don't just impact him, they impact his staff and indeed his patients.

During my initial visit with him, I was impressed by the fact that it was (and additional visits also refer) considerably longer, more thorough and detailed than any visit to several GP's over the [redacted]. I filled in an extremely detailed questionnaire and spent an hour with him. During that visit I was prescribed a low dose of thyroxin with an agreement that, in partnership we would continue to increase the dose until the dose was at the correct level for my medical needs.

I described earlier Dr Skinner's approach as pioneering. The reason for that is that he listened to me fully and **diagnosed based on presented symptoms**. He did not try and force me into other diagnoses, he fully listened to what I had to say in addition with other physical assessments he made of my condition.

That night, I cried and I know my parents and friends did too. Over the years they have despaired at what has happened to me. I cried for the catastrophic impact hypothyroidism has had on my life, but also in gratitude that I had finally found someone who could and would help. On each return to see Dr Skinner I have spoken with other patients and I have always cried for them too, for the utter waste of lives and the isolation and fear they have experienced over the years.

I have found Dr Skinner to always be polite, totally and utterly professional, incredibly funny and warm. Those qualities are also to be found in his staff. In addition and perhaps most pertinent to this testimonial it has always been clear to me that:

- He is in no way impaired in this thinking or approach to patients or the subject of thyroid medicine
- He is profoundly committed to working with patients medical teams
- He has an immense amount of personal and professional courage.

Before I became a patient of Dr Skinner, my life was devastated.

It is not dramatic to say that he has saved my life. I know that if he is unable to practice, my life will be consigned again to devastation, in spite of the fact that my life is demonstrably and undoubtedly better because of his care.

I would like to conclude my Testimonial statement by focusing on the Hippocratic Oath. The following quote is taken from an article by Dr Daniel Sokol¹, Medical ethicist:

"I will use treatments for the benefit of the ill in accordance with my ability and my judgement, but from what is to their harm and injustice I will keep them - Hippocratic Oath"²

I confirm my total confidence that Dr Skinner has acted throughout in a way that has demonstrated ability and judgement. More importantly, through his experience, commitment and personal and professional courage he has done me no harm or injustice.

I am confident that the GMC is committed to taking into account the views of Dr Skinner's patients, they very people who need him so much. On that basis, I very much hope that you will take this Testimonial into account and remove restrictions on Dr Skinner and the assessment that his ability to practice is impaired.

Yours faithfully

¹ At the time of the article Dr Sokol was referred to as a medical ethicist at St George's, University of London, and Director of the Applied Clinical Ethics (ACE) programme at Imperial College, London.
² Taken from a BBC article dated 00:50 GMT, Sunday, 28 October 2008



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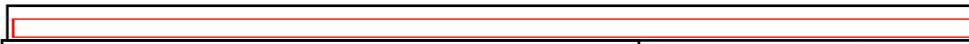


26.10.11.

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Re Dr Skinner.

To whom it may concern.

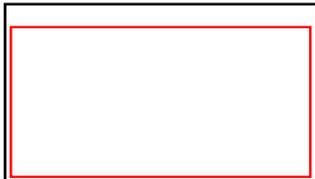


[Redacted] My local practitioner was unable to help in any way except to offer [Redacted], but she sent me to see a specialist at [Redacted] hospital. All he offered was an internal examination.

I heard about Dr Skinner who immediately diagnosed an under active thyroid after various tests. He prescribed thyroxine tablets and gradually my health improved and I was able to [Redacted] and function properly.

I am so very grateful to Dr Skinner for helping me to get my life back again. He is a very caring man and he wants what is best for his patients.

Yours sincerely,



(Dof/3)

24th October 2011

Dear Mrs Cook,
Dr Gordon Skinner MD, DSc, FRCPath, FRCOG

[redacted] Ever since my health has gone through various stages of decline. [redacted]

[redacted] I was yet again told by my GP that my thyroid blood tests were "normal". During this time both my GP and the health service carried out a range of invasive and expensive investigations and tests. Possible diagnoses were

[redacted] years ago I was in very ⁶³⁵ poor health when a friend told me

2 (2) of (3)

about Dr Skinner. I telephoned to make an appointment and was advised that I would require a letter of referral from my GP. My husband and I attended his clinic in [REDACTED]

[REDACTED]

[REDACTED] We were met by Dr Skinner's receptionist who was very helpful and professional. She took the GP's referral letter and gave me documents to complete and sign.

Dr Skinner was very polite and most welcoming. He took the time to really listen to me, taking a very detailed medical history. He also carried out a very thorough examination, documenting the consultation. He told me that I was a "classic case of hypothyroidism", I cried with relief that he could ⁶³⁶ tell me what was wrong with me.

Dr Skinner is a very caring, considerate and dedicated doctor. He displayed the ability to diagnose using his clinical skills and many years of experience and knowledge base. Dr Skinner also referred to up to date medical research. After each visit he wrote to my GP keeping him informed of my diagnosis, treatment and progress. He gave me back my health, my life the life I should have had with my family. I will be forever grateful to Dr Skinner. He is a credit to the medical profession.

Yours Sincerely

[Redacted signature box]

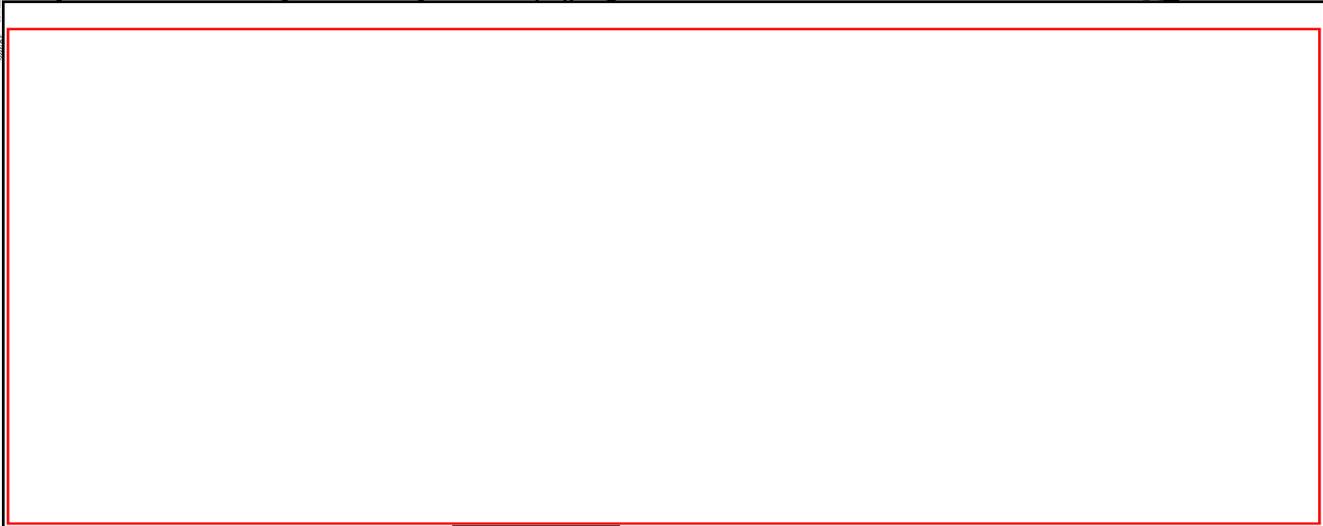


25th October 2011

Dear Mrs Cook,

I have been married to [redacted] for [redacted] years, my son [redacted] was born [redacted] years ago and since then [redacted]'s health has steadily declined, It reached an all time low some [redacted] years ago when she was admitted to the [redacted] hospital unable to [redacted] function normally.

During all these years of illness she had been attending her G.P and all they could say was that she was



[redacted] struggled on often

having long periods off work untill a chance meeting led her to making an appointment with Dr Gordon Skinner, - this was [redacted], I took [redacted] as she could not make it on her own, I was with [redacted] when Dr Skinner carried out a full medical history and examination, he was very thorough and listened to both [redacted] and myself, he then said that [redacted] had hypothyroidism.

Since that day [redacted] has steadily improved and is now back to her old self, I can only praise and thank Dr Skinner for his professionalism and for giving me my wife back.

Yours Sincerely.

[redacted]



00708387



Heather Cook,
Investigation Officer,
Fitness to Practice Directorate,
General Medical Council,
3 Hardman Street,
Manchester.
M3 3AW.

General Medical Council	
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21st October 2011,

Dear Ms Cook,

With reference to your fitness to practice review for Dr Gordon Skinner, I am writing in his defence.

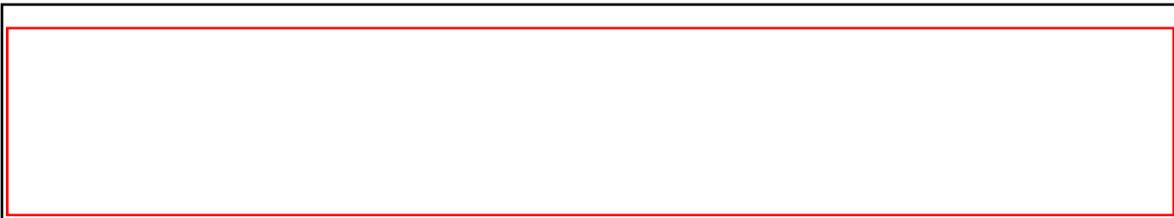
Dr Skinner has been an outstanding practitioner for the treatment of my hypothyroid condition which is indeed a complicated and difficult disease. I cannot contain my dismay as yet again I find myself having to defend a completely admirable Doctor under a 'fitness to practice' review by the GMC.

Can I explain to you once again the utter pious and dissatisfactory way my health was left in by practicing NHS staff who, I'm afraid to say, I do not see under any sort of review by the GMC. I spent several years in ill health, unable to stay awake, horrific depressive symptoms and edema, whilst being treated with Levothyroxine T4 only treatment by an NHS Endocrinologist. The NHS Endocrinologist absolutely refused to agree with me that I was ill, due to my blood tests being within the 'normal range'. I obviously have no idea as the person inhabiting this body that I live and breath in every day, when I am 'ill' or not? A ridiculous position for a Doctor to take you must agree.

I was eventually 'allowed' to see Mr Skinner by my GP and on being prescribed Armour Thyroid was back in a much better state of health than I had been for several years.

[Redacted] depression, which added

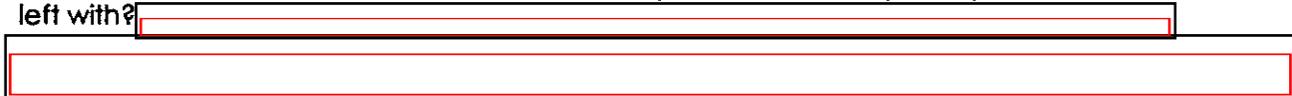
[Redacted] The basis for the refusal for most Doctors to prescribe Armour thyroid as a treatment for Hypothyroidism seems hysterical and unfounded to me, as a sufferer of hypothyroidism who has been treated extremely effectively with the use of Armour.



640

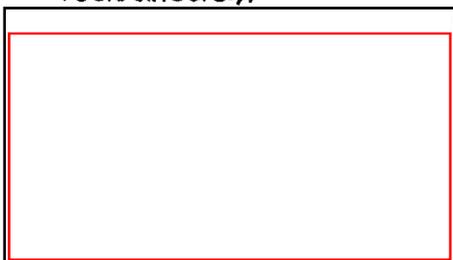


In fact, it looks to me as a patient, that there is something of a vendetta against this form of treatment and indeed the Doctors that prescribe it. With this in mind the GMC need to understand that THEY are causing unnecessary stress and suffering to patients which have finally found a Doctor, in Mr Skinner, who will treat them with the appropriate medication, and most importantly get them back to a level of health. If you take this away from patients, what are we left with?



In short Mr Skinner is an outstanding physician with many years experience, he has treated me with a skill and common sense that is sadly lacking in many Doctors and I urge you strongly to take this into account in your review.

Yours Sincerely,



cc. 
cc. Mr Ralph Shipway





31- 10- 11

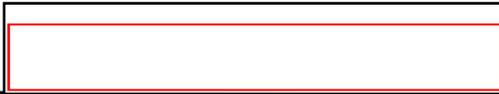
Dear Heather Cook.

In November the
Hearing of Dr Skinner is due I
would like to support him.

He has cared for
friends of mine who found him
to be an excellent Doctor in all
his fields.

Why is he under investigation?
643

Yours truly





03.11.2011

Ms. Heather Cook,
Investigation Officer,
Fitness to Practise Directorate,
General Medical Council,
3 Hardman Street,
Manchester,
M3 3AW

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Dear Ms. Cook

Re. Dr. Gordon R.B. Skinner

I am writing to you to show my support for Dr. Gordon Skinner. I have been a patient of his since [redacted] and I wanted to share my story.

I was born hypothyroid and I lost [redacted] years of my life to this awful disease. [redacted]



Every single second of every minute of every day was a huge battle for me; my parents thought I was insane. I was just hypothyroid.

After countless trips over the years to my GP (at, what I would imagine, would be at quite an expense to the NHS) [redacted] my GP finally [redacted] [redacted] absolutely refused to consider my thyroid, despite me having many hypothyroid symptoms and an extremely strong family history.

It took years of battling to get a referral to an NHS endocrinologist. When I finally saw one I was told it was all in my head. 5 other NHS endocrinologists said the same. Have you any idea how that makes you feel? Another trip to the local hospital and a new endocrinologist decided to trial me on thyroxine

[REDACTED]

In [REDACTED] I discovered Dr. Skinner. I finally convinced a GP to refer me and I saw Dr. Skinner in [REDACTED]. He was nothing but courteous, professional, caring and understanding. After blood tests and an examination I was finally diagnosed as being hypothyroid. At this stage I'd been on a very low dose of thyroxine of [REDACTED]mcg for over a year with no improvement to my symptoms.

Gradually, under Dr. Skinner's close supervision and with the co-operation of my new GP, my dose was continually increased and I felt as if I was coming alive. I was scared, I was feeling 'normal' and this was a concept so alien to me it was terrifying at first. After more visits to his clinic my dose was gradually increased and eventually Armour Thyroid was added as the thyroxine alone made me feel much better but not 100%. Pretty much immediately after starting Armour Thyroid I felt fantastic, I felt re-born. I felt like 'me'.

[REDACTED] years on and I am in extremely good health. I don't even think about my hypothyroidism, I have a full and happy life, I work long hours and I enjoy socialising, travelling and exercising. I see Dr. Skinner for a [REDACTED] check up and [REDACTED] he tells me how delighted he is that I am doing so well, compared to just how desperately ill I was when I first saw him.

I will not consider having a family myself as I am petrified of passing on this disease to my children. I do not want anyone to ever have to go through what I have been through. I cannot bear the thoughts of someone being as badly let down by the NHS as I was. Sadly far too many people are in that exact situation. I am so angry that I have been robbed of my childhood and my health. [REDACTED]

I am so angry that Dr. Skinner, the most fantastic doctor I have ever met and the man that well and truly saved me, may not be given the opportunity to save other people the way that he saved me. If it was not for Dr. Skinner I can truly say that I would not be here now, I could not have continued with my life the way I was, merely 'existing' for so many years.

