

St. Mary's Hospital,
Praed Street, London W2 1NY
01-725 1622 [Direct Line]
01-725 6666 [Main Switchboard]

THE PRAED STREET CLINIC

Our Ref: DG/PG/E97133

10th January 1989

Dr Patel
25 Upper Tulse Hill
LONDON
SE24


Dear Dr Patel


Nicholas LEWIS DoB 10/9/44
21 Craster Road LONDON SW2

This man came to see me today complaining of persistent haemospermia. I note he has been told he has optic neuritis problems by Moorfields. and that I found a left sided sensory deficit about a year ago. It sounds suspicious; like ~~MS~~, particularly as his left optic disc looks pale. Otherwise there are no abnormal signs.

I have ordered various investigations for the haematospermia, including CXR, EMU and semen analysis for AFB and will let you know the results as soon as I have them.

Yours sincerely


Dr David Goldmeier
Consultant Venereologist



f

The London Hospital (Mile End) (C)



Bancroft Road, London E1 4DG Telephone 01-377 7000 Ext 4072

DE YY/388675

30th January, 1989.

Dr. David Rampton,
Consultant Physician,
Gastrointestinal Science Unit,
Ashfield Street,
London Hospital.

Dear David,

re: Mr. Nicholas LEWIS, dob 10.9.44.
21 Crester Road, London, SW2.

I recently reviewed this patient, who has been attending The London Hospital during the past twenty-one years, since he was diagnosed as having eosinophilic enteritis by Alan Parks at laparotomy in 1968. Nine years previously a laparotomy was done when he was at school at Rugby, and a presumptive diagnosis of Crohn's disease was made, and he subsequently had steroid treatment because of recurrent small bowel obstructive episodes. The true nature of the disturbance became apparent when he came to The London and was found to have infiltration with eosinophils in the gastrointestinal tract and mesenteric nodes, as well as eosinophilia of 21%.

He was known over many years to John Wright, and I have been following him since his retirement. He tends to get obstructive symptoms again if he is not maintained on an adequate dose of Prednisolone (the maintenance dose at present, which seems satisfactory, is 5 mgm daily).

He has other medical problems, which include recurrent genital herpes, and for this he is under Dr. Goldmeier in the Praed Street Clinic. He also had a transient neurological episode with some motor and sensory impairment on the left side a few months ago. This did not inconvenience him much and he made a complete recovery. Quite recently he has had an episode of impaired vision in the left eye, for which he has attended Professor David Hill at Moorfields, and I gather it is likely that he has had some optic neuritis. I do not think anyone has broached the likelihood of these being early episodes in multiple sclerosis.

He is a very pleasant individual who does not make a fuss. At one time he had a personal connection with The London, as he was the son-in-law of Leonard Eastern, formerly on the staff as consultant gynaecologist but now retired. Leonard Eastern I think keeps friendly contact with him, although he is no longer married to his daughter.

Michael Glynn met Nicholas Lewis and carried out colonoscopy some time ago, but he has been followed so long at Whitechapel that I

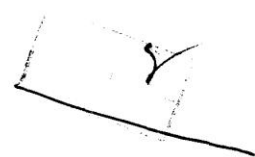
thought it would be easiest if he came under your care.

With many thanks,

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'D.D. Gibbs', written over a horizontal line.

D.D. GIBBS, D.M., F.R.C.P.,
Consultant Physician.

A handwritten mark inside a rectangular box, resembling a stylized 'Y' or 'r'.

c.c.

Dr. Patel,
21 Upper Tulse Hill Road,
SW2.

MORFIELDS EYE HOSPITAL

Patron: Her Majesty The Queen



CITY ROAD
LONDON
EC1V 2PD

Telephone:
01-253 3411

Telex: 266129

House Governor
J. J-p. Atwill
DAF HK X98731

9 May 1989

Professor D W Hill
Consultant Ophthalmologist
MEH
City Rd

Dear Professor Hill

Nicholas Lewis dob 10.9.44
21 Craster Rd London SW2 2AT

Mr Lewis's repeat VEPs show bilateral delayed and degraded responses effecting the left eye more than the right eye. His C T Scan looked normal although this has not been officially reported. I told him that he had a benign form of multiple sclerosis but that we could not predict the nature of future attacks. He would like us to review him in 6 months' time.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D A Francis'.

Dr D A Francis MRCP
Senior Registrar to
Professor W I McDonald

22/5/89

✓ CC GP - Dr C Patel



THE BETHLEM ROYAL HOSPITAL AND THE MAUDSLEY HOSPITAL
SPECIAL HEALTH AUTHORITY

Patron: H.R.H. PRINCESS ALEXANDRA, THE HON. LADY OGILVY

THE MAUDSLEY HOSPITAL
DENMARK HILL
LONDON
SE5 8AZ
Telephone: 071-703 6333
Facsimile: 071-703 0179

Please Reply to:
King's College Hospital
Department of Psychiatry
Denmark Hill, London SE5 9RS
Tel: 071 326 3181/3544
Fax: 071 326 3445

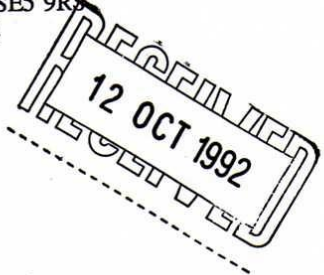
DM.TT.923600
1 October 1992

Dr Wilkie
22 Raleigh Gardens
London SW2

Dear Dr Wilkie,

Nicholas LEWIS - dob 10.9.44
21 Craster Road, SW2 2AT

You referred this 48 year old man to me in January of this year. I have only just completed my assessment on him after seeing him on three occasions. It has taken this length of time for a number of reasons, but largely because he delayed in returning his questionnaire and then unfortunately it got lost in the post. He seemed relatively unconcerned about the length of time it had taken to get an appointment which seemed rather characteristic of the passive style with which he deals with his difficulties. The things he complained of to me were those very much as detailed in your original letter, that is, of low mood particularly characterised by loss of energy and a lack of confidence in himself. Also of feelings of anxiety particularly in relation to his concerns about whether his relationship with his girlfriend will last and specifically about sexual difficulties where he worried that his failure to ejaculate might hasten the end of the relationship because of his girlfriend's dissatisfaction. What I was most struck by in my first contact with him was his tendency to minimise the very real reasons why he might be feeling unhappy, that is of course the onset of his MS and the uncertainties about his future that that brings, and also the conflict aroused by the fact that he knows that his girlfriend, much younger than himself, may well be better off leaving him to find a younger and healthier partner though undoubtedly leaving him bereft. I think that there was a hope that psychotherapy might bring a feeling of wellbeing without confronting these very painful realities. Though accepting these issues to some extent at an intellectual level he tends to avoid situations where the full force of his feelings about it might be exposed. At one point there was a discussion as to whether this might be part of the reason for his sexual difficulties in that he can't let himself go because of the pent up feelings of grief and anxiety that he is attempting to control. It became very apparent in a general sense that with his girlfriend he is passive and avoidant of all situations that might bring about some clarification and resolution of these issues, so they discuss neither his illness nor their future together in anything more than the most cursory fashion. Even before these current dilemmas it seems that Mr Lewis has always dealt with difficult emotional situations by a passive avoidant stance. This occurred during the breakdown of his marriage where he allowed this to deteriorate and for his wife to drift away from him without any discussion or
contd.....

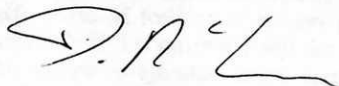


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Nicholas Lewis contd. 2

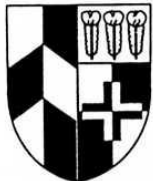
attempt to save the marriage. He now deeply regrets this. I did gain the impression during the meetings that we had that Mr Lewis was prepared to face some of his more problematic feelings so that we reached an agreement that he would like to have weekly psychotherapy offered here by another therapist for a period of 6-9 months. At the end of this time you will receive a report on his progress.

Yours sincerely,



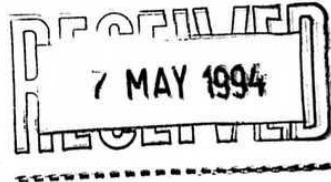
Dr Duncan McLean
Consultant Psychotherapist





THE ROYAL
HOSPITALS
NHS TRUST

THE ROYAL LONDON HOSPITAL
Department of Neurology



Tel: 071 377 7000
Direct Line: 071 377 7472
Fax: 071 377 7008

JB/lS/388675

29 April 1994

Dr. E. Wilkes,
22 Raleigh Gardens,
LONDON SW2 1AE



Dear Dr. Wilkes,

NICHOLAS LEWIS, dob 10.9.44.
21 Creste Road, London, SW2

This man's MRI brain showed widespread areas of disseminated demyelination. Clinically, he has slowly deteriorated, in particular his coordination and gait is worse than it was. He is concerned that his disease is changing from a relapsing, remitting one to a progressive deterioration and this may be true. He is still on Prednisolone 5 mg. a day for his eosinophilic enteritis.

On examination there are no definite changes in his cranial nerves or limbs although his gait is clearly more ataxic than before. I feel that he ought to come in for a trial of IV steroids but he does not want to at the moment and it is, of course, his decision. He would like to see Dr. Dick next time so I will arrange this.