If Dr. Skinner is struck off I will have to be treated by NHS endocrinologists again, who, from my previous experiences, failed appallingly in diagnosing and treating my illness accordingly. My Armour Thyroid will most likely be stopped and my thyroxine dose will be almost halved, just to fit in with the current clinical 'guidelines'. This will be totally devastating to my health. The NHS should be making people well, not killing them.

I would implore you and the panel to listen to Dr. Skinner and his patients and please, please do not let any other human being ever go through what I had to go through. Dr Skinner should be praised – not persecuted.

Yours sincerely



cc. Mr Ralph Shipway
RadcliffesleBrasseur
5 Great College Street
Westminster
London.
SW1P 3SJ.

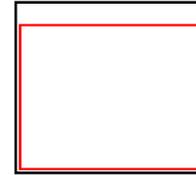
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00708905

Heather Cook
Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW.



Dear Madam,

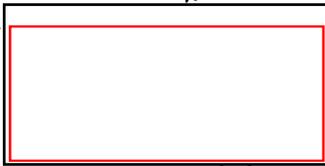
I am writing once again on behalf of Dr. Skinner.

I have been a patient of Dr. Skinner for many years. When I first consulted him I was very ill to the point that I [redacted] My symptoms were very distressing and very painful. I was diagnosed with an overactive thyroid in [redacted] at the [redacted] Hospital in [redacted] and after nearly a period of [redacted] years was told my thyroid was now in the "NORMAL" Range. If I felt a bit unwell when my treatment started I was now at death's door. Little did I know my [redacted] years of hell were just beginning! With the help of Dr. Skinner I have recovered some quality of life, but I firmly believe if my symptoms were treated at the outset instead of measured against an arbitrary scale, I may have enjoyed full health, something I mistakenly thought the Health Profession would actively encourage. To add insult to injury, I have the added burden of purchasing my expensive treatments privately.

In the meantime I implore you to treat Dr. Skinner with the respect he deserves. I think bringing him before the GMC is a disgrace, all because he has the foresight and courage to treat his patients well and try to return them to optimal health. I am grateful to have at least some kind of life, though I now find myself living in fear as to what will happen if I can no longer rely on Dr. Skinner. Like all his patients, I trust and respect him implicitly and am very grateful for all the kind attention he has given me over the years.

In summary, it seems very sinister that a Professional Body that is supposed to be impartial or indeed be for patients, is actually aiding and abetting the destruction of health and the enjoyment of life itself. It seems incomprehensible that Endocrinologists still stamp their feet like sullen children and insist they must be right. Time to take a stand – restore your credibility and our health!

Yours faithfully,



CC: [redacted]
CC: Mr. Ralph Shipway

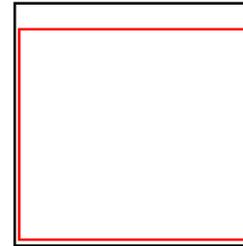
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30th October 11

Heather Cook
 Investigation Officer
 Fitness to Practise Directorate
 General Medical Council
 3 Hardman Street
 Manchester
 M3 3AW

Dear Ms. Cook

Dr Skinner

Having been undiagnosed from hypothyroidism from more than one GP for
 over years



I researched by symptoms and insisted on a
 thyroid test. Guess what - I was hypothyroid!

I was given mg of thyroxine and still my symptoms continued.



648

Luckily I did my research and insisted on being referred to Dr. Skinner, after being given Choose and Book appointments to hospitals without anyone with a particular interest or specialism in hypothyroidism, which would be a complete waste of my time and theirs.

When I was referred to Dr. Skinner I had extreme symptoms of hypothyroid which were simply due to under-treatment and lack of understanding of the condition. [REDACTED]

[REDACTED] my body did not have sufficient thyroxine to work effectively. Dr. Skinner explained I was not taking enough thyroxine to alleviate my symptoms and increased my dose gradually.

[REDACTED]

Dr. Skinner's interventions have transformed my health and well being because he looked at signs and symptoms as well as blood results something that numerous GP's had come nowhere near doing, causing me to be continually ill for most of my [REDACTED]'s and early [REDACTED]'s.

Rather than being vilified, Dr. Skinner's expertise in hypothyroidism should be disseminated throughout general practice as this would save the NHS a considerable amount of money by treating the core condition rather than the outcomes of failure to treat the core condition. The outcomes of failure to treat the core condition are many fold, extremely costly and inherently un-resolvable as the treatment offered will totally fail to sort out what is really wrong and will continue unresolved - probably with the patient being told they are imagining things and being labelled as neurotic or a hypochondriac! [REDACTED]

[REDACTED]

From my own personal experience GP's do not know enough about this condition and many women are suffering un-necessarily - and probably being labelled as unstable, stressed and given anti-depressants to boot!

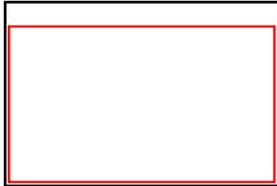
I applaud Dr. Skinner's skill and expertise which has regained my health and wellbeing.

Yours sincerely

[REDACTED]

cc. [REDACTED]

Mr Ralph Shipway Radcliffesle Brasseur



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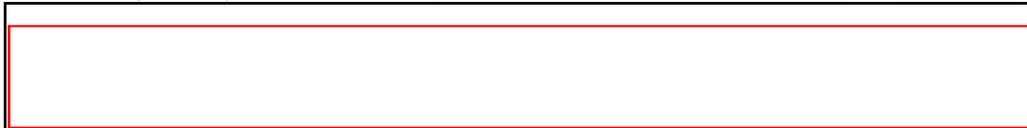
Heather Cook
Investigation Officer
Fitness to Practice Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

17th October 2011

Dr. R.B. Skinner 

Dear Madam,

About  years ago I met  as a fellow student of  



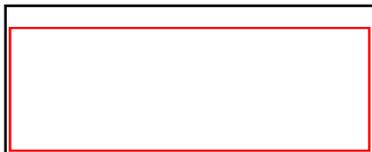
 In the mid-'s we bumped into each other in a supermarket and I barely recognized her. This once vibrant and attractive woman had changed quite shockingly. She explained, that she had been very ill and not recovering properly, still trying to find a doctor who could help her. We managed to meet more often. I could see that her health had improved considerably because she had found Dr. Skinner, who had helped her. 

 is able enjoy life again. The credit for this, she gives to Dr. Skinner, his ability to diagnose her illness and his continued care and treatment.

 has told me of the "fitness to practice" hearing and her fear of possibly losing Dr. Skinner's care.

I am writing this letter in support of Dr. G.B. Skinner, who helped my friend, when no-one else could or would.

Yours faithfully,





Heather Cook
 Investigation Officer
 Fitness to Practice Directorate
 General Medical Council
 3, Hardman Street
 Manchester
 M3 3AW

Dr. R. B. Skinner / Mrs Punjalsi

Dear Madam,

I am writing to you in support of
 Dr. Gordon B. Skinner.

Due to his treatment and care, my friend
 [redacted] has been able to overcome

her illness.

I have known [redacted]

for [redacted]



After a devastating illness in [redacted] she
 did not recover her past physique and started
 a long search for medical help.

651

P.t.o. [initials]

Finally she found Dr. Skinner, who started to treat her and she recovered her old "get-up-and-go".

[REDACTED]

At the age of [REDACTED] she is not a "ball-of-fire" anymore, but has quality of life and the pleasure of grandchildren.

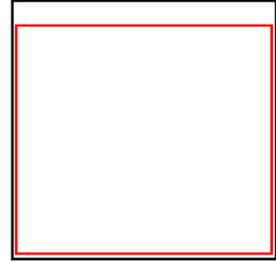
Her main concern is to retain the care of Dr. Skinner.

Yours faithfully

[REDACTED]



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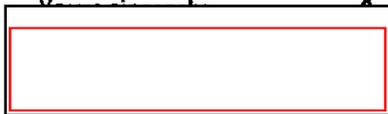
26.10.11

Letter of support for Dr. Skinner

Dear Heather Cook,

I am writing to support the good work of Dr. Skinner . Dr. Skinner is a very good doctor who is very caring, thorough and considerate. His work has achieved excellent results - even with patients with chronic conditions. He has restored the health of patients who have suffered for years. Some even wheelchair bound have recovered as a result of his intervention. I write on behalf of two of my Aunts who have testified that Dr. Skinner helped them to regain their health after suffering years of hypothyroidism. One of them would even go as far as to say he saved her life.

The GMA should be proud to have such a committed and successful doctor. He deserves your commendation. Thank you



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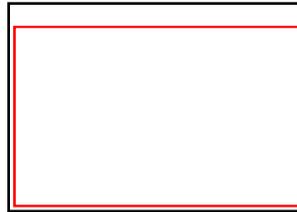
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00708558

Heather Cook
Investigation Officer
Fitness to Practise Directorate
General



Medical Council
3 Hardman St.
Manchester M3 3AW

31st October 2011

Dear Ms Cook,

Dr. Skinner and the forthcoming GMC Hearing - November 14th-18th 2011

I am writing this letter in support of Dr. Skinner, who for many years, has treated my sister-in-law, [redacted] for an underactive thyroid.

Before Dr. Skinner became her consultant, [redacted] had suffered an uncharacteristic and generalised slowing-down. She was far from well. To me, the lack of lustre in her eyes - deadness almost - was particularly striking.

However, once Dr. Skinner's treatment began, a slow and steady improvement followed. He seems to have discerned what was wrong and prescribed effective medication at the necessary dosage.

I am sure that the understanding, thoroughness and care which he has shown to [redacted] have also played a part in her noticeable improvement.

Yours sincerely



Copies to [redacted]
Mr. Ralph Shipway

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5th November 2011

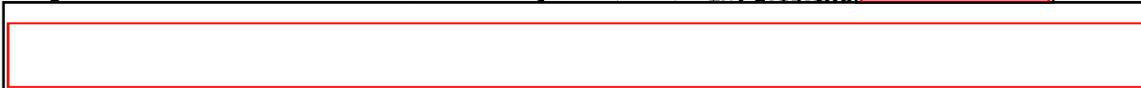
General Medical Council
St James's Buildings
79 Oxford Street
Manchester M1 6FQ

Dear Heather Cook,

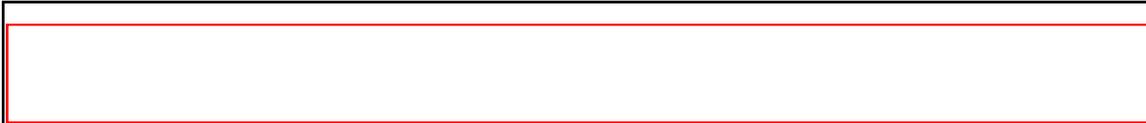
ref. GMC Hearing for Dr Gordon Skinner

I suffer from thyroid disease and was initially diagnosed by Dr Skinner in [redacted], considering this I would like to support Dr Skinner's Hearing with the GMC. Before I was consulted by Dr Skinner I was physically very ill [redacted] To put it simply I feel that Dr Skinner saved my life and I owe him so much. [redacted]

My health problems started in [redacted] despite many visits to GPs and NHS specialists nothing was diagnosed. I had numerous blood tests but they did not show any problem. [redacted]



By [redacted] my health had slowly worsened and I was totally fed up with the NHS system not providing any solutions. I had over 20 hypothyroid symptoms and my father is hypothyroid but my GPs insisted my blood test results showed that I did not have thyroid disease, so of course I believed them.

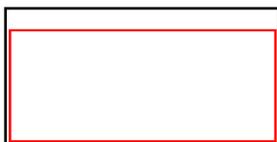


During these [redacted] years it was strange how every now and then the issue of thyroid came up but I ignored this as my GPs had told me several times that my blood tests proved I was not hypothyroid, one GP even said because I was very thin I could not be underactive. Finally in [redacted] a therapist who was also hypothyroid suggested that all the evidence pointed towards hypothyroid and something clicked in my brain and I felt he was on to something, he suggested I go and see Dr Skinner. So I went to see Dr Skinner in [redacted] and after a long consultation he suggested all the evidence pointed towards hypothyroidism, and that in a small number of cases blood tests are not the only tool for diagnosis. He prescribed a trial of thyroxine at low dose, and he said then we would know for sure. I did this and the rest is history, after [redacted] months I noticed many of my symptoms were slowly improving. I continued to have regular blood tests to help increase my dosage to the optimal amount. Eventually after [redacted] months I was back to near perfect health. It is clear to me that I owe thanks to Dr Skinner. I am now on [redacted]mg of thyroxine and my TSH and T4 levels are normal, all my depression has disappeared and my physical health is excellent.

As you can imagine this has left me severely disappointed by the NHS and their failure of my care. After [redacted] years of ill health I was finally given an NHS prescription for thyroxine by an NHS endocrinologist.

Above is only a brief summary of my experience and I would be happy to provide more details if required. I want to repeat again that Dr Skinner genuinely saved my life and I am quite shocked that the GMC are questioning his practice.

Yours sincerely,



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00709322



06 November 2011

F.A.O. Ms Heather Cook
Investigation Officer
Fitness to Practice Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

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Your ref: HC/C1-182218310

Dear Ms Cook,

Re: Dr Gordon R B Skinner

I have been a patient of Dr Skinner since the winter of attending his Clinic.

The severity of symptoms had become chronic and at years of age found that I could barely function even to the degree of 80 year old family members.

Dr Skinner at my first appointment took careful details for a history of my health, temperature and blood pressure noted, blood test and permission requested to take a photograph to record my condition. All these details Dr Skinner will have on file and the photograph is a clear indication of my poor health at that time.

The symptoms of this horrendous illness for some inexplicable reason were not recognised by my family and ill health was put down to a variety causes.

Hopes rose for better health and then were dashed and so the cycle continued.



657

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This insidious illness has been with me to varying degrees throughout my life. It is regrettable that the necessity of having to visit my G.P. more regularly than should otherwise have been will have resulted in a drain on NHS Services. I am angered by this and the reliance on modern medicine of blood test results without also taking into account the patients symptoms. The suffering endured and the inevitable prescriptions plus investigations are for all involved a waste of valuable and much needed and stretched resources.

Attending Dr Skinners Clinic over the years' discussions inevitably took place in the waiting room amongst his patients. Sometimes my appointments coincided with others I had previously seen and therefore I was able to assess the improvements in health of my fellow men and women giving me encouragement and hope.

In conclusion with Dr Skinner's outstanding care I am able to write this testimonial. This care encompasses more than one patient, her family and contacts. The influence of just one dedicated and professional Doctor, whose focus is always the patient first and foremost and the help and encouragement s/he can give in alleviating suffering must influence thousands. Dr Skinner is such a Doctor and his work and integrity deserves recognition and is worthy of a humanitarian award.

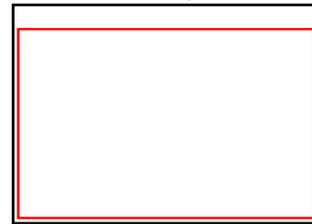
Yours sincerely,

Copy to:

Mr Ralph Shipway, RadcliffesleBrasseur (Solicitors), 5 Great College Street,
Westminster, London SW1P 3SJ



00709326



4th November 2011

Dear Sir / Madam

I am writing to support Dr Skinner.

I have always found Dr Skinner to be courteous and professional in all his dealings.

He is an excellent doctor who treats the patient from all the signs and symptoms of disease. He takes into account the full history of the patient, including blood tests for thyroid function tests, and then makes a full diagnosis.