Yours sincerely,

five

Jeremy Brown
Registrar in Neurology

cc Dr. Jeremy Dick
cc Dr. Rampton



THE ROYAL LONDON HOSPITAL

Whitechapel, London E1 1BB

THE ROYAL
HOSPITALS
NHS TRUST

JPRD/BP.388675

Dr E Wilkie
22 Raleigh Gardens
London SW2 1AE



Telephone: 071-377 7421
Facsimile: 071-377 7008

21st July 1994

Dear Dr Wilkie

NICHOLAS LEWIS (10.9.44)
21 Creste Road, London SW2

I reviewed this man with multiple sclerosis who has probably entered the secondary progressive phase over the last few years and who now requires a stick for walking. His gait is on a slightly broad base and he notices ankle clonus when he is tired. He uses his arms to rise from a chair though can pick objects off the floor. He finds his balance is considerably better when riding a bicycle than when walking, but only falls rarely. Occasional nocturia is managed with Tetrahydrocannabinoids which he also finds useful for fatigue. He is involved in editing a metropolitan newspaper "Disability News" and we had a long discussion today concerning the emerging immunological therapies such as beta interferon. He will be reviewed in this clinic in 6 months' time.

Yours sincerely

Jeremy Dick PhD MRCP
Consultant Neurologist

1
J
NE
11
Dr Dudley Bennett
Dr Barbara Wesby
Dr Michaela Whyte-Venables
Dr Clare Wilkie
Dr Richard Williams

NF
Brixton Hill Group Practice
22 Raleigh Gardens
Brixton Hill
London, SW2 1AE
0181-674-6376

Dr Griffin
Sexual Problems Clinic
Family Planning and Well Woman Services
King's College Hospital
Denmark Hill
LONDON SE5 9RS

18 December 1995

Dear Dr Griffin

Nicholas LEWIS dob 10.9.44
21 Craster Road London SW2 2AT

OK
I shall be most grateful if this patient, and possibly his partner, can be offered an appointment in your clinic. Mr Lewis' problem at the moment is that he is able to have intercourse but then feels unready physically or psychologically to repeat this for at least a few days. This is causing him some degree of distress and he would like to seek your advice.

Mr Lewis has multiple sclerosis but is still well able to walk with a stick. He does get extremely tired however. Other medical history includes; genital herpes, eosinophilic enteritis, cholecystectomy and left epididymitis. Current medications include prednisolone 6 mg a day.

Around 1991 there was a degree of difficulty in the relationship between Mr Lewis and his partner. At that time she was living abroad and it was unclear what the status of the relationship was. However they have now been living together since at least 1993. She became pregnant after trying for some time in 1994 but was unhappily found to have an unviable foetus. The couple have been under the care of Dr Curson in the fertility clinic since spring 1995. They are well aware of the importance of intercourse at the time of ovulation and I understand have also been performing insemination around that time. There is therefore some degree of pressure on Mr Lewis to have intercourse at the appropriate times. The problem outlined in my initial paragraph means therefore that it is sometimes only possible to have one attempt at conception per month.

I think that Mr Lewis' problems may well be a combination of the organic factors, principally the neurological problems associated with his MS, and psychological ones including anxiety about the prospect of fatherhood with his disease. There may also be the element of being required to have intercourse "on demand".

I shall therefore be most grateful for any help you can offer this patient. He is of course aware that you may well wish to see them together.

Thank you very much for any help you can offer this couple. With all good wishes.

Yours sincerely

Clare Wilkie

CH/bb

19th February 1998

Dr Kerr
Valley Road Clinic
Valley Road
London SW16



2 FEB 1998

	NICK
NOTES PLEASE	
PRESCRIPTION	
URGENT APPT.	
VISIT	
PROG.	



King's Healthcare NHS Trust

King's College Hospital
Denmark Hill, London, SE5 9RS

Telephone: 0171-737 4000

Facsimile: 0171-346 3445

Direct telephone line

Dear Dr Kerr

Re: Nick Lewis (10.09.44)
27 Harbough Road, Streatham SW16 2XP

Since my last report of April 1997 Nick has continued with bursts of physiotherapy input.

Main physical problems continue to be:

1. Low tone - especially around his trunk and pelvis which makes him unstable.
2. Decreased selective movement around his left foot which makes clearing his foot when walking long distances difficult.
3. Poor gait pattern. Nick can now only manage about 100 yards outside.
4. Decreased sensation left lower limb.
5. Fatigue.

Treatment has concentrated on trying to improve Nick's stability and walking pattern. Nick's walking has deteriorated slightly over the last few months and he now uses 2 sticks when walking outside. I also ordered Nick a wheelchair for longer distances outside which he finds helpful. The orthotists have had to adjust Nick's splint for his left ankle several times. He wears the splint sometimes when walking longer distances.

Nick has been taught a home exercise programme. We plan to see Nick for a few more treatments and then review him again in a couple of months.

If you have any further queries please do not hesitate to contact us.