My history is of a period of more than [redacted] where I gradually became more and more unwell. Each individual symptom in the early stages may have been a minor symptom, but over the years have caused a great deal of problems in my professional and personal life, culminating in my losing my job [redacted]

[redacted]

I was sent for test after test, offered anti-depressants many times and eventually even sent to a psychologist.

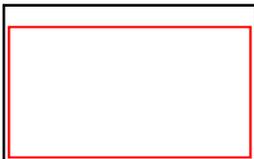
However, after Dr Skinner started to treat me, especially with him looking at all aspects of my condition, nearly all these symptoms have now abated.

[redacted]

Dr Skinner's professionalism meant that he took into account all the diverse symptoms and made a good diagnosis of my fundamental issue of hypothyroidism.

I see no reason why such a professional doctor should be subject to ongoing restrictions on his practice.

Yours sincerely



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00709327

Testimonial in support of Dr. Gordon Skinner.

Friday 4th November 2011.

Dear Sir/ Madam,

I am writing to you today in support of Dr Gordon Skinner and with respect to his Fitness to practice hearing at the GMC on Monday 14th November 2011.

I am a patient of Dr Skinner since [redacted]
[redacted] I have found him to be a wonderful Doctor and a kind and special man. All of his patients assembled at this hearing today will say the same.

But before I continue please let me explain to you why I came to Dr Skinner's practice in the first place. I don't wish to divert away from the important things to be discussed or to focus too much on myself- but I really want to tell you what it is to be a person with thyroid disease. It is integral to my story - and therefore to my testimonial.

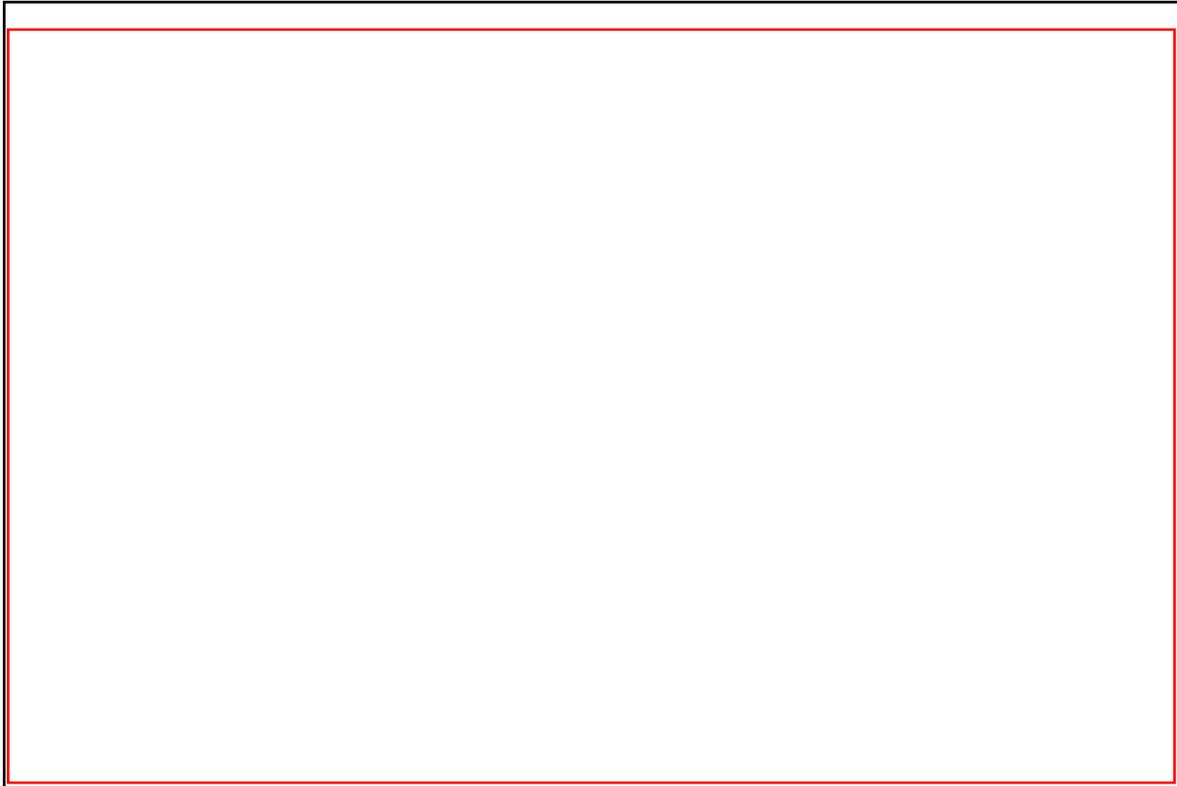
This is how I explain thyroid disease: It is another country. And I have to live there on my own.



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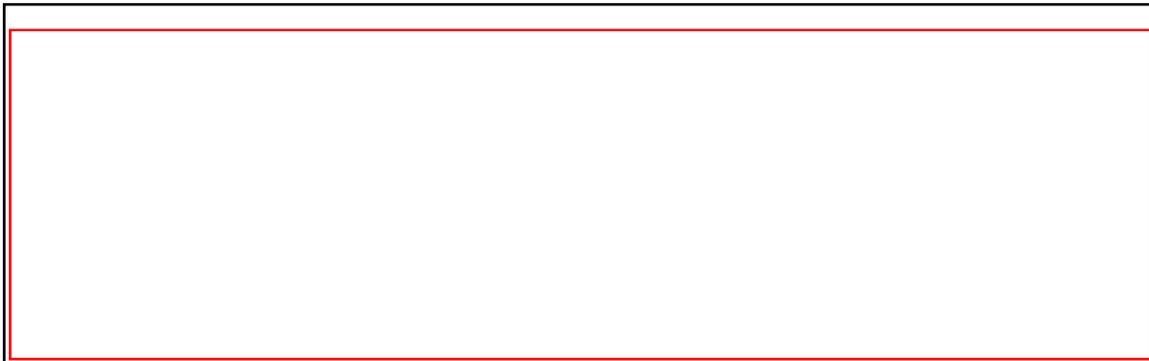
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In I was finally diagnosed with high thyroid through my local GP. I finally knew the answer! I attended the thyroid clinic at my local NHS hospital and took the prescriptions handed to me my face blazing with relief. I read up about thyroid, it's high ranges and it's slow meanderings. I took anti-thyroid medication and I waited to feel better.

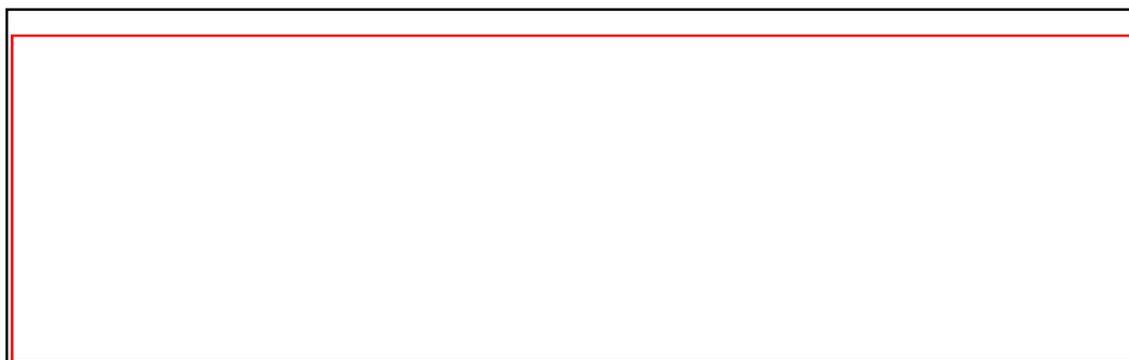
My story should stop there. Just like Dr. Skinner's story should stop here, really.



Without exaggeration I felt that I was going to die.

So I needed to help myself. Through going onto the Thyroid UK forum I found out about Dr. Skinner and I was referred to him by my GP for a second opinion. I had an understanding GP – I was lucky. For what would I have done otherwise? I saw Dr. Skinner for the first time in [redacted]

When he met me Dr. Skinner asked me the questions no-one else would ask. “How are you?” – really meaning “how are you?”. And he actually looked at me as we spoke. He checked my skin, my receding hairline, my temperature. No-one in the NHS clinic had ever done a physical examination on me before – it was not considered important. He asked about my life – not just from my point of view but from the people I love. And he relied not just on the blood tests but on the clues my body was giving. I answered him truthfully, listed symptoms – and laughed a bit, because he is a kind man and he does not make illness hard going. I came out of his surgery knowing that here was somebody that I could rely on – here was the key. I was finally going to feel better.



[redacted] It is not an abstract thing. So many people live without being properly medicated and they sink into a half-life and lose all spark – all hope and happiness. And that is why for each of Dr. Skinner’s patients this so personal and so profound. It is also why it is so important for the medical profession to get this right.

I now take Thyroxine. It’s like waking up –like a miracle – like me [redacted] years ago.

[redacted] And as I jauntily left the surgery after my second appointment with him he cautions me sagely that this is a long journey that it will take time and that I must be aware of this. I remember that on the dips – the low, quiet days. There is no miracle

cure for thyroid – there is only science. And balance. And because Dr. Skinner in his wisdom knows this, because he questions the standard response to Thyroid disease – those TSH blood tests that hold us all in stasis – it does not mean that he is in any way unethical. Or neglectful. It is quite the opposite. He is the brave one.

For whatever reason, it has come down to him. Here in this room. The one to stick his neck out for all of us - for people about to file out to lunch, for people not aware of their thyroid disease yet – even for people not yet born. It is that profound. – And this wonderful warm and witty man – who wears his cleverness so lightly – does not deserve to be publicly upbraided and banned from practicing medicine. It is unfair and it is wrong.

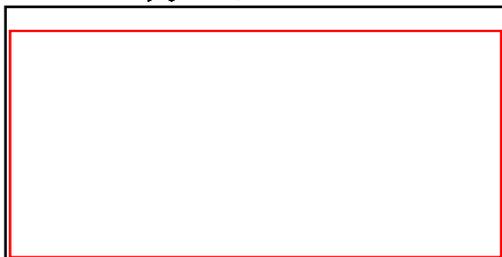
For me, in a way I am at the beginning of something. And I'm not alone in that – there are others like me every day.

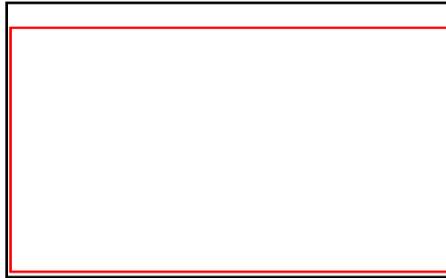
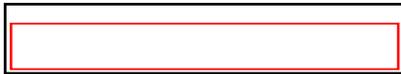
But for Gordon Skinner his journey should be ending. This caring, clever, lion of a man should not be struck off. He should not be publicly criticized and held up as an example – for he has done nothing wrong.

So I ask you to consider very carefully any ruling that you as the GMC might make. It has huge implications – in both this hearing and in the wider community.

I will finish by saying that whatever decision is made on Friday 18th of November, can I just say- for myself, for my family, and for all the sick people he has spent his life helping – he is not up there alone.

Sincerely yours,





00709317

7 November, 2011

Fitness to Practice Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

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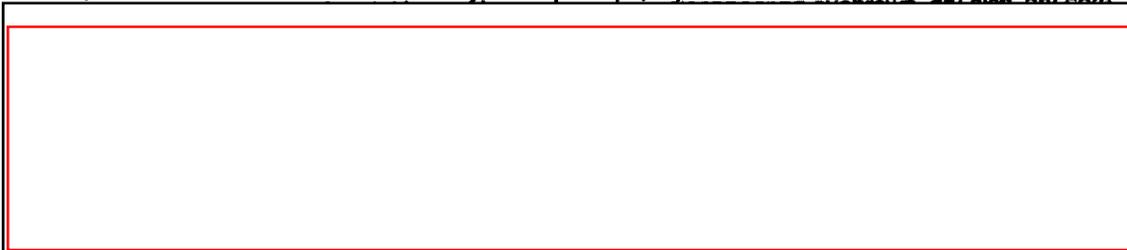
Dear Heather Cook,

I would like to tell you how Dr Skinner restored my health and strength, not once but twice, when no NHS doctor, whom I consulted, could.

I first became really ill in [redacted] although I hadn't been well for some years even before this. In 1990 I had to give up my full time job to work part time because I no longer had the stamina to work 35 hours a week. My GP told me it was "some funny virus" and that he was sorry but he couldn't do anything to help me.

So for the next [redacted] years I coped as best I could but gradually became weaker and weaker until I felt I would have to give up even my part time job.

But in [redacted] my GP arranged a thyroid function blood test. I had a list of signs and symptoms as long as my arm, only some of which I list below, but, even when you have read it, you can have no idea how terribly ill I felt.



Even with this list of signs and symptoms my GP could not diagnose hypothyroidism because my fT4 was [redacted] and my TSH was only [redacted] which was declared "perfectly normal". The only trouble was that I didn't feel "perfectly normal", far from it!

An endocrinologist at [redacted] said that he did not have the foggiest idea what was wrong with me and that none of my symptoms had anything to do with my thyroid.

However, I [redacted] had access to books on the thyroid and I soon discovered that my numerous symptoms and signs had everything to do with the under activity of my thyroid gland.

In one of the books I discovered Dr Skinner's name and was able to contact him. I had to wait [redacted] months for my appointment and they were the longest [redacted] months of my life! But it was well worth the wait because Dr Skinner diagnoses his patients by listening to their list of symptoms and observing

their physical signs of hypothyroidism as well as taking into account the blood test results i.e. not by blood test results alone.

As I had been hypothyroid for so many years, Dr Skinner started me on Armour Thyroid tablets, because, in his experience, such patients recover better on the natural thyroid hormone. He explained that once I had recovered my health I could change over to the synthetic thyroxine tablets. This I did in and my hypothyroid symptoms returned but I was encouraged by my NHS endocrinologist to persevere with the synthetic hormone. I improved a little but never felt well like I had on the Armour thyroid tablets.

Dr Skinner understands that biochemically euthyroid patients can still be clinically hypothyroid because the reference range in Britain is so wide.

I can assure you, from personal experience, that someone who's normal FT3 level is 6.00 is no going to feel well when it is down to 3.4 even though this is within the reference range. Dr Skinner is the only doctor that I have met who is able to understand this.

So I went to see Dr Skinner again and he could see that my health had deteriorated quite badly and he agreed to treat me again. Now, thanks to him, I am once again returned to good health and have a life that is worth living. I dread to think what my life would have been like if I had not found Dr Skinner.

As one of only a handful of doctors in Britain today that truly understands and is brave enough to practice an effective diagnosis and treatment of hypothyroidism I feel he must be allowed to continue to practice. The fact that he has restored to health hundreds of people whom the NHS has been unable to help is surely evidence enough.

Yours sincerely



[Redacted]

Heather Cook
Investigating Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

Leeds, 31 October 2011

Re: Dr Gordon Skinner's Fitness to Practise Hearing in November 2011

Dear Ms Cook,

I am writing to you in support of Dr Gordon Skinner, whose diagnosis changed my life for the better. I am [redacted] years old and have been suffering from many symptoms of hypothyroidism for more than [redacted] years. During this time, I went to see many different doctors, who just treated various symptoms rather than trying to find their cause.

I was offered [redacted] by my most recent GP, as my thyroid blood results did not exceed the NHS so-called "normal" range. I was clearly clinically hypothyroid, so these would not have helped me. Ironically, I would have been diagnosed as hypothyroid in other countries such as the USA or Germany with those same blood results, so the NHS thyroid reference ranges should urgently be reviewed.

I am extremely grateful to Dr Skinner, who diagnosed me in [redacted] after taking an extensive history of my illness including my family history of thyroid problems, and after doing a very thorough physical examination.

Thanks to Dr Skinner's prescription of natural desiccated thyroid, my health and quality of life have dramatically improved in the last [redacted] months. [redacted]

[redacted]

[redacted] My family say I seem like a different person, and many people have commented on how much better I look. I know I still have a way to go until I am 100% healthy again, because I have been ill for so long, but I am improving steadily.

I am very worried that mainstream GPs are ignoring their patients' hypothyroid symptoms in favour of often unreliable blood results. In my opinion, Dr Skinner is a glowing example of how hypothyroidism should be successfully diagnosed and treated, and he certainly saved me from many more years of suffering.

Yours sincerely,

[Redacted signature box]

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Dear Sir/Madam,

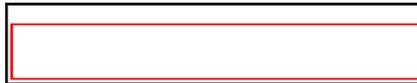
I have been astonished to learn that the GMC has been calling the clinical competence of Dr Gordon Skinner into doubt and specifically, it seems, with relation to the management of hypothyroidism.

Speaking for myself, he has proved to be a rare and exemplary physician whose primary concern seems to be to try and resolve his patients' health problems.

I would be prepared to testify that nothing in his approach, as I observed it, could remotely be said to be harmful or even potentially harmful to patients; quite the opposite in fact. In my case, (and I know for *certain* of others, having met many in his waiting room), he has successfully treated very debilitating symptoms that years of consulting specialists had left untreated.

Should you need more details of my case and reasons for my above testimony, I enclose an account separate from this letter.

Yours faithfully,



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DETAILS OF MY CASE

After diagnosis with [redacted] in [redacted] and initial but short-lived improvement on L-thyroxine, I continued to suffer from symptoms clearly related to the disease and the replacement therapy. Most particularly doses of oral thyroxine which reduced TSH to the bottom of the reference range did not resolve my clinical symptoms.

In the [redacted], I found that all doctors and specialists pronounced such a situation to be impossible. I was told repeatedly that if the "blood tests were normal" my symptoms could not be thyroid hormone (TH) related, despite the fact that the self-same symptoms had all developed as my gland began to fail and were simply not resolved by the replacement protocol.

Because I was really unwell and the story I was being told did not make sense, I was driven to search the literature for myself. I found that there were no scientific grounds whatsoever for denying the *possibility* that a patient could exhibit deficiency symptoms while having apparently adequate circulating TH levels (see also NOTES).



It was over [redacted] years later that, exhausted with several decades of symptomatic hypothyroidism, I heard quite by chance of Dr Skinner (I fell on an article in the BMJ). Until then I had been unaware there was any general recognition of my problem. I realised this doctor might by this time have acquired unique *clinical* experience of managing difficult cases like mine and decided to consult him. I was not disappointed. It turned out that I was simply unusually sensitive a) to sudden changes in hormone dose levels and b) to the side-effects of T3. Both problems were solved by first stabilising on [redacted]mcg T4 then very gradually introducing T3 in divided doses. It took several months to arrive at an adequate (i.e. curative!!!!) replacement regime (T4/T3 [redacted]mcg).

PTO for
further notes.

669

628

NOTES

Cases like mine mean that the lack of an easy test for tissue TH activity clearly does *not* have to mean that patients must be left with a lifetime of debilitating chronic symptoms

A lack of correlation between HT symptoms and TSH values in *some* individuals has been observed since the introduction of modern thyroid function tests along with L-thyroxine replacement therapy. Defective TH tissue metabolism is the most *logical* explanation and, over several decades, a whole body of supporting medical/scientific evidence has accumulated which vindicates Dr Skinner's empirical approach and shows it to be evidence based.

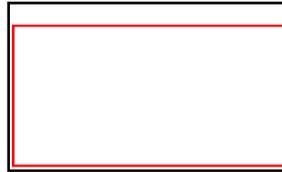
An excellent *recent* paper by Dayan et al* working in Bristol may serve as one useful example of more recent work:

*Novel insights into thyroid hormones from the study of common genetic variation. Dayan CM, Panicker V, Nat Rev Endocrinol. 2009 Apr;5(4):211-8

Abstract

Effects of thyroid hormones in individual tissues are determined by many factors beyond their serum levels, including local deiodination and expression and activity of thyroid hormone transporters. These effects are difficult to examine by traditional techniques, but a novel approach that exploits the existence of common genetic variants has yielded new and surprising insights. Convincing evidence indicates a role of type 1 iodothyronine deiodinase (D1) in determining the serum T(4):T(3) ratio and a role of phosphodiesterase 8B in determining TSH levels. In addition, studies of type 2 iodothyronine deiodinase (D2) variants have shown that thyroid hormones contribute to osteoarthritis and these variants influence Intelligence quotient alterations associated with iodine deficiency. Preliminary evidence suggests associations between TSH-receptor variants and fasting glucose level, D1 variants and insulin-like growth factor I production, and D2 variants and hypertension, psychological well-being and response to T(3) or T(4) treatment. Intriguingly, most of these associations are independent of serum thyroid hormone levels, which highlights the importance of local regulation of thyroid hormones in tissues. Future research might reveal novel roles for thyroid hormones in obesity, cardiovascular disease, osteoporosis and depression and could have implications for interpretation of thyroid function tests and individualization of thyroid hormone replacement therapy.

So, the accumulating evidence rather reverses the case: it is now the reliance on TSH values in managing *these particular cases* that could be said to be unethical, not the opposite.



29th October 2011

Heather Cook,
Investigation Officer,
Fitness to Practice Directorate,
General Medical Council,
3 Hardman Street,
Manchester,
M3 3AW

Dear Ms Cook,

Re: Dr. Skinner – GMC review hearing 14-18 November 2011

It has come to my attention that the above doctor has a review hearing with your organisation, on the dates mentioned above.

Once I heard of this hearing I was compelled to write in his defence for the good work this man has undertaken on behalf of patients who have had nowhere else to go within the NHS, in order for them to get well.

How many more years are patients going to suffer and their lives be ruined because of a ridiculous system whereby a blood test result completely outweighs any diagnosis by the symptoms being suffered. It is within your own archives that many disease states are caused by low thyroid condition. The blood test was NEVER meant to be the sole means of diagnosis.

More would seem to have been forgotten than is being taught today about this awful often life threatening syndrome. My life was almost ruined and in fact I almost lost my life [redacted] which in my opinion were as a direct [redacted] with a low (metabolic) thyroid condition [redacted]

My career was in ruins I was unable to work [redacted]

[redacted] I was told repeatedly my blood test was normal and that it

Continued over to 2.....

/2.....

was nothing to do with my thyroid - yet my Mother, my Aunt, my grandmother etc. etc. suffered with this condition and I had thyroid antibodies

[redacted]

This absolutely disgraceful treatment of patients is almost too amazing to comprehend in this day and age - eventually (even though my blood test was still normal) I was given the Thyroxine my body was craving (by someone who runs on the same methods of Dr Skinner) and within days - yes days - years of pain and suffering were alleviated. It is, in my opinion, an absolute scandal what is happening out there and I actually feel it correlates to the tobacco industry knowing that nicotine was harmful - it is within your own archives that Thyroxine can help all these conditions - thyroid hormone was used to boost the immune system of TB patients in the 1930's - we the general public are now able to see this information for ourselves and I would ask why this information is not being acted upon.

This is costing the NHS billions of £'s a year in wasted hospital visits and totally unnecessary patient suffering and death - I once had to attend 5 different consultants in one week in varying fields for the serious symptoms I was experiencing. No-one could work out what was wrong with me - I was seriously ill.

It is an absolute scandal - please do not criticise Dr Skinner - the few Doctors who are helping out there are actually saving lives - I know they saved mine.....I started back to work again [redacted].....thanks to these forward thinking doctors.

I would ask that you find in favour of Dr Skinner continuing his ground breaking work on behalf of those patients who are so desperate for his expertise on the subject of Thyroid disease.

For your information my illness started in [redacted] and it was only in [redacted] I really started to get well. I lost over [redacted] years of my life. I write this letter now on behalf of all of those individuals who are suffering as I did and for my own family who I am now identifying as having a thyroid disorder and who are facing the same pain and very dangerous mis-diagnosis issues I did. The NHS let alone patients, cannot afford you to ignore these issues any longer.

Your sincerely,

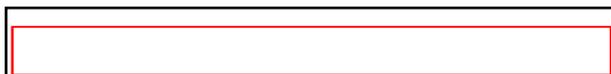
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I would ask that the enclosed document is read and taken into account during this hearing. (copyright - permission has been sought and granted)

Br Med J. 1898 November 12; 2 (1976): 1473-1479.PMCID: PMC2434639
The Bradshaw Lecture on Myxœdema and Allied Disorders
Delivered before the Royal College of Physicians
William M. Ord

c.c. Ann Milton, Parliamentary Under Secretary of State (Public Health)



Mr Ralph Shipway, Radcliffes le Brasseur [Solicitors],
5 Great College Street, Westminster, London,
SW1P 3SJ

673

632

99 symptoms recorded
- still not offered treatment
under NHS guidelines as I had
a 'normal' thyroid blood test result

Signs and Symptoms of Hypothyroidism

The UnderActive Thyroid Gland

You can use this page as your symptoms checklist, by ticking where appropriate.

General

- | | |
|---|--|
| <input type="checkbox"/> Falling asleep all the time | <input type="checkbox"/> Lack of co-ordination of hands & feet |
| <input type="checkbox"/> Weight gain | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Milky discharge from breasts | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Slow movements | <input type="checkbox"/> Loss of Libido |
| <input type="checkbox"/> Slow Speech | <input type="checkbox"/> Cystitis |
| <input type="checkbox"/> Pins and Needles | <input type="checkbox"/> Frequent urination |
| <input type="checkbox"/> Breathlessness | <input type="checkbox"/> Over Sensitive to sun |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Intolerance to cold |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Intolerance to heat |
| <input type="checkbox"/> Loss of equilibrium | <input type="checkbox"/> Prone to overheating |
| <input type="checkbox"/> Unsteadiness on feet | <input type="checkbox"/> Tinnitus /Noises in head |

Puffiness of

- | | |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Face | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Hands | |

Eyes

- | | |
|---|---|
| <input type="checkbox"/> Poor focusing | <input type="checkbox"/> Dry eyes |
| <input type="checkbox"/> Heavy eyelids | <input type="checkbox"/> Gritty eyes |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Whites of eyes sometimes yellowish |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Drooping eyelids |

Ears

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Oversensitive hearing | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Noises in ears | |

Mouth

- | | |
|--|---|
| <input type="checkbox"/> Hoarse voice | <input type="checkbox"/> Lumpy swallowing |
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Choking fits |

- Sore throats
- Swollen tongue

- Dry mouth
- Bleeding gums

Hair

- Head hair loss
- Pubic hair loss
- Underarm hair loss

- Eyebrows (loss of outer third)
- Loss of eyelashes
- Hair has become coarse and/or brittle

Skin & Nails

- Dry / Flaky skin
- Palms red and burning
- Dry, cracked heel skin
- Coarse skin patches

- Skin sallow in colour
- Pallor
- Flushed
- Soft / brittle / flaky nails

Muscles

- Cramps
- Pain

- Weakness / Loss of strength
- Difficulty with balance (ataxia)

Numbness / Tingling in

- Legs
- Toes
- Arms

- Fingers
- Back
- Face

Pain

- Migraines/headaches
- Head feels like it's going to explode
- Lower back pain
- Pain in feet

- Pain at wrist
- Muscle and joint pain
- Carpal tunnel syndrome
- Neck pain

Digestive problems

- Loss of appetite
- Food sensitivities
- Alcohol intolerance
- Diagnosed with IBS

- Constipation
- Diarrhoea
- Acid reflux / Hiatus hernia

Blood pressure

- High blood pressure

- Low blood pressure

Menstrual disorders

- Cessation of periods
- Scanty periods

- Infertility
- PMS

Heavy periods

Mental and Emotional

- | | |
|---|---|
| <input type="checkbox"/> Panic attacks (racing pulse) | <input type="checkbox"/> Decreased interest |
| <input type="checkbox"/> Memory impaired | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Mental sluggishness | <input type="checkbox"/> Phobias |
| <input type="checkbox"/> Concentration poor | <input type="checkbox"/> Loss of ambition |
| <input type="checkbox"/> Decreased ability to pay attention and focus | <input type="checkbox"/> Slow thoughts |
| <input type="checkbox"/> Voices in head | <input type="checkbox"/> Post Natal Depression |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Suspicious of people's motives |
| <input type="checkbox"/> Cry easily | <input type="checkbox"/> Nervousness/anxiety |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Persecution complex |
| <input type="checkbox"/> Wanting to be on ones own | <input type="checkbox"/> Personality changes |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Resentfulness towards family / partner / friends |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Lack of confidence |
| <input type="checkbox"/> Depressed | |

Any other symptoms

If you have been diagnosed with the following conditions, a thyroid function test may show up a deficit of thyroid hormone, as hypothyroidism can mimic these conditions quite closely.

- M.E.
- LUPUS
- FIBROMYALGIA
- ALZHEIMER'S DISEASE

We have been informed by someone that her urological problems were resolved after treatment on Armour, even though she had had two operations to resolve the problem with no success prior to treatment with Armour. If anyone else has found this, please let us know and we can add this to the list of symptoms.

Page last uploaded Tuesday, November 1, 2011
* Copyright © Thyroid UK 2001 - 2011

permission sought + granted

Nov. 12, 1898.

THE BRADSHAW LECTURE.

THE BRITISH
MEDICAL JOURNAL 1473

THE BRADSHAW LECTURE
ON
MYXEDEMA AND ALLIED DISORDERS.

Delivered before the Royal College of Physicians,

By WILLIAM M. ORD, M.D., F.R.C.P.

Physician to, and Lecturer on Medicine at, St. Thomas's Hospital.

THE pathology of myxœdema, so far as it is at present known, will doubtless form a part of the lectures which Dr. George R. Murray, of Newcastle, will deliver before this College next year. In the present lecture I propose to devote my attention mainly to the clinical aspect of myxœdema, its recognition, its differential diagnosis, and its treatment.

DIAGNOSIS.

The primary diagnosis of the disease is not always so easy as might be expected from the observation of well-pronounced or typical cases. This is true, indeed, of all kinds and manner of disease. Whatever be the disease, it is necessary, in the first place, whether we do it consciously or not, to construct a picture of such disease in its full development, including, first, the main and most important symptoms; then, next, the less frequent and less characteristic symptoms; thirdly, accessory symptoms of varying value in various cases. Such a picture cannot be constructed by making a mere list of symptoms. It is necessary, by careful comparison of a considerable number of cases, and also by bestowing careful regard on the relations of symptoms to etiology, to make the picture a carefully shaded one; to put into strong relief that which is most important, and that which is less and less important further and further in the background. The picture must, in a word, have its perspective and its coloring carefully drawn and filled in. Such a process, carried on in a more or less methodical manner, must be applied to the separation in our minds of diseases and of their subjects from one another before we are able to write down the primary naming of any disease, of which there may often be many forms.