Yours sincerely

Carol Hopkins
Senior Physiotherapist
Rehab Gym



THE NATIONAL HOSPITAL FOR NEUROLOGY
AND NEUROSURGERY

Queen Square, London WC1N 3BG

Telephone: 0171 837 3611

Fax: 0171 829 8720

6 JUL 1999

RK/BC/B78059

1st July 1999
(Clinic 25th June 1999)

Dr A. M. Kerr
Valley Road Surgery
139 Valley Road
London SW16 2XT

TO: MR KERR
FROM: DR. [initials]
FILE
NOTE PLEASE
PRESCRIPTION
MAKE APPT.
VISIT
OTHER

Dear Dr Kerr,

RE: Nicholas LEWIS, d.o.b. 10.09.44
27 Harborough Road, London SW16 2XP

I saw Mr Lewis again today. Unfortunately, his condition has worsened to the extent that he can walk only around fifty yards with the help of two sticks.

There is difficulty with the use of Interferon in that its possible prescription has now been referred to the National Institute of Clinical Excellence for a decision about funding. I have discussed this with Mr Lewis and we are going to meet again at the end of the year by which time I hope the situation will be clearer. In the meantime, I will place his name on the list of patients with secondary progressive MS for whom funding will be sought when appropriate.

With kind regards.

Yours sincerely,

Dr R. Kapoor
Consultant Neurologist



The University College London Hospitals

University College London Hospitals is an NHS Trust incorporating The Eastman Dental Hospital, The Hospital for Tropical Diseases, The Middlesex Hospital, The National Hospital for Neurology & Neurosurgery, The United Elizabeth



THE NATIONAL HOSPITAL FOR NEUROLOGY
AND NEUROSURGERY

Queen Square, London WC1N 3BG

Telephone: 0171 837 3611

Fax: 0171 829 8720

- 5 JUN 2000

RK/BC/B78059

31st May 2000
(Clinic 26th May 2000)

Dr A. M. Kerr
Valley Road Surgery
139 Valley Road
London SW16 2XT

FILE	
ADD TO SERIES	
NOTES FILED	<i>K</i>
FILED BY	

Dear Dr Kerr,

RE: Nicholas LEWIS, d.o.b. 10.09.44
27 Harborough Road, London SW16 2XP

I saw Mr Lewis again today and was sorry to learn that his mobility had deteriorated quite suddenly after flying to Australia in April. His urinary frequency has also deteriorated. He has tried taking Oxybutynin without help and is now taking an alternative preparation which does appear to be more beneficial.

I was pleased to learn that he is going to be visited by the MS Nurse shortly and that his bladder problems would then be discussed. I have checked an MSU today and, provided this does not show any infection, I think it might be helpful to provide a short course of Prednisolone (60 mg. a day for a week and then tapering over the second week, cutting the dose by 10 mg. each day, until he is back to his baseline dose of 5 mg. daily for his bowel problems).

Unfortunately, the recent North American trial of Beta Interferon suggests that there is no benefit conferred by the treatment and that this might apply particularly to those patients who have a gradual progression without significant or frequent superimposed relapses. I have discussed this disappointing news with Mr Lewis but, as NICE will be delivering its recommendations in July, we are going to meet again shortly after this as already planned.

With kind regards.

Yours sincerely,

Dr R. Kapoor
Consultant Neurologist

*d/w Dr. K.
Leave straight for
now
8/6/00*



The University College London Hospitals

University College London Hospitals is an NHS Trust incorporating The Eastman Dental Hospital, The Hospital for Tropical Diseases, The Middlesex Hospital, The National Hospital for Neurology & Neurosurgery, The United Elizabeth Hospital for Women, St. Bartholomew's Hospital, and University College Hospital.

Community Health South London

NHS Trust

Reference:SU2/HA1
Date of Clinic:16.08.00
Date:17 August 2000

Continence Advisory Service
Judy Haken – Continenence Adviser/Manager
Su Foxley – Continenence Adviser
St. Giles, St. Giles Road
London SE5 7RN
Tel: 020 7771 3370
Fax: 020 7771 3366

Dr. Hayes
139 Valley Road
London SW16

Dear Dr. Hayes,

Re: Mr. Nicholas Lewis, d.o.b. 10.09.44
27 Harborough Road, SW16

I reviewed this gentleman today on behalf of the Continence Advisory Service at the Paxton Green Health Centre Continence Clinic.

I carried out a repeat bladder scan, but unfortunately today he was unable to void having voided 15minutes prior to seeing him clinic.

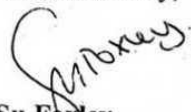
His bladder volume was 183mls. He tells that he has stopped the Tolterodine and actually finds that his symptoms have improved.

Would it be possible to teach this gentleman clean intermittent self-catheterization. I feel that he needs to do it twice a day, a.m. and p.m. to ensure that his bladder empties to completion.

His main problem currently is his nocturia.

Many thanks for your consideration in this matter.

Yours sincerely,


Su Foxley
Continence Adviser

cc. District Nurse
Gina Roberts
139 Valley Road
London SW16

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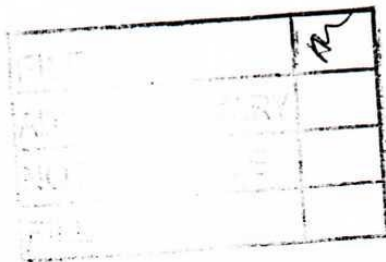
Linden Hill Lane,
Kiln Green,
Nr Twyford,
Berkshire RG10 9XP

Tel: 0118 940 1234

Fax: 0118 940 1424

www.lynden-hill-clinic.co.uk

16 MAR 2001



Dr Alison Kerr
Valley Road Surgery
139 Valley Road
London SW16 2YTX

13th March 2001

Dear Dr Kerr

Re: Mr Nicholas Lewis – dob 10.9.44
• **27 Harborough, London SW16 2XP**

Mr Lewis was admitted to Lynden Hill Clinic on 4th March 2001 for hydrotherapy and physiotherapy to strengthen his muscles, following a fractured right femur in September.

During his stay here, Mr Lewis progressed extremely well and felt much stronger when he was discharged on 11th March 2001.

Yours sincerely


Dr Chantal Oelofse
Resident Medical Officer,

Copy: Dr Thomas – Kings College Hospital

King's College Hospital **NHS**
NHS Trust

FRACTURE CLINIC - MR DANIEL RAJAN

Secretary: 020-7737 4000 extension 2637
Appointments: 020-7346 3114
Waiting list queries: 020-7346 3303
Fracture Clinic: 020-7346 3236 Fax no: 020-7346 3497

King's College Hospital
Denmark Hill
London SE5 9RS

Tel: 020 7737 4000
Fax: 020 7346 3445
www.kingshealth.com

Our Ref: AR/LAF/D346456

Date: 2 May, 2001
(Clinic date: 30.04.2001)

14 MAY 2001

Dr J Hayes
Valley Road Surgery
139 Valley Road
London SW16 2XT

FILE	<input checked="" type="checkbox"/>
ADD TO LIBRARY	<input checked="" type="checkbox"/>
NOTES PLEASE	<input type="checkbox"/>
FILED BY	<input type="checkbox"/>

Dear Dr Hayes,

Ref: **Mr Nicholas LEWIS** D.o.b. 10.09.1944
27 Harbourough Road, Streatham, London, SW16 2XP

Diagnosis: Long oblique trochanteric fracture right femur

Date of Injury: 16.09.2000

Mechanism of Injury: Tripped over a walking stick

Action taken:

I reviewed this man in the clinic today. His right femoral fracture seems to have healed. I have advised him to continue to mobilise. He is comfortable.

Follow-up: Discharged, told to see us again should he have any problems.

Yours sincerely,

Mr Andreas REHM
Specialist Registrar in Orthopaedic Surgery

Copy to: Miss N. Cockett, Senior Physiotherapist, Lambeth Community Therapy Team,
41 A-C Streatham Hill, London, SW2 4TP



Southwark **NHS**
Primary Care Trust

MS Nursing Service
St Giles Hospital
St Giles Road
London
SE5 7RN

Tel No: 020 7771 3363
Fax No: 020 7771 3354

07th November 2002

Dr. J Hayes
Valley Road Surgery,
139, Valley Road,
Streatham,
London
SW16 2XT

Dear Dr. Hayes

Re: **Nick Lewis D.O.B. 10.09.1944**
27, Harborough Road, Streatham, London SW16 2XP

I reviewed Nick at home today 07.11.2002. Overall he says he feels he is slightly weaker over the last six months.

Nick is mobilising with bilateral support indoors, wheelchair outdoors. Fine hand movements are limited affecting writing, tying laces and fastening buttons. Spasms are not a significant problem. Nick says he occasionally slurs his speech but has no swallowing problems.

Nick reports a history of repeated urinary tract infections. He has been self-catheterising in the evening only so we discussed the probability that he is retaining urine over any twenty-four hour period predisposing him to infection. He agreed to carry out self-catheterisation more regularly. He has his bowels open regularly about every third day.

Nick utilises prompts to help him overcome short term memory problems. He tires during the day but does not rest, we discussed possible pacing strategies he may consider.

I'll continue to monitor Nick, if there are particular problems please contact me.

Yours sincerely



Fiona Barnes
MS Nurse Specialist

CC Dr. Kapoor Consultant Neurologist, National Hospital for Neurology and
Neurosurgery, Queen Square, London WC1N 3BG

114

23 SEP 2005

Nick Lewis
7 Willows Edge
Eynsham
Oxford OX29 4QD
Tel: 01865 731303
E-mail:
nick.lewis@readywillingable.net

Dr Stevenson
Eynsham Medical Practice
Conduit La
Eynsham
Witney OX29 4QB

Wednesday, September 21, 2005

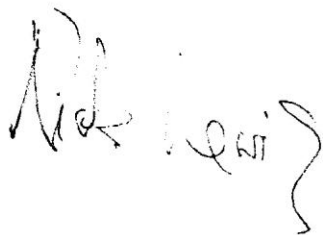
Dear Dr Stevenson

Have you seen reference to this clinical trial by my
neurologist Dr Raj Kapoor?

I enclose a copy from the MS Society.