As the knowledge of myxœdema grows, by the addition of new cases to our original list, it becomes evident that around our well-defined picture are to be found forms more or less obscure; in part because of incomplete development of the whole series of symptoms, in part also by reason of curious modifications of myxœdema constituting alliances with diseases to which the term "myxœdema" cannot with propriety be applied.

CLASSIFICATION OF SYMPTOMS.

Let us now endeavour to make a classified list of the signs and symptoms of myxœdema. The first lines which we draw in firmly in limiting the disease are those connected with the external appearance of patients, such as the increase in the size and bulk of the whole body, due evidently in part to changes in the skin, in part to changes in the subcutaneous tissue. Next, the changes in the skin, affecting more or less the whole surface, and determining changes in the appendages of the skin, in the hairs, in the glands, and in the organs of touch. In correlation with the changes in the skin we have to take note also of altered states of mucous membranes resembling those observed in the skin, and leading again to destruction of appendages, such as the teeth and the glandular structures. It is here a point of much importance to remember that the swelling of the skin and mucous membrane is not an ordinary dropsical swelling, does not in any way gravitate from the upper parts of the body to the lower, and does not in any part pit on digital pressure, but is firm and resilient.

Next comes a group of symptoms indicating in various ways impairment of the functions of the nervous system, such as slowness in muscular movement and tardiness in response to impressions made upon the surface of the body, slowness in thought and action, weakening of memory, disturbance of the balance of muscular actions in the limbs. With these we must associate the quality of the speech and the sound of the voice perfectly typical of this disease, and dependent appa-

rently on the combined effects of the swelling of the lips and fancies, of failure of the movements of the muscles within the swelling, and of default of nervous power in controlling the action of muscles. Further, beyond the above-mentioned signs of dilapidation we may find various degrees and kinds of mental aberration, and certain mental phenomena, which may be fairly called "peculiar" up to a certain point.

SYMPTOMS OF SECOND DEGREE.

The next in the rank of important signs may, I think, fairly be taken to be the lowering of the temperature of the body, rarely, if ever, absent when the disease is fully pronounced. A less common symptom than those already enumerated is the tendency to hæmorrhage following comparatively slight injury, the hæmorrhage being most commonly in the skin or mucous membrane, but sometimes in internal organs.

Partly with special regard to etiology, we have to consider the question of sex, noting that the affection is very predominantly one of the adult female. In all diagnoses, negatives have to be marshalled among sources of help. We shall find that there is no affection of viscera which can be called characteristic of myxœdema, although in the course of the disease visceral affections may arise, chiefly from the operation of external and new causes, not wearing, so to speak, the uniform of the higher groups.

After passing in review the components of the several groups of symptoms and conditions above classified, the relations of the thyroid body assume great importance, seeing that certain changes in that body and its functions are in effect causative of myxœdema.

Another set of changes belong to other diseases which, in this aspect, have some sort of alliance with it and helps us to its explanation.

We may now amplify the elements of each group of symptoms in succession.

DETAIL OF SYMPTOMS.

The often vast and quivering bulk of the body is, I have already said, partly brought about by alteration in the skin and partly by developments of fat beneath the skin. It is doubtless often also due in part to alterations in the muscles and viscera, all partaking of the nature of the change most readily noticeable in the skin. The skin is found to be everywhere dry, and often in many parts is clearly very much thickened in its epithelial layer as well as in the derm. It is exceedingly rough and harsh to the touch, so that, as a patient once remarked, you might almost strike a match upon it—an experiment which, I may say, I have never yet attempted. The varying connections of the skin with the deeper tissues involves considerable variety in the appearance of the swollen parts. For instance, the loss of natural expression is at once forced upon one's notice. The skin on the cheeks and forehead is very obviously translucent, dry and firm to the touch, but not nearly so harsh to the rubbing touch as elsewhere. Both upper and lower eyelids are much swollen, and the upper lids droop heavily over the eyeball. They are almost transparent, and look, at first sight, like the eyelids of persons suffering from acute renal disease, but they do not in the least present any pitting on pressure. As a result of the drooping of the upper eyelids, the eyebrows are mostly raised in various degrees, sometimes to a very considerable extent, by the effort to elevate the upper lids above the level of the pupils. The nose are generally particularly thickened and translucent, giving rise to a broadening of the whole nose. The upper and lower lips alike are so swollen as to destroy the natural expression of the mouth, and to reduce it to little more than a chasm between the inflexible margins. The ears are usually both very much enlarged and thickened. The total effect is that of a mask of sorrowful immobility. There is in this a remarkable resemblance of myxœdematous patients one to the other.

In examining the body, one, of course, generally takes note at once of the condition of the thyroid body, although this has no direct relation on the state of the skin. On each side of the neck above the clavicles we usually find large soft projections. Sometimes they are called "dough-like," but they are not plastic like dough, and convey to the touch the same kind of sensation that might be yielded

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by a large ripe tomato embedded beneath the skin. These projections, as you know, are partly fat, partly changed connective tissue, and, possibly, in part veins. They are, as you know, also very characteristic of that modification of myxœdema which is observed in sporadic cretinism. The abdomen is usually particularly large and often pendulous. In the hands and feet, most noticeably in the former, the changes in the skin determine a great thickening and coarsening of these members. In the hand the digits while swollen are much flattened out, and, when the hand is extended, no spaces separate one finger from another. The resulting conformation of the hands has been aptly called by the late Sir William Gull "spade-like." The altered hands lose, like the face, what we may call the natural expression, and lose also their delicacy of movement.

Among the earliest manifestations of the disease is a change in the hair, which becomes rough, loses its natural lustre, and breaks very readily, becoming after a time very ragged and very intractable in the toilet. The hair thus altered speedily falls off, both from the head and from the eyebrows; not before, however, the latter, if well developed, have passed through a stage of raggedness which is brought into prominence by their raised position. The eyelashes undergo similar disfiguration, are always much broken, and often are lost altogether. The hair over the body also dwindles and falls off, and the nails, although they rarely go so far as to complete atrophy, are wasted and brittle. It is perhaps mostly in the hands and feet that the extreme roughness of the skin is most developed, the highest degree of this change occurring on the sole and the heel.

MUCOUS MEMBRANES.

All visible mucous membranes exhibit alterations parallel with those of the skin. In the mouth it is evident that the swelling of the lips is very much compounded of mucous membrane. The cheeks project in between the teeth, are marked by them, and are very apt to be bitten. The tongue is very large and generally very anæmic. In the fauces we can see the changes of mucous membrane generally most pronounced. The uvula and soft palate press down upon the tongue as a somewhat firm, very translucent, and imperfectly movable mass. Similar changes may be seen in the vulva and vagina. The teeth almost invariably undergo impairment of nutrition, sometimes becoming brittle and falling to pieces, sometimes coming out whole without much obvious alteration in structure. The gums are usually greatly swollen, and yet recede from the teeth, tending to become ulcerated and to bleed on the very slightest provocation. The most obvious explanation of the decay of the hair and teeth, and of the dryness of the skin, is to be found in an extremely swollen change of the connective tissue in the skin and mucous membranes. The connective tissue becomes firm and resistant, ultimately encroaching on the pulp of the teeth, on the follicles of the hairs, and on the sebaceous and sudoriparous glands. Whether these changes in the connective tissue have in part a neurotrophic origin is a question to be considered, but at present not fully capable of answer. It is important, however, to know that under certain treatment, hereinafter to be set forth, the skin, losing its swollen character, resumes its functional activity, and the hair frequently returns, also in a healthy form, over what have appeared to be bald surfaces. The swelling of the body is, however, not always uniform or constant. It may, and usually does, appear most strongly in the face and supra-clavicular regions. It may, however, be found in the limbs, or in the abdomen, before involving the face and neck. It may in early stages disappear altogether for a time, or it may be transferred from one region to another. The face is particularly subject to alterations in the amount of swelling, generally in association with changes in symptoms, more especially nervous symptoms, disappearance being followed by headache or neuralgia, recurrence by relief of these conditions.

NERVOUS AND MUSCULAR CHANGES.

Tactile sensation all over the body is in typical cases diminished. This can doubtless be explained in part by the alteration of the connective tissue in and around nerve endings, but it is also in some cases clearly traceable to defect in the central receiving nervous system. The defect of sensation

is of course particularly noticeable in parts which depend for much of their usefulness upon very delicate and sensitive nerves. The fingers notably lose not only mobility, but also accurate sense of touch, which is very plainly demonstrated when a patient endeavours to fasten or unfasten a button or pick up a pin from the floor. There is also a tendency to drop things held in the hand. Not only, however, is the sense of touch blunted, but the recognition by the central perceptive organs of impressions made upon the periphery is distinctly retarded.

In certain circumstances the skin entirely loses sensibility in parts. A lady whom I have seen recently, and who presents fairly typical myxœdema, has from time to time sudden increase in the swelling of the feet and hands accompanied by a complete loss of sensation over restricted areas of no particular form. When, as happens from time to time, the swelling passes away, sensation is restored to the same condition as in the rest of the body. We may find, therefore, both bradæsthesia and anæsthesia in myxœdema.

The special senses are sometimes affected, particularly the sense of smell and the sense of taste, offensive odours being complained of where no signs of such odours appear to be present, and tastes of excessive sweetness, or acidity, or bitterness, most commonly the sweetness, being present in the mouth.

As regards the muscular system, there is in all cases a marked debility and tendency to ready exhaustion by exertion, sustained action of muscles evidently using up their power very rapidly. The complaint of excessive muscular weariness is one of the next that we have to listen to, and sometimes the failure of muscles leads to very distressing results. Patients sometimes are unable to keep the head erect. For the most part, both in the erect and sitting posture, the head falls forward with the chin on the upper part of the chest, and cannot be restored to its proper position without assistance from the hands, either of the patient or of a nurse. Sometimes the head when restored to its position, or a little beyond the proper position, falls backward with a rapid movement enough to cause anxiety as to the occurrence of injury consequent upon the jerk. Such loss of balance in the movements of the muscles supporting the head seems to exist throughout the whole system, and is readily noticed in the gait of well-marked cases. I have seen this most often of course in women, who are the most frequent victims of the disease. If asked to walk, they rise from the sitting to the erect posture with a somewhat tremulous effort; they sway somewhat in standing, and in walking present a quivering of all the muscles of the body, particularly of the legs with each step. Their movement in walking is such as might be expected to attend great nervous excitement with difficulty to restrain it, and is not altogether without a suggestion of stateliness, such as might be represented upon the stage. Not infrequently the want of co-ordination in flexors and extensors which leads to this quivering movement goes so far as to determine sudden falls, not caused by the feet coming in contact with obstacles, but by giving way of the knees. The patient falls suddenly into a kneeling position, and often experiences serious injury, sometimes even incurring fracture of the patella. This form of nerve weakness may persist even after the disappearance of the main symptoms already noted.

The speech of the myxœdematous patient is, so far as I know, unlike any other modification of speech in disease. There is an obvious difficulty, in the first place, in getting words out of the mouth. They seem to stick at the lips, and their ultimate pronunciation is accompanied by either a writhing of the upper lip, or by a puffing, explosive jerk of the word through the chasm between the comparatively immovable lips of the patient with advanced disease. The quality of the voice is nasal and leathery, the tone monotonous, and at the same time speech is frequently interrupted by little explosions through the nostrils. The words uttered, although somewhat hurried, are usually correctly framed, and, for the most part, accurately represent what is in the mind. Sometimes, however, patients will state that they have words in their mind which they are unable to put into speech. In spite of the slowness and painfulness of utterance the patients are disposed to talk at great length;

once started in conversation they tend to go on indefinitely. I have known a patient talk continuously for an hour, or even more, without interruption, save for drawing the breath at frequent intervals, and without taking apparent notice of a remark or question intended to break the prolonged monologue.

In connection with speech, it must be remarked that the patients in many cases write letters, also at great length, and that as a rule the handwriting is good and monotonously regular, the difficulties already mentioned in respect of the movements of the fingers not appearing to interfere with the use of pen or pencil.

The voice, which I have tried to describe, with its monotonous flow and leathery intonation, is, once heard, almost in itself a ground for diagnosis of the whole disease. It has occurred to me to hear a patient speak outside the door of my consulting-room and to recognise the disease before I had actually seen the subject. It has occurred also under my observation that patients in hospital under treatment for myxœdema would detect in the voice of a newcomer the existence of the malady and would say, "That's my disease." The imperfections in speech are not always so complete as in the typical cases which I have described. It sometimes happens that the elocution is only comparatively slow, and the existence of a difficulty is not fully understood until after treatment. Then it is frequently found that the patient naturally speaks very quickly and with excellent elocution, which has only been modified in a minor degree. It is, of course, obvious that not infrequently the loss of teeth complicates matters and increases the difficulty of articulation.

If the treatment of myxœdema in any case be successful, natural speech is gradually resumed, but while the mechanical obstacles appear to pass away completely, the tendency to garrulity for the most part persists; so that the physician has still to listen to a long setting forth of comparatively small matters recited volubly and with interminable iteration. That the state of the nervous system is much concerned in this alteration of speech is, I think, abundantly clear. It is perhaps only the first to attract our notice of many nervous symptoms. In some cases, to the difficulty of speaking a difficulty in swallowing is added. The swollen state of the fauces and of the mucous membrane beyond would make us ready to expect some difficulty, but at times dysphagia of considerable severity together with affection of inspiration, will lead to a suspicion of affection of the medulla oblongata.

CHANGES IN THE MIND.

It has been noted already, that the aspect of the patients is lethargic. A considerable number are actually lethargic and unnaturally placid, but it is very common to find, even early in the disease, indication of the disturbance of mental equilibrium. The most common of all is the gradual development of a suspicious frame of mind. This is not, as a rule, a suspicion of conspiracy or of intent to do harm on the part of the people around the patient, but a constant idea that all such people regard the patient unfavourably and are finding fault. This may be developed so far as to make the patient actually violent, and protest against the injustice of the supposed attitude of the persons around; and I have seen patients so terrified by the sensation of dread of some ill-defined malignant influence, that they have tried after getting out of bed to throw themselves from windows or downstairs.

It is also interesting to observe that some people who are not suspicious of others are suspicious of themselves, and spend their time in moaning over their sins and shortcomings, although these cannot be stated in any clear or definite form. Some years ago a patient under my care at St. Thomas's Hospital very well illustrated such conditions. She was a woman of more than middle height, was enormously swollen, and weighed over 20 stone. She was afflicted particularly with *cacœthes loquendi*, and was full of suspicions about everybody who had to deal with her, as well as about the rest of the patients in the ward. They were all thinking evil of her, and no one expressed any sympathy for her sufferings. When I paid my visits to the ward, she often detained me for half an hour with the endless recapitulations of her sufferings, suspicions, and fears. One night, under the influence of great excitement, she actually fell out of bed, receiving, however, no obvious injury. One day, after I had been

enduring her loquacity for some time, I was passing on to see another patient, when she sat up and reviled me and all present on account of the want of interest shown in her. It occurred then to one of my clinical clerks to take an opportunity of letting her talk herself out. He sat by her head, and listened patiently to her as long as she was able to continue speaking. This lasted for more than an hour and a half. She immediately took a great fancy to him, and said that for the first time she had been properly understood. This was before the days of the use of the thyroid treatment, but the patient certainly improved during a long stay in hospital, and left weighing only 18 st. I attributed her improvement to prolonged rest in bed, the maintenance of warmth, and the use of jaborandi. A few months afterwards she appeared in the ward one afternoon during my visit. She was still further reduced in bulk, weighing then only about 15 stone, but, while she talked a great deal, her change of mental attitude was quite remarkable. She, indeed, came mainly to apologise to me and to the nursing staff for her rudeness during her stay in hospital. She had known all the time that she was rude and unreasonable, but she was quite unable to repress the feeling which prompted her to rudeness. The case was valuable as illustrating the licence in which persons of unsound mind will sometimes indulge, being fully aware at the time that their conduct is unjustifiable. She did not make her appearance again in the hospital, at least in my ward. Mental improvement following a distinct abatement of the signs of disease has been observed in this case as well as in some others. On the other hand, the suspicions and the garrulity often remain the last symptoms to be overcome. In fact, in some cases they are actually exaggerated in persons who have lost all the other characteristic signs of the malady.