I hope we can discuss it when I visit you next week.

Regards

A handwritten signature in black ink that reads "Nick Lewis". The signature is written in a cursive style with a long, sweeping tail on the letter "s".

DK

MS Frontiers 2005 - Trials of neuroprotection in MS: present and future

Dr Raj Kapoor from The National Hospital for Neurology and Neurosurgery, London, focused on clinical trials of neuroprotection in MS.

Until recently, it was thought that disability in MS was caused mainly by the gradual loss of the fatty insulating layer of **myelin** which surrounds nerve fibres (**axons**), and which allows them to conduct electrical signals. However, we now know that most of the permanent disability in MS occurs because the axons themselves degenerate.

Experience suggests that the current strategy of modifying the **immune system** may not be able by itself to prevent this axonal degeneration and consequent disability, and that we will need to develop a second strategy, called neuroprotection, to achieve this goal. In order to do so, we will need to identify and to inhibit the mechanisms by which axons are damaged.

Research work has already identified several such mechanisms. For example, our group has shown that axons may be flooded with toxic levels of sodium from the surrounding tissue fluid as a result of **inflammation** in MS, and that the resulting damage can be prevented by drugs which reduce the entry of sodium. As a result, we have been awarded a grant by the Multiple Sclerosis Society to carry out a clinical trial to test the neuroprotective effects of one of these sodium channel blocking drug, lamotrigine, in people with the secondary progressive form of MS. We will randomize people in the trial to receive treatment either with lamotrigine or with an identical placebo (i.e. dummy) tablet for two years.



Eynsham Medical Group
(Eynsham Medical Centre & Long Hanborough Surgery)
Eynsham Medical Centre, Conduit Lane, Eynsham, Oxon OX29 4QB
Telephone: 01865 881206 Fax: 01865 881342
www.eynshammedicalgroup.org.uk

PBOS/AC

05/10/2004

TO WHOM IT MAY CONCERN

Dear Sir or Madam

**Re: Mr Nicholas Lewis D.O.B. 10/09/1944 Tel: 01865 731303
7 Willows Edge Eynsham, Witney OX29 4QD**

This patient of mine is 60. He has suffered from multiple sclerosis since 1988. He recently came to discuss with me the fact that he was struggling to work efficiently and effectively and that the conclusion was that it would be sensible for him in effect to take retirement on the grounds of ill health. I supported this plan.

The specific problems that he is having are as follows:

1. His mobility has deteriorated to the extent that he is now wheelchair bound.
2. He has MS bladder related problems which require him to self catheterise regularly.
3. He is suffering from the typical tiredness and lethargy that many multiple sclerosis patients suffer from.
4. As a consequence of using crutches and his upper limbs much more he has developed problems with tennis elbow and this is further impairing his independence.

All these factors make life much slower for him and daily self care a much more time consuming business. Talking to him in considerable detail it is therefore clear that it would be impracticable for him to continue full time work even if it were from his own home.

Yours sincerely

Dr P B O Stephenson

Dr. D.J.M. Peterson Dr. P.P. Coffey Dr. P.B.O. Stephenson Dr. H.W. Evans
Dr. N.D. Rust Dr. I.H. Binnian Dr. P.C. Jackson Dr. V.C.S. Stansfield

Practice Manager: Mr. A.C. Benford

23 JUN 2004

Dr R. KAPOOR

CHARLES KINGSLEY SUITE
NORTHWICK PARK AND ST MARK'S NHS TRUST
WATFORD RD, HARROW, MIDDLESEX HA1 3UJ
WC1N 3BG
TELEPHONE: 020 8869 3390

CLEMENTINE CHURCHILL HOSPITAL
SUDBURY HILL, HARROW, MIDDLESEX HA1 3RX
TELEPHONE: 020 8872 3872

NATIONAL HOSPITAL FOR
NEUROLOGY
AND NEUROSURGERY
QUEEN SQUARE, LONDON
TELEPHONE: 020 7829 8792

17th June 2004

Dr. Stephenson,
The Eynsham Medical Centre,
Conduit Lane,
Eynsham,
WITNEY,
Oxford OX8 1QB.

Dear Dr. Stephenson,

Re: **Mr. Nicholas LEWIS 10.09.44**
7 Willows Edge, Eynsham, Witney, Oxford, OX29 4QD

Mr. Lewis arranged to see me privately today just because he had missed his recent appointment in the NHS clinic at Queen Square. I am going to revert to NHS follow up from now on, however.

In the last year his MS has deteriorated and he now finds that he can walk only about 20 yards using two sticks whereas a year ago he could manage perhaps 100 yards. He is also catheterising more often. There have been two episodes of diarrhoea but I think these are largely due to overflow and he is going to reduce the amount of fibre in his diet to deal with this. Lastly he has quite nasty pain in the right elbow and to a lesser extent on the left. I am sure that this is caused by the pressure that he is applying to the elbow and this is partly because of the fact that he uses elbow crutches. I have asked him to have a word with his physiotherapist about this, and he is also going to ask about an elbow pad to use when sleeping and also when using his computer during the day.