In more than one case the mental disturbance has become so great as to require restraint.

Taken in conjunction with alterations in the thyroid gland, all the materials for a direct diagnosis of myxœdema are to be found among the foregoing symptoms; but there certainly are cases of myxœdema in which for one reason or another certain of the symptoms may be absent or modified. Thus, for instance, as Dr. George E. Murray has recently shown, instead of the marked swelling of the whole body, a relative tumefaction, accompanied by a yellowish tinge of the skin varying under treatment, would render the first-sight diagnosis a little obscure. The speech is often not characteristic, even when the other parts of the picture stand out well, and the hair and teeth may escape the ordinary degeneration. I have seen recently a lady whose hair at the age of 60 was almost, if not quite, natural, being abundant in quantity, not having fallen out and not being broken or ragged. The teeth, however, in this case had gone early.

There are, indeed, cases in which it must be admitted that diagnosis very difficult; cases in which, while the bulk of the body is very considerable and the face much swollen, the yellowish, transparent look of the skin is not present, the speech is but little impaired, and the hair and teeth have suffered only in a minor degree. Some of these cases are not easy to separate from cases of simple over-fatness of the body, and it is only by dint of repeated verification that the existence of symptoms belonging to myxœdema and not to simple fatness may be determined.

In the early identification of myxœdema its subjects have much the appearance of being really victims of a form of Bright's disease without albuminuria, and, indeed, after the early publication of observations on myxœdema, it was seriously contended by more than one accomplished physician that the disease really was Bright's disease associated with an unusual form of dropsy. The compass of this lecture will not allow of my entering into the details of the controversy, but I think that no one nowadays has any doubt of the absolute difference between Bright's disease and its dropsy and myxœdema and the swelling belonging to it.

ASSOCIATED SYMPTOMS.

We can now proceed to consider some of the associated symptoms of myxœdema, not of such primary importance as the preceding. First among these is the lowering of the temperature of the body. In the well established disease the temperature of the body is usually lowered by from 1° to 3° F. Such lowering of temperature, however, is not by any

means always present in the early stages. The heat of the body may be maintained at something like the average temperature or a little above it by the influence of intercurrent disease, particularly that of phthisis. Indeed, an average temperature say of 94° or 96° F. observed in a case of well developed myxœdema may be taken to be an indication of a sort of pyrexia calling for the most careful search for any local or general causes, such as in ordinary people raise the temperature to 100°, 101°, or more. It will be seen afterwards that one of the first effects of successful treatment of myxœdema is the raising of the temperature. Related no doubt with the lowering of the temperature, we find patients liable to great suffering and aggravation of their symptoms during the prevalence of cold weather. This is certainly the rule, and one may notice in hospital how our old patients come back to us with the frosts. They do not appear so much to feel the cold as to be conscious of the injurious effects of cold. One may see a patient sitting up in bed and complaining of feeling ill because of the cold weather, the hands and feet will often be found then extremely cold and blue, and yet it is far from uncommon to find the complaining person allowing her nightdress to be open so that the air directly impinges upon the skin, and careful questioning will elicit the fact that the patient is not conscious of such impact of cold air, the general numbing of sensation masking the effects of a prejudicial influence. Independent of various modes of treatment, climate must be regarded as very strongly modifying the progress of the illness. The people who can have well warmed houses and keep out the cold of our English climate pass through the winter with much less suffering and danger than poorer people unprovided with such protection. Still more, if people can exchange our English climate for a warmer one during the winter season, the progress of the disease may be retarded and the sufferings greatly diminished.

Observations of temperature must be made by insertion of a thermometer into the mouth or into the rectum. Axillary determinations may be regarded as practically valueless.

HÆMORRHAGES.

Hæmorrhages from various parts are, as we have noted, not uncommon in myxœdema, though far less general in their occurrence than the alteration in temperature. They occur mostly in the fully established disease. Epistaxis and bleeding from the gums will often be noted. The extraction of a tooth, often called for, is always to be dreaded on account of the hæmorrhage which is apt to follow, lasting in some cases for three or four days in spite of plugging and the use of styptics, and involving a drain which the anæmic patient can with difficulty sustain. Hæmorrhages in the skin and from the bowels are less common, but uterine hæmorrhage is often a serious source of enfeeblement, becoming dangerous in association with parturition. *Post-partum* hæmorrhages are far from uncommon in even the early stages of the disease to an extent almost becoming a rule, when the relatively small number of myxœdematous patients who become pregnant is considered.

The most serious hæmorrhages are those into the brain. I have seen three cases of apoplexy, in two of which *post-mortem* examination showed bleeding into the brain in the usual position of cerebral hæmorrhage; in the third, in a curiously distributed form in the cortex of the brain. In the last-mentioned case I had the opportunity of watching the progress of the patient for a considerable time. He was a man 30 years of age, a waiter by occupation, and was admitted for the first time to St. Thomas's Hospital, under my care, on June 14th, 1892. It appeared that his illness commenced six years before his admission. He began at first to feel dull, heavy, and depressed, and became clumsy, especially with his hands. His friends complained of his dull and muffled voice. All exertion became a trouble, and he would occasionally fall. His abdomen and body generally began to swell and his face became round, puffy, and yellowish-brown with flushed cheeks, earning for him the nickname of "The Fat Boy in Pickwick," which replaced the nickname of "Skin and Buttons," which had before the illness been bestowed upon him on account of his pale and hollow-eyed countenance. The two photographs which I now indicate represent respectively the condition of the patient some years before his illness and not long after his admission to hospital. His hair had begun to

fall out some time before admission, and his skin was always very dry. He stated that he was rather worse in the winter time than in summer, and had lost interest in the outside world. He was conscious of being very irritable. At the time of admission his skin was exceedingly harsh and dry, also much pigmented, his hair dry, scanty, and broken, particularly on the face and head. His features were heavy, his expression was somewhat fatuous, and there was a strong suggestion of his having undergone a sort of Mongolian change of physiognomy. He was very bulky; there was some fulness about the clavicles; the thyroid gland could be felt, but was evidently smaller and firmer than natural. All his movements were sluggish, and his hands were spade-like with impairment of the finer movements. There was no sign of visceral disease, and the urine was normal. Glycerine extract of thyroid, prepared after the admirable method of Dr. George R. Murray, of Newcastle, was injected hypodermically in doses of 15 minims on the following dates: July 12th, 16th, 19th, 22nd, and 30th. He improved considerably under this treatment, which was, however, discontinued on account of great swelling and distress following the injections, and was replaced by internal administration of the same preparation in the same doses daily. Under this improvement continued rapidly, his bulk diminished, his skin became moist, and at times he perspired very considerably. His hair grew again very quickly and in great thickness. The third photograph presents his condition after six weeks of treatment. This and the second photograph were kindly taken for me by an exceedingly clever clinical clerk of mine, who wrote on the back of the one I am pointing out a very appropriate quotation from the

Ingoldby Legends:

He grew sleek and fat;
In addition to that,
A new crop of feathers
Came thick as a mat,

only we must pass over the fact that the patient did not, like the jackdaw, get fatter. The patient left the hospital on August 28th, 1892, but continued to attend as an out-patient for some months afterwards, taking the glycerine extract regularly, but only now about twice a week. The fourth photograph shows him in a later stage of improvement, almost, if not quite, amounting to cure. His attendance now became irregular. He appears to have taken up service as a waiter. I learned at the time that he was a very good waiter in a general way, but was somewhat expensive in consequence of a tendency to drop plates and dishes when he was handing them. It is certain, however, that at this time he began to indulge in alcoholic stimulants and to have neglected his thyroid treatment. The signs of myxœdema gradually returned, and at the beginning of July he had a fit in which he lost consciousness for some hours, and this was followed by a second and a third fit during that year. In the last of these the tongue was bitten.

He was again admitted in the St. Thomas's Hospital on November 13th, 1895. Much of the appearance presented at the time of his first admission had now returned, and his urine now was of a specific gravity 1025, with a trace of albumen. Shortly after his admission he was seized with convulsions, and was unconscious for one hour. On November 14th he had two fits, after which he became very violent, struggling and talking incoherently. He sweated profusely all the next day and was still very violent, requiring restraint by a male attendant. He then became comatose for some hours, and died on November 16th. The temperature, which had been 98.2° F. at the time of his admission rose on November 13th to 100.6°. At the *post-mortem* examination the thyroid gland was found to be very small and fleshy, the isthmus being little more than a strand of connective tissue. It is important to state that the adrenals were diseased, the left being increased in size by enlargement of the central cavity, which contained several calcareous and caseous nodules, some surrounded by miliary tubercles. The right adrenal showed a similar change, but with all this the mass of glandular tissue was unaffected; there was now no pigmentation of the skin.

On examining the brain there could be seen through the arachnoid and pia mater innumerable minute hæmorrhages distended, as it were, over both hemispheres, but more numerous on the left side. The cortical vessels were much distended,

and the brain throughout was hyperæmic, but there were no petechiæ below the surface. Otherwise, the brain appeared to be healthy. As regards the hæmorrhages noted on the surface of the brain, it must be remarked that in his convulsions and struggling he had evidently met with some injury of the scalp, but the distribution of the petechiæ and their superficial character were most probably either the result of his epileptic fits or the cause of them. It is well known that petechiæ occurring in the face of children are not infrequently found to be the result of convulsions, and that occasionally their existence may lead to the recognition of fits occurring during the night and not in the daytime.

CHANGES IN THE THYROID GLAND.

It is now generally admitted that myxœdema, in common with the sporadic cretinism of children and cachexia strumipriva, is dependent on a destruction or loss of the function of the thyroid gland, and that in many ways myxœdema is allied to cretinism, in which affections of the thyroid gland play an important part. It is commonly the case that in myxœdema diminution of the thyroid gland is recognised during life—not, however, always by reason of the difficulty of feeling the thyroid through the massive and non-yielding cutaneous tissue. For the most part, the gland is found in a state of atrophy, having the secreting structure partially or completely destroyed by a fibrosis of connective tissue, there being also an associated loss of the colloid secretion. But it is not always a reduced thyroid that is found. In an enlarged gland the destruction of the tissue may be brought about by a new growth, and, furthermore, the history of a certain number of cases of myxœdema indicates that an enlargement of the gland has preceded its contraction and atrophy. To go further than this, it may be stated that in certain well-observed cases the symptoms presented before the establishment of myxœdema have been more or less the symptoms of exophthalmic goitre. It appears to me probable that we shall recognise in the near future more and more the occurrence of a stage of hypertrophy of the thyroid gland with or without the signs of Graves's disease as an antecedent of myxœdema.

I will venture to give here an abstract in as short a form as possible of a case, the notes of which have been kindly sent to me by Dr. Alexander Hope Walker, of Cranleigh, whom I beg now to thank for his kindness. It is, of course, helpful to me to have the opportunity of quoting the cases of other observers as well as my own. The patient is a girl, aged 23, living at Alford, in Surrey, a place where, according to Dr. Walker, goitres are frequent. Being hitherto in the enjoyment of fairly good health, she noticed in July, 1890, that her neck was larger than usual, though neither pain nor inconvenience was experienced from the enlargement. In March, 1891, she began to present signs of exophthalmic goitre, and was subsequently admitted in June of that year to Charing Cross Hospital under the care of Dr. John Abercrombie. The diagnosis of exophthalmic goitre appears to have been formed and adopted at the hospital, where she was treated with iron, quinine, and digitalis, together with daily galvanisation of the thyroid. Under this treatment the swelling became reduced in a somewhat marked degree, and she left the hospital on August 1st, 1891, to all appearance cured. She then went into service at Burgess Hill and continued well until November, 1893, when she noticed her legs, arms, and hands to be swelling. She finally gave up her services and returned to Alford, where she was seen by Dr. Walker on November 20th, 1894. At that time, to quote Dr. Walker's notes, "the face throughout was markedly swollen, the skin feeling thick, looking translucent and waxy, and the eyelids were particularly swollen. The nose was broad, the lips thickened and diverted, the face was devoid of all expression; the pink flesh, so constantly present in these patients, was absent; the hands were spade-like, the skin was harsh, dry and pale, the hair was falling out, the speech was slow and monotonous, the temper sulky and uncertain, the movements of the body were all very slow and deliberate; the urine and the viscera appeared to be normal; the thyroid gland could just be felt." I think you will agree with me in accepting the first stage of this patient as one of exophthalmic goitre, the second as one of myxœdema. I may add that the treatment was mainly by the administration of thyroid in the

form of tabloids. By the end of January, 1895, she appeared to be quite well, but being at home she neglected to send for her tabloids and drifted back into her myxœdematous condition. She was recovered from this once or twice by renewed treatment, but finally died rather suddenly of heart failure on June 6th, 1897, that is to say, seven years after the first appearance of symptoms connected with the thyroid. No necropsy was made so far as I am aware. It appears probable that the enlargement of the thyroid in such a case, as, indeed, in exophthalmic goitre generally, is due partly to hyperemia and partly to changes in the gland, which are apt, in certain cases, to determine proliferation of the epithelium surrounding the cells, such proliferation ending in the replacement of the true glandular structure by fibrous material, and consequent destruction of the functions of the gland. The gland being thus destroyed, after a time undergoes a sort of cicatricial contraction, leading to atrophy comparable to that occurring in cirrhosis of the liver.

I am inclined to think that the accession of enlargement of the thyroid, with or without the typical signs of Graves's disease, is much more commonly an antecedent of myxœdema with contracted thyroid than is generally supposed.

In my own experience, and probably in that of many other physicians, young women brought for treatment on account of anæmia and various nerve disorders, are found much more commonly now than formerly to present some enlargement of the thyroid. Doubtless with the phenomena of myxœdema and exophthalmic goitres brought more and more prominently before our notice, we have come to take more careful note than formerly of the state of the thyroid gland. It is certainly common to find a definite increase in the size of the gland present where neither the parents of the patient nor the patient herself were conscious of anything of the kind. I do not mean to say that in all these cases the enlargement of the thyroid is followed by a trophic change, but the great frequency of the occurrence of enlargement in adult women justifies the hypothesis that in a much larger number of cases than we know of at present an enlargement of the thyroid has preceded the development of myxœdema. How this enlargement comes about is certainly not well understood as yet, but it must be remembered that, in the first place, myxœdema, like exophthalmic goitre, is a disease affecting women in an exceedingly larger proportion than men. In fact, the title to Sir William Gull's first paper brings this predominance into strong relief. The title of the paper was on a Cretinoid State supervening in Adult Life in Women. Temporary increases and diminutions of the size of the thyroid body are certainly not easy to recognise and determine, but certainly where a thyroid is once enlarged it is often found that there is increase of enlargement at the time of menstrual period. When, as in many women, conditions approaching the inflammatory occur in various parts of the body at the time of menstruation, it is no hasty induction if we suppose that a local exaggeration of such conditions may lead to a permanent enlargement, to be followed by simple subsidence or possibly, in some cases, by contraction. I know of no changes in the sexual organs of men in any way related with myxœdema, where it attacks them, and, *primâ facie*, I should not expect to find such a relation, there being in men no periodical disturbance comparable to those of menstruation. In sporadic cretinism, which is really only myxœdema occurring in childhood, the affection of the two sexes appears to be about equal, boys and girls alike in those cases being affected by developmental error. It is only after the full development of the sexual organs that the disproportionate implication of women becomes evident. So far as I know, the occurrence of sexual development in sporadic cretinism, for the most part very delayed, does not affect the further course of the disease in either. The boy and the girl suffering alike from their myxœdema, carry it on with them equally when they respectively become man and woman.

In relation to the points that have just come under discussion, I may draw attention to an exceedingly interesting paper read by Dr. George R. Murray at Edinburgh in July last on the Diagnosis of Early Thyroidal Fibrosis. The object of this paper is to draw more attention to a class of cases of early disease with partial disablement of the thyroid gland, which are more common than is generally supposed. Dr. Murray points out that the symptoms in

these cases are not yet sufficiently well recognised, and he regards the symptoms to be the result of a certain amount of atrophy of the glandular tissue of the thyroid with fibrosis, but he does not think it desirable to discuss the question as to the possibility of fibrosis being primary, and leading to atrophy of the secreting epithelium as a secondary result, or to fibrosis as a secondary condition following atrophy.

TREATMENT.

Under the head of treatment it must first be observed that until the introduction by Dr. Murray of the practice of making hypodermic injection of a glycerine extract of the thyroid gland, no remedies could be spoken of as effective. Arsenic and iron were suggested by the very obvious presence of anæmia; and each in its way often produced some improvement in the general health of the patients. The hypophosphites were used where the nervous weakness was particularly evident, and jaborandi or the salts of pilocarpin were used in order to favour the occurrence of perspiration. In addition to the use of drugs, the introduction of portions of thyroid gland into the tissues of the body has been used by several observers. Some found a resting place for the gland in the peritoneal cavity, others in the tissues beneath the skin. I may say that I myself have made use of the latter method in several cases, choosing a spot over the upper part of the pectoralis major muscle, where the portion of the thyroid gland could be deeply imbedded in subcutaneous tissue.

In all cases some improvement rapidly followed the operation; the skin began to be moist, the patient's face to fawn down, and the hair recovered somewhat of its healthy character, but in no very long time it could be ascertained by the touch that the imbedded gland was diminishing in size, and at length it had disappeared. With its disappearance passed away all the signs of improvement, I suppose that it is just possible that by regular repetition of the process something like cure might have been effected, but I do not know that anyone has performed the operation more than once or twice, the difficulties of such a proceeding being very obvious. It must be stated that the imbedded glandular structure was taken from a goat just removed by operation.

As I have already observed, after Dr. Murray had made his important discovery, Dr. Hector Mackenzie found that the internal administration of the gland or its preparations brought about as marked an improvement and progress to cure as had been effected by the hypodermic injections, and I suppose that the internal administration of the thyroid gland in one way or another is the method of treatment now usually adopted. It appears to me that the administration of the thyroid gland itself, when it can be carefully and regularly maintained, is the most appropriate form of treatment. The gland may be finely minced and administered raw with sugar or salt, or may be lightly cooked. The size of the gland—mainly obtained from the sheep—varies a good deal, and no variation is to some extent a justification of the administration of an extract obtained from a number of glands so as to get something like an average. In one case still under my occasional notice an affectionate husband has been at the trouble to procure regularly thyroid glands from sheep and to prepare them in a raw state for administration to his wife. The original quantity administered was one gland a week; but, as the patient has improved, the frequency of administration has been diminished, but it still goes on as it has gone on for some years, and at the present moment the lady presents no signs whatever of the disease.

It is possible to give the thyroid gland too frequently. When the knowledge of its efficacy as administered internally first became known I gave to a patient, who was so ill as hardly to present any chance of maintaining life, one gland a day for four days in succession. At the end of that time she suffered from violent headache, vomiting, and pains in the limbs with rise of temperature amounting to 6° F. With such a lesson the gland was administered at longer intervals, namely, of a week to ten days, with ultimately the greatest benefit. But to procure fresh and healthy glands and to prepare them in the proper way involves a great deal of trouble and its use may be replaced by the administration of Dr.

Murray's glycerine extract in doses varying from 10 to 30 drops a day or every second or third day, according to the effects produced and to the patient's power of bearing the influence of what we may call now the drug. Still more convenient and not ineffective are the preparations in the form of tablets now in common use. Some of these contain the dried and crushed gland, others extracts of it, such as the excellent powders devised by Mr. Edmund White, the Therapeutist of St. Thomas's Hospital. On the whole, I prefer the extracts of the whole gland to any kind of principle derived from it by chemical processes. Perhaps the next best form is the dried and powdered gland of the *Pharmacopœia*.

A good deal of extremely interesting work relating to the preparation has been done by various observers, and I would draw your attention to *Observations on the Chemistry and Action of the Thyroid Gland*, by Dr. Hutchison, Demonstrator in Physiology, London Hospital Medical College.

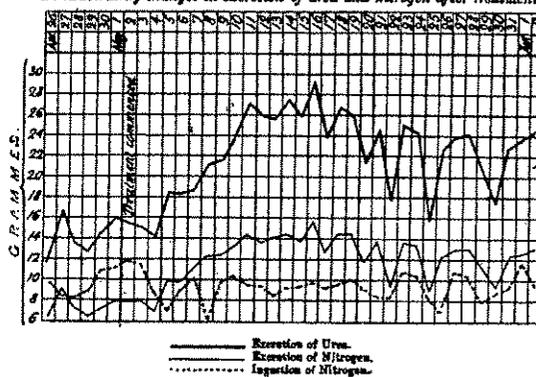
According to Dr. Hutchison and others, colloid matter prepared in various ways from thyroid gland is found to contain a definite quantity of iodine which appears to be present in the form of what has been called "iodothyron" (Bergmann).

We may note in passing that, according to Dr. Hutchison, parathyroids when administered in myxœdema have no effect upon the disease, although in operations on dogs no myxœdema occurs if the parathyroids are not removed as well as the thyroid.

THE URINE.

For the most part, the urine in myxœdema contains no albumen, certainly not as a rule until the disease has lasted a very long time, often not at all from beginning to end. Where albumen, however, is present regularly in the urine, together with casts and degenerated epithelium, we may regard it as an indication that the kidney has undergone an internal change comparable to that observed in the eyelids, where the glandular tissue is injured by the encroachments of swollen connective tissue. In *post-mortem* examination the kidneys are found somewhat enlarged and exceedingly tough, reminding one in their consistence very much of the kidney of advanced heart disease. This change in consistence is associated with excessive thickenings of the connective tissue around Malpighian bodies and between the tubes—changes at first sight very like those of the contracting granular kidney. In the case of the young man who died with cerebral hemorrhage some increase of interstitial tissue in the kidneys with great degeneration of epithelium, especially that of the convoluted tubes, was noted.

Chart illustrating changes in secretion of urea and nitrogen after treatment.



Further, as regards the urine, three things have long been observed as occurring in the treatment of myxœdema by the administration of thyroid:

First, the urine, below the average quantity before the administration, was very largely increased in the first days of treatment.

Secondly, the quantity of urea present in the urine before treatment, long known to be very deficient, amounting often

to less than half of the proper excretion in that fluid, was found under the treatment to be very much increased in quantity, to a point even above the average.

Thirdly, the temperature of the body was found to rise with more or less rapidity from the subnormal range present in the disease in either the normal height or beyond it.

After selecting a well-marked case of myxoedema, I obtained the valuable assistance of Mr. White, the Therapist of St. Thomas's Hospital. The constituents of the patient's daily diet and of the urine were generally submitted to chemical examination a week before treatment. At the end of the week the administration of the thyroid in the form of the glycerine extract of the sheep's gland was begun.

Average Daily Excretion of Urine and its Constituents.	Before Treatment.	After Treatment.	Increase after Treatment.
Volume c.c.	928	1127	199
Total solids grms.	26.16	36.49	10.33
Ash "	7.37	8.84	1.47
Organic matter "	18.79	27.65	8.86
Urea "	14.21	22.36	8.15
Nitrogen "	7.39	12.08	4.69
Phosphoric acid "	2.78	3.33	0.55
Chlorine "	1.71	2.01	0.30
Average daily ingestion of nitrogen in food grms.	9.46	9.30	—

It was found, then, that while the weight of the body diminished rapidly during the first week of treatment, the daily volume of urine passed rose from 928 c.cm. to 1,127 c.cm., being an increase of 199 g.; that the total solids increased from 26.16 g. to 36.49 g.; the organic matter from 18.79 g. to 27.65 g.; the urea from 14.21 g. to 22.36 g., and the total nitrogen from 7.39 g. to 12.08 g., there being also a distinct increase in the quantity of phosphoric acid and chlorine. It was clear, therefore, that the thyroid extract had:

1. A distinct diuretic action.
2. That the elimination of nitrogen was largely increased.
3. That the increased elimination of nitrogen was almost entirely in the form of urea.

These results appear to indicate that during the process of the melting of the myxoedematous deposit there occurs some important metabolism of a nitrogen-containing substance. These observations were brought before the Clinical Society of London some years ago.

In conclusion, I may be permitted to say that myxoedema presents for us great interest in the matter of its primary diagnosis; that it presents for our consideration many problems besides those connected with its own etiology and course and its relations with other diseases in which affection of the thyroid is present; and that in its pathology there are also many points to be investigated and explained. I have dealt only lightly with its pathology for the reason which I have already given—namely, that the setting forth of this before you will presently be found entrusted to more skillful hands.

A "COLONY" ASYLUM FOR IMBECILES AND EPILEPTICS.—We learn that the Manchester and Chorlton Unions have made some progress in their scheme for jointly providing for the special treatment of their imbeciles and epileptics. They have secured for the colony a site of 277 acres near the Lancashire landmark called Rivington Pike, and closely adjacent to the Rivington Reservoir, one of the sources of the Liverpool water supply. The Liverpool Corporation, fearing the possible contamination of the reservoir by the drainage of an establishment planned for 600 patients beside staff, have opposed the scheme before the Local Government Board, and an inspectorial inquiry is now in progress. It will be remembered that a report in favour of the colony plan pursued at Alt-Scherbitz was drawn up some twelve months ago by Dr. Rhodes and Mr. Alderman Macdougall, and we congratulate these gentlemen on the practical results which have followed their recommendations. The establishment of a Poor-law colony for imbeciles and epileptics in a suitable locality will be watched with much interest by other local authorities; and we hear that the Leicester Board of Guardians is already moving in a similar direction.

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SIXTY-SIXTH ANNUAL MEETING
OF THE
BRITISH MEDICAL ASSOCIATION.

Held at EDINBURGH July 26th, 27th, 28th, and 29th, 1898.

PROCEEDINGS OF SECTIONS.

SECTION OF SURGERY.

JOHN DUNCAN, F.R.C.S. Edin., LL.D., President.

RADICAL CURE OF HERNIA BY AN IMPROVED METHOD OF TORSION OF THE SAC.

By CHARLES B. BALL, Ch.M., F.R.C.S.I.,
Regius Professor of Surgery, Dublin University.

In 1884, at the meeting of the British Medical Association at Belfast, I described an operation for radical cure of hernia by torsion of the sac, and in 1887 made a further communication illustrated by 22 cases. Since then my personal cases have reached to over 150, and I know that the operation has been somewhat extensively performed by others both at home and abroad.

In common with all the early operations, the number of cases of recurrence was somewhat large, although I know of many that have remained perfectly sound for over ten years, never having worn a truss since the operation. Two important factors appear to be chiefly responsible for the early failures:

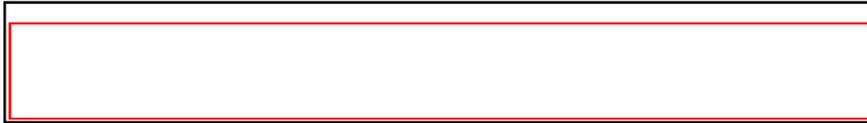
1. Suppuration of the wound. When the healing is by granulation the cicatrix is weak and after a time is sure to stretch. In the days when we believed that an infinitesimal application of carbolic lotion was sufficient to exorcise all bacteria, suppuration occurred not infrequently, whereas now, by improved methods of asepsis and the avoidance of hurried sutures and drainage tubes, suppuration is in these cases almost unknown.

2. The second element of weakness was the leaving of a depression in the peritoneum opposite the inner opening of the inguinal canal into which the abdominal contents were forced, and gradually by wedge-like action dilated the depression into a second hernial sac. The great success which has attended Professor Macewen's method in his own hands is probably largely due to the obliteration of this depression. In December, 1892, Professor Kocher published a method in which the twisted sac was brought out through an incision in the tendon of the external oblique muscle, laid down over the tendon and ring, and secured there by sutures. This method has undoubtedly the advantage of directing the peritoneal depression upwards against the abdominal wall, instead of leaving it at the inner opening of the inguinal canal. When the sac is bulky and thick, the incision in the tendon must be correspondingly large, and so a further element of weakness in the abdominal wall is produced; indeed, I know of a case in which a secondary hernia formed after Kocher's operation, not through the external abdominal ring, but through the opening made by the surgeon for the purpose of drawing out the sac. After trying Kocher's operation in a few cases, I came to the conclusion that all the advantages of it could be obtained in a more simple way and without any incision of the tendon, by passing a suture in such a way that when tightened it would draw up a loop of the twisted sac in the subperitoneal tissue behind the entire thickness of the abdominal muscles, and fix it there. I have followed this method exclusively for the past five years, and am fully satisfied with the results.

The details of the operation as applicable to a case of reducible inguinal hernia in the male sex are as follows. An incision is made about 1 inch long over the neck of the rupture and carried down until the sac is opened. A finger is introduced to carefully examine for adherent omentum or other more important structures. In this way I have determined the presence of the urinary bladder, the vermiform appendix,



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Ms Heather Cook
Investigating Officer
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M1 6FQ

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7th November 2011

Dear Ms Cook

Re: DR SKINNER MD (Hons) DSc, FRCPath, FRCOG - Review Hearing

I request that this letter be readout at Dr Skinner's hearing.

As a patient of Dr Skinner I am writing to offer my whole-hearted support that Dr Skinner is most defiantly fit to practice. I wish to express my extreme consternation and disapproval towards the GMC for their persecution of Dr Skinner. I would also like it noted by the GMC, that their actions against Dr Skinner, have personally caused me a great deal of stress and anxiety, which has been to the detriment of my health in recent months.

If the GMC decide that Dr Skinner is no longer fit to practise, I assume they are willing to undertake the responsibility for my healthcare in future, to provide detail of other doctors who can provide effective treatment for my condition along with necessary prescriptions to keep me healthy and in an optimum state of health.