We are going to meet again at the beginning of next year, but I wonder if you would let me know if there are further problems in the meantime.

With kind regards,

Yours sincerely,



Dr. Raj Kapoor
Consultant Neurologist

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Nuffield Orthopaedic Centre

NHS Trust

Neurological Rehabilitation Service,
Oxford Centre for Enablement,
Windmill Road,
Oxford OX3 7LD

Tel: 01865-737200 (reception)
Fax: 01865-227294 (reception)
Direct line: 01865-737306
Direct Fax: 01865-737309

AH/MW/4309480

10th June 2004
(04.06.2004)

Dr P B Stephenson
Eynsham Medical Group
Eynsham Medical Centre
Conduit Lane
Eynsham
Oxon. OX29 4QB

Dear Dr Stephenson,

Re: Mr Nicholas LEWIS – b: 10.09.1944
7 Willows Edge Eynsham, Witney, OX29 4QD

Thank you very much for your letter referring this 59-year-old right handed gentleman to the Oxford Centre for Enablement (OCE). I saw him on Professor Wade's behalf. Your letter of referral was the only documentary source of information I had on Mr Lewis' previous medical history and diagnosis. I have copied this letter to Dr Kapur, Consultant Neurologist, Queens Square, London for his information, also requesting copies of all letters relating to Mr Lewis' diagnosis and follow up. Mr Lewis moved down to the area about a year ago from south London and continues with annual visits to Dr Kapur. His diagnosis of multiple sclerosis is essentially secure and perhaps from an early relapsing remitting course, has now for several years, been in a secondary progressive phase. Clinically there has been some acceleration recently in his deterioration. Mr Lewis and his wife are obviously concerned with this deterioration in his mobility, fatigue and frequent lower urinary tract infections. He has been seen by Marie Law from the community rehabilitation service and gained benefit. He continues with an exercise programme at home. I have also referred him onto the physiotherapists and the occupational therapists here at the OCE. His mobility worsened significantly after a fall in 2000 when he sustained a fracture to his right femoral shaft. Further compromises have been made recently due a particularly persistent and painful right tennis elbow. I understand he has been referred on to Professor Carr for his opinion. With his permission I have sent a copy of this letter to Ms Jo Bartlett, MS Specialist Nurse. I have asked Mr Dykes at his next appointment with Professor Kapur to enquire if he could move his follow up down to Oxford. Should this be possible, a referral on to Dr Jackie Palace, Consultant Neurologist at the Radcliffe Infirmary would be in order. Both he and his wife were quite happy to keep in touch with us over the telephone and arrange a further outpatient appointment here, if and when necessary.

Background

Mr Lewis was diagnosed to have optic neuritis in 1988. He could not tell me if this was in one or both eyes. Prior to this he had three discrete episodes of lower limb sensory symptoms starting as early as 1983. To secure a diagnosis he has had an MRI and visual evoked potentials done but cannot remember CSF examinations.

INVESTOR IN PEOPLE

Chairman Joanna Foster, CBE
Chief Executive Ed Macalister-Smith

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2. Re: Mr N Lewis.

By 1994 he was having some difficulty walking. By 1995 he had begun to use one stick and then two sticks to get around. After his fall and femoral fracture in 2000 he has required two elbow crutches and a wheelchair to use out doors. By 1998 he had noted bladder urgency followed by frequency. He currently self catheterises about three times a day, draining 500mls to 600mls each time. He has had at least three symptomatic urinary tract infections this year, indicated by an increasing urgency of micturition and a change in colour and odour of urine. He also mentions treatment for a fungal infection (?UTI ?groin). He has normal peri-anal sensation and is occasionally constipated. He has no erectile dysfunction.

You have ably summarised his past medical problems. I merely highlight an inflammatory condition of his small bowel, said to be an eosinophilic ileitis for which he is on long term steroids. He currently takes Prednisolone 5mgs od. He is on appropriate anti osteoporotic treatment with Calcichew D3 forte, 2 tablets od and weekly Alendronate 70mg. He also had hyperthyroidism in 2000 with frank thyrotoxicosis in 2001, treated with Carbimazole, but ultimately with radioiodine ablation. He is on Thyroxine 100 micrograms od. His other problems of relevance include previous acute prostatitis in 1989 which was non recurrent and most recently a left epididymitis in April 2004.

He gives no history of hypertension, had never smoked, consumes very little alcohol and has maintained a stable weight. He has a borderline hypercholesterolaemia but takes Simvastatin for his multiple sclerosis based on some trial evidence conducted in America. He has no personal or family neurological history of note. He has a son and a daughter from a previous marriage and now Lewis, aged four with his current wife. They live in a house provided with ramps for access and a stairlift indoors. He previously worked in education until 1980, moved on to be a political journalist, was an editor in greater London and has most recently published a recruitment bulletin called 'Ready, Willing, Able'. He is due to retire in a few months time. He has travelled widely, most recently on holiday to France.