Firstly, regarding Dr Skinner's fitness to practice. I would like the following points to be noted:

- Dr Skinner's is one of the very few doctors I have consulted (and there have been many) who really *is* fit to practise and takes his duty of care towards patients most seriously.
- Dr Skinner's treatment has caused me *no harm whatsoever*. His treatment has been only beneficial, resulting in a return to health. He is the only doctor who has been able to unravel that the major cause of my chronic ill-health is due to hypothyroidism.
- His prescription of medication (Thyroxin and Liothyronine Sodium) has been responsible a significant improvement in my health. I have suffered *no major side effects* with this medication, unlike other medications prescribed by other physicians.
- In my experience Dr Skinner always taken time to listen to symptoms and proceeds very carefully with a considered diagnosis and before prescribing medication.

- In my struggle over the years to find a solution to chronic ill-health I have seen many other doctors, who (unlike Dr Skinner) have been of little help in their attempts to find a diagnosis and have often left me emotionally battered, physically scarred, and in a far worse state of health than when I first consulted them. Their invasive often unnecessary diagnostic tests have left me in considerable pain, with subsequent infections, creating yet more problems.

Personally to have received Dr Skinner's help has been a wonderful thing. I have been returned to health and had had my life transformed in such a positive way.

I was [] years old before I was referred Dr Skinner. I had suffered [] years of chronic ill health – from the age of [] to [] - []. By then I was in a pretty bad way facing an extremely uncertain future. My health was failing quite rapidly, which had seriously impaired my ability to work. []

[] []

When Dr Skinner first diagnosed me with hypothyroidism I bought a book on the condition to find out more. Of the long list of symptoms associated with the disease, I had all of them. Yet my GP had dismissed them as unimportant, having relied solely on a blood test, before pronouncing that she could find nothing wrong with me – even though I could hardly walk! How could my GP have ignored all my symptoms. What has happened to listening to patients? What has happened to putting patients first?

Having been in the care of Dr Skinner for [] years my health is so much improved and I have gradually turned my life around and had been looking forward to a healthy future, trying to catch up on many of the things that I have missed in the previous [] years of chronic ill-health.

I wish I had been able to see him when I was [], rather than at [] years old, before my education, career and capacity to lead a normal life had all been denied or put in jeopardy. [] [] – when I was getting healthy again and had the energy to go out a meet people. It makes me very sad that unlike my all my friends I have missed out on years of happy married life and ability to have a family.

I am now in despair at the possibility that once again all this will be taken away from me. To be ill, with no treatment available is one thing. But to have been ill, given the blessing of a recovery and then face the prospect of having your doctor, your treatment and your life taken away again is dreadful and seems unutterably cruel. We are supposed to live in a civilised country, but to have health concerns disregarded in this way suggests otherwise.

Therefore I would like to question the underlying reasons for this action by the GMC.

- It seems that the GMC are determined to end Dr Skinner's practise because he doesn't to follow current convention and treats thyroid related health problems that have been misdiagnosed, ignored and dismissed as a result of strict adherence to the current tests and diagnosis guidelines.

In his approach Dr Skinner has not only helped many hypothyroid patients, but also seems to have found an effective treatment for those 'written off' with debilitating conditions such as ME [redacted]

- I fail to understand why, when Dr Skinner's approach has pushed forward and improved the treatment of hypothyroid patients, why he is so vilified? His record of research in other areas of medicine speaks for itself and in the past he has been rewarded by the medical establishment for his contributions to medical science (e.g. being made a Fellow of the Royal College of Pathology and Fellow of the Royal College of Gynaecologists).
- Medical advancement and new treatments need to be welcomed – so often a new approach towards the treatment of a long-established health problem is met with initial scorn by the medical establishment – recent advances in the treatment of stomach cancer are a good example. When the suggestion that helicobacter pylorus could cause stomach cancer was first made, it was met with derision and scorn by those whose beliefs and reputations this challenged. Ten years later the link is proven and has transformed the treatment of this dreadful disease.
- My personal view is that without people like Doctor Skinner medicine won't progress and many lives will continue to be ruined as a result of the egotism and stubborn dogma of those in the medical profession whose reputations stand to suffer by the introduction of new advancements and different approaches to treatment. In his case far greater effort has gone into keeping the status quo, than has been expended for the benefit of patients.
- Causative links between hypothyroidism and heart disease, diabetes and obesity are well documented. In recent years in this country, there has been a steep increase in the occurrence of the latter three diseases, at a time when diagnoses of hypothyroidism are on the decrease as result of the reliance on a blood test which has qualifying parameters at such a level that gaining a proper diagnosis can be very difficult.
- The reliance by many GPs to diagnose Hypothyroidism by use of the TSH blood test *alone*, without proper accompanying clinical diagnosis appears to be failing many people, myself included. It seems that many GP are falling into the trap of 'tick box' medicine, that concludes that if the 'tests' show nothing wrong you can't be ill – even though you clearly are very unwell. In theory this type of medicine may be speedy and efficient, but in practice it is failing patients. This is seems to be medicine on the cheap designed to save the NHS money, but at what cost to patients lives?

My future is in your hands – it's the only one have, so please don't abuse and destroy it.

Yours Sincerely [redacted]

c.c.

Mr R Shipway, RadcliffesLeBrasseur (Solicitors), 5 Great College Street, London SW1P 3SJ
[redacted]

[Redacted]

7-11-2011

FITNESS TO PRACTICE DIRECTORATE
GENERAL MEDICAL COUNCIL
3 HARDMAN STREET
MANCHESTER
M3 3AW

Dear Ms Cook,

I have been attending NHS Doctors for years without my problems being addressed and in the last few years there has been a general reluctance to accept and treat my symptoms at all.

Under Dr Skinner's supervision (1st appointment [Redacted]) I have made considerable improvement thanks to his diagnosis and treatment for under active thyroid - hypothyroidism.

Dr Skinner has made me well again. [Redacted]

Since I have made so much progress and feel so much better with treatment the NHS people have now accepted this diagnosis.

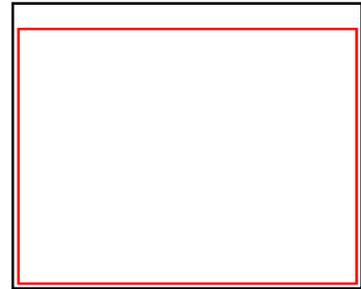
Yours sincerely

[Redacted]

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08/11/11

Ms Heather Cook,
 Fitness to Practise Directorate,
 General Medical Council,
 3, Hardman Street,
 Manchester,
 M3 3AW

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Dear Ms Cook,

Testimonial for Dr Gordon Skinner

I have been Dr Skinner's patient for years. Dr Skinner had diagnosed hypothyroidism, albeit that my GP believed, at that time

In , I agreed, with some caution, with my GP's advice to cease taking Armour thyroid and start on a significantly lower dose of Thyroxine to see how I progressed. I was scanned for bone loss and my results indicated that my bone density was within the normal range.

I asked for a second opinion and, after more testing, the consultant at our local hospital recommended that I resume medication, albeit Thyroxine. I do not respond positively to this medication and actively prefer Armour.

I am now on Armour thyroid, under Dr Skinner's care, and am responding extremely well.

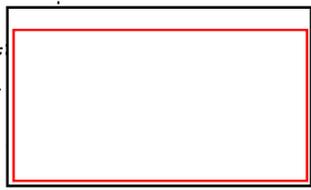
Dr Skinner is an excellent doctor and I have always found him to be an extremely caring and proficient practitioner who actually takes the time to consider my overall well-being as part of his treatment programme.

Yours sincerely,

CC

Mr Ralph Shipway

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00709744

8 November 2011

Heather Cook,
Investigation Officer,
Fitness to Practise Directorate,
General Medical Council,
3 Hardman Street,
Manchester,
M3 3AW

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Dear Ms Cook,

GMC review hearings 14- 18- November 2011 - Dr Gordon Skinner .

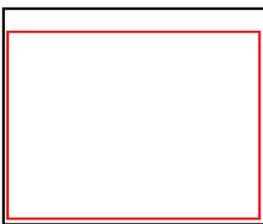
My wife [redacted] has been a patient of Dr Skinner since [redacted]. His diagnosis of her suffering hypothyroidism and prescribing appropriate medication has improved her health immeasurably. His continued right to practice is vital for her continued good health and well-being.

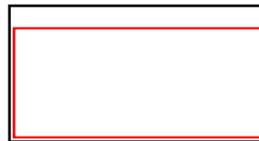
Prior to her coming under his care, she had suffered [redacted] for a sustained period of time. She had consulted her GP who requested blood tests but on receipt of the results was unable to offer any meaningful diagnosis and could not therefore recommend any ameliorative treatment. She referred [redacted] to an endocrinologist. The endocrinologist requested more extensive blood tests but on receipt of the results was at a loss to explain her symptoms and suggested she return in six months when the tests would be repeated. However, given the continued debilitating nature her condition, she was unwilling to follow his advice and sought an appointment with Dr Skinner.

After a long and comprehensive consultation Dr Skinner expressed his opinion that [redacted] was suffering from hypothyroidism. [redacted] expressed a strong preference for Armour Thyroid which Dr Skinner prescribed. This medication has proved to be most effective and she is now able to live an active life.

In conclusion I would reiterate my plea that he is allowed to continue in practice.

Yours sincerely





5 November 2011

Heather Cook
Investigation Officer
Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

Dear Ms Cook

Dr Skinner – General Medical Council Hearing 14th – 18th November 2011

I am writing in regards to Dr Skinner's forthcoming hearing with the General Medical Council (hereafter referred to as GMC) and in order to offer my support of Dr Skinner.

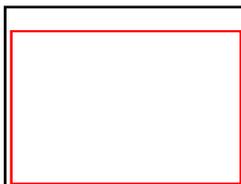
I am under Dr Skinner's care and apologies if I sound over dramatic but I feel like he has saved my life. Over the years I have been ridiculed by some in the medical profession and I have been made to feel like a non entity. In addition to which I have been offered many 'best guess' diagnoses, none of which have helped me. Suffice it to say that I have spent many years leading a sub standard life.

Furthermore in all my dealings with him he has done his utmost to comply with all GMC conditions; even before any potential treatment was started, the first thing the practice did was inform me of his GMC conditions.

I am disgusted that he has to go through this and I feel it is such an unnecessary waste of resources. It is just such a shame that patients are not top priority!

If you require anything further please do not hesitate in contacting me on 

Yours faithfully



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8th November 2011

Copy to Dr Gordon R B Skinner MD (Hons) Dsc, FRCPath FRCOG

Dear Dr [redacted]

I am surprised by your recent letter and thought I would let you know how I have been getting on since I saw Dr Skinner in early [redacted]

As you know, for many years I had been feeling unwell with many symptoms that together made my life almost unbearable. [redacted]

I had on many occasions sought help from various GPs before you, but felt I was getting no better and

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decided to go to see Dr Skinner privately to see if there was a problem with the thyroid. He confirmed that I had a problem and wrote to my GP and I began taking Thyroxin and T3. There was a marked difference in my symptoms but it took some tweaking and further visits to Dr Skinner for monitoring before I got to the point where my life improved beyond all measure with the symptoms reducing or ceasing altogether.

I moved house and registered with your Practice and saw you whom I felt very at ease with. I had regular blood tests to check the thyroid function and was told that I was over medicated and that you would reduce the Thyroxin dose. With my previous Practice I was taking [] of Thyroxin and [] of T3 and after some palpitations was taken off the T3 and the Thyroxin reduced. Then after a couple of years under your care the dose was further reduced until I was taking just [] of Thyroxin.

I felt back to how I was before treatment []

[]

I returned to see Dr Skinner who advised a build up to [] Thyroxin and he wrote to you. Since the increased dose I have felt so much better and people around me have noticed that I am perkier and want to go out and join in. [] []

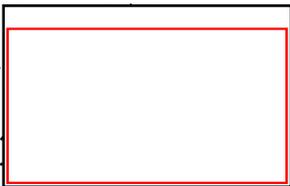
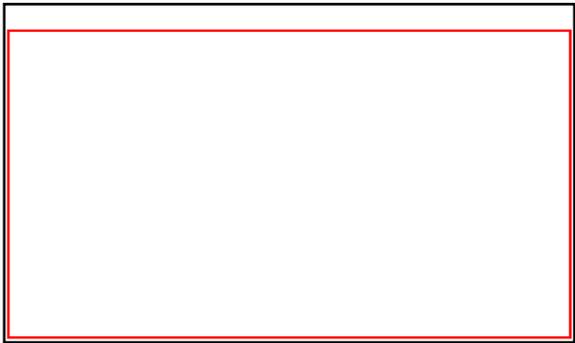
[]

I am firstly disappointed that in all the years I have been reporting these symptoms to various GPs, none have ever felt my problems warranted seeing a specialist but now that I am feeling so well and am living a worthwhile life again I am being requested to see another specialist even though the one I arranged, saw and paid for has examined me and has brought me back to good health.

I am happy to come to see you so that you can examine me and see how much physically and mentally improved I am.

Yours sincerely

[]



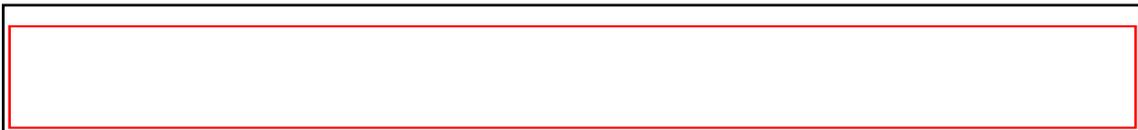
November 8th.2011
Copy to Dr Gordon Skinner

Dear Dr.

Your letter, dated October 26th.2011, to my wife raises some very fundamental concerns for me regarding the treatment she has been having to endure for many years in respect to her under active thyroid and the subsequent many health problems associated with this condition.

As her husband, of over years, I am no longer prepared to see her cajoled into being treated by a system which, at the present time, appears to have many serious flaws in the procedures that are being manifested by the medical and research professions.

It appears, at the present time, there is much controversy in respect to how under active thyroid patients are treated by the medical profession.



also knows that this under active thyroid could well be genetic as other members, from her fathers side of the family, have been diagnosed as having under active thyroid function.

When we moved from to in was feeling so much better than she had been for many years as Dr. Skinner had put her on a course of treatment. This was clearly working and her overall health improved bringing back many benefits of feeling that life was worth living again.

From the regular TSH and free T4 level blood tests taken from through to her dosage was systematically lowered when eventually she was only taking mg a day.

Throughout the time from I had to cope with the deterioration of my wife's physical and mental health. Below are the salient physical and mental factors you need to be aware of:

showed:-



Since she has had her thyroxin dose increased, by stages, back to [redacted]mg per day her physical and mental states have been improving and I am now looking forward to seeing her health and well being continue to return to how her health was in late [redacted].

So I am sure you will find this letter helpful when continuing to treat my wife's under active thyroid condition.

Her physical and mental conditions are of prime importance when looking at the patient as biochemistry is perhaps not necessarily an accurate enough science when allayed alongside physical and mental conditions of the patient being treated.

Thank you for taking the time to read my letter. [redacted] is aware of this letter and is content to involve me.

I shall look forward to hearing from you.

Yours sincerely,