Current problems

1. Mr Lewis is concerned about the progression of his multiple sclerosis as he has slowed down considerably. He works at home but is soon to give this up, in order to find some time to look after himself! He can walk around the house and does so for exercise twice a day. He uses two crutches. He reports no falls.
2. He complains of fatigue, more so after physical exercise, but sometimes even without. He has been slightly more worried recently about the future, has been slightly less positive than usual and has tended to ignore obvious problems. He is not depressed but is concerned about the realities for the future.
3. His frequent urinary tract infections concern him and this may need further investigation.

Recommendations

1. To continue with physiotherapy, keeping in touch with Marie Law, physiotherapist in the community and continuing an exercise programme at home. I have also referred him onto the physiotherapy and occupational therapists here at the OCE for their opinion.
2. He is also to see Professor Carr regarding his right elbow tendonitis.
3. I have referred him on to Ms Jo Bartlett, MS Specialist Nurse, who is on hand to advise him in several matters.

3. Re: Mr N Lewis.

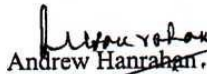
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4. He may well require to be referred on to the neurologists here, should he and Dr Kapur decide that this is for the best.
5. He requires serial urine cultures and sensitivities to ascertain the exact offending organisms and prompt treatment. He would also benefit from an ultrasound examination of his kidney, ureters and bladder and may well require functional urodynamic studies. I would be grateful if you could pursue this with the department of Urology. Alternatively, I would be happy to do so, but do let me know.

As indicated I have not made any formal follow up arrangements with Mr Lewis, but have left it to him and yourself to contact us should there be the need to do so. No doubt we will receive updates from yourself, Dr Kapur and from physiotherapy and occupational therapists. Do not hesitate to get in touch if you require any further clarification, information or need to make any comments on the above.

With kind regards

Yours sincerely,


Andrew Hanrahan.

Specialist Registrar in Neurological Disability

Copy:

Dr Kapur, Consultant Neurologist, National Hospital for Neurology and Neurosurgery, Queen Square,
London. WC1N 3BG

Ms Jo Bartlett, MS Specialist Nurse, OCE
Physiotherapy, OCE

Occupational Therapy, OCE

Marie Law, Community Physiotherapist, Wallingford Community Hospital, Reading Road, Wallingford,
OX10 9DU

Mr N Lewis

Outpatient Physiotherapy Service Referral Form

Name: NICHOLAS LEWIS		
Title: MR	Male	GP Name: DR STEPHENSON
Address: (Block capitals or label) 7 WILLOWS EDGE, EYNHAM, WITNEY, OXON Postcode: OX29 4QD Date of birth: 10/09/44 NHS No: 4161091710 Hospital Number:	Contact details: Home:01865 731303 Work: Mobile: Email:	Surgery: Eynsham Medical Group Telephone: 01865 881206 Signature: Date: 08/12/03
<p>Reason for referral: (Including onset and severity of symptoms, loss of movement or power)</p> <p>I would appreciate your opinion and help with this nice 59 year old man who suffers from MS. He came to see me at the beginning of October because of a few weeks history of pain in the right forearm which he thought might be related to using a computer mouse. There was no joint stiffness or restriction. On examination he located the extensor compartment of the forearm as the main site of the pain but there was nothing of note to find. At that point we elected to just and wait and see. He returned on 27 October the forearm was still painful and certain actions were clearly difficult. At that point he was tender over the extensor origin at the elbow and wrist extension was painful. I thought he probably had tennis elbow and prescribed some Diclofenac gel with a plan to review him and inject the area if it persisted.</p> <p>He returned on 3 December. Rather surprisingly the very localised tender spot has gone. He still complains of pain in the extensor compartment of the forearm but also has pain and stiffness elsewhere in the upper limbs. On examination I thought all movements of his wrist, elbow and shoulder were slightly stiff and there was some slight tenderness over the medial epicondyle at the elbow. I have suggested he might like to try a short course of Ibuprofen and prescribed this for him.</p> <p>He is right handed and describes that his right upper limb has always been very good in respect of not being affected by MS, but I suppose perhaps this is something we should consider.</p> <p>He does have a physiotherapist in respect of his MS but when I asked him about his current condition he said he had discussed it with her and she had commented that she was really just a specialist in neuro-physio and would value another opinion if that were possible. Last week I certainly didn't think there was a case for steroid injection. I would value your assessment and advice on helping to improve the function in his right upper limb. With many thanks.</p> <p style="margin-top: 20px;">GP management/Plan</p>		
Information to assist prioritisation:		Comments:
<ol style="list-style-type: none"> 1. Has received physiotherapy for this problem already? 2. Is pain disturbing this patient's sleep? 3. Are they off work due to this problem? 4. Are they a carer for a relative? 	Yes/No Yes/No Yes/No Yes/No	

