Misguided UK Psychiatry and the Needless Death in 2005 of Sophia Mirza, A Young Woman severely ill with M.E.

Sophia Mirza, a 32 year-old young woman with Myalgic Encephalomyelitis died in November 2005 shortly after being forcibly removed to a UK mental hospital by misguided doctors:

> **"**There can be few people in the UK ME community who have not heard the results of the inquest into the tragic death from ME/CFS of 32 year-old Sophia Mirza, the beloved daughter of Criona Wilson from Brighton. Although severely sick with medically diagnosed ME/CFS, **Sophia was abused by the doctors charged with her care by being wrongly sectioned under the Mental Health Act**. Increasingly in cases of ME/CFS, the law which states that a person may be sectioned only if they represent a danger to themselves and / or to others is being swept aside by some influential but misinformed doctors involved with ME/CFS.
>
> Sophia's mother recorded:
>
> > *"In July, the professionals returned - as promised by the psychiatrist. The police smashed down the door and Sophia was taken to a locked room within a locked ward of the local mental hospital. **Despite the fact that she was bed-bound, she reported that she did not receive even basic nursing care**, her temperature, pulse and blood pressure (which had been 80/60), were never taken. Sophia told me that her bed was never made, that she was never washed, her pressure areas were never attended to and her room and bathroom were not cleaned."*
>
> ...Whilst we ourselves were instrumental in securing the release of Sophia from the locked ward, it was entirely through the personal intervention of Simon Lawrence of the 25% ME Group for the Severely Affected (of which Sophia was a member) that permission was sought for a further autopsy and -- unusually -- was granted by the Brighton Coroner.
>
> This time, the **examination of Sophia's spinal cord showed unequivocal inflammatory changes affecting the dorsal root ganglia, which are the gateways for all sensations going to the brain through the spinal cord. These inflammatory changes affected 75% of Sophia's spinal cord**.
>
> At the inquest, one of the pathologists stated: "ME describes inflammation of the spinal cord and muscles. My work supports the inflammation theory because there was inflammation in the basal root ganglia".
>
> Dr O'Donovan (the neuropathologist who, along with Dr Abhijit Chaudhuri, had examined the spinal cord) stated that psychiatrists were baffled by Sophia's illness, but that "it lies more in the realms of neurology than psychiatry, in my opinion".

Both Dr O'Donovan and the local pathologist, Dr Rainey, said that "ME" was the old-fashioned term and that new terminology --- CFS---has come in, so that was the term that would be used.

Dr Rainey also gave evidence that Sophia had a "fatty liver" (see below).

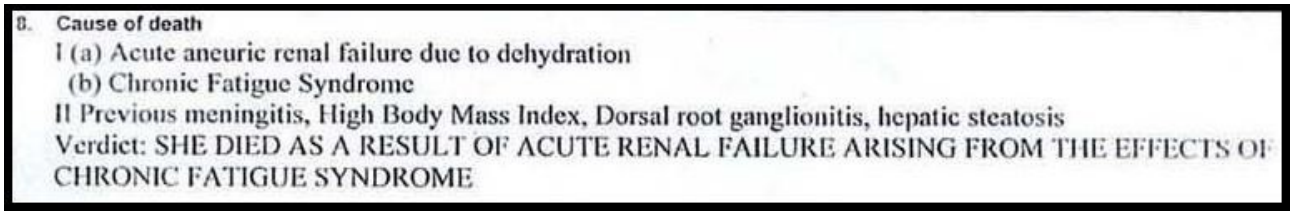
In Sophia's case, **the Coroner was specific: the medical cause of Sophia's death was recorded as 1a) acute anuric renal failure; 1b) CFS. The second cause was recorded as including dorsal root ganglionitis. Sophia died as a result of acute renal failure arising as a result of ME/CFS**.

This is in keeping with the medical literature that shows end organ failure to be a common cause of death in ME/CFS."

Extract from the document *INQUEST IMPLICATIONS?* By Eileen Marshall and Margaret Williams 16th June 2006 – the full document is available at:

http://www.meactionuk.org.uk/Inquest_Implications.htm
http://angliameaction.org.uk/docs/Inquest-Implications.pdf

Here is a facsimile of the *cause of death* section of the Coroner's Death Certificate:


8. Cause of death
I (a) Acute anuric renal failure due to dehydration
(b) Chronic Fatigue Syndrome
II Previous meningitis, High Body Mass Index, Dorsal root ganglionitis, hepatic steatosis
Verdict: SHE DIED AS A RESULT OF ACUTE RENAL FAILURE ARISING FROM THE EFFECTS OF CHRONIC FATIGUE SYNDROME

Sophia Mirza's family and friends have set up a website providing full documentation of the case:

http://www.sophiaandme.org.uk/
http://www.sophiaandme.org.uk/documents%20index.html

Facsimiles of Sophia's full Coroner's Death Certificate and Clinicians' Neuropathology Reports follow below and are available at:

http://www.sophiaandme.org.uk/docsindex/212.jpg
http://www.sophiaandme.org.uk/neuropathologicalreport.html

Malgic Encephalomyelitis (ME) has been in the medical literature since the 1930s, recognised by the World Health Organisation since 1969 and categorised by the WHO as a physical neurological brain disorder in the Tenth Revision of the International Classification of Diseases in section G93.3 (ICD-10-G93.3). There is absolutely no excuse for medical abuse and neglect of ME patients and professionals are advised to fully consult the International Expert Consensus Panel documentation at the following links before diagnosing, treating or referring ME patients:

http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2796.2011.02428.x/pdf
http://www.angliameaction.org.uk/docs/ME-ICC-Primer-2012.pdf

212

CERTIFIED COPY OF AN ENTRY

Pursuant to the Births and Deaths Registration Act 1953

DEATH Entry No. 282

Registration district: Brighton and Hove
Administrative area: City and County of Brighton and Hove
Sub-district: Brighton and Hove

1. Date and place of death
Twenty-fifth November 2005

2. Name and surname
Sophia MIRZA

3. Sex: Female

4. Maiden surname of woman who has married: _____

5. Date and place of birth
8th August 1973 Luton

6. Occupation and usual address
Artist

7(a) Name and surname of informant
Certificate received from V. Hamilton-Deeley Coroner for Brighton and Hove. Inquest held 13th June 2006

(b) Qualification

(c) Usual address
_____

8. Cause of death
I (a) Acute aneuric renal failure due to dehydration
(b) Chronic Fatigue Syndrome
II Previous meningitis, High Body Mass Index, Dorsal root ganglionitis, hepatic steatosis
Verdict: SHE DIED AS A RESULT OF ACUTE RENAL FAILURE ARISING FROM THE EFFECTS OF CHRONIC FATIGUE SYNDROME

9. I certify that the particulars given by me above are true to the best of my knowledge and belief
_____ Signature of informant

10. Date of registration
Fifteenth June 2006

11. Signature of registrar
T Love Registrar

Certified to be a true copy of an entry in a register in my custody.

..... { Deputy *Superintendent Registrar *Registrar Date 19.6.06

Strike out whichever does not apply

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE.

WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.

Barking, Havering and Redbridge Hospitals NHS Trust

208 a

NEUROPATHOLOGY REPORT

Oldchurch Hospital

Requested By:	Not on system	Name:	SOPHIA MIRZA
Location:	Not on system	Hospital No:	
		NHS Number:	
		Sex:	F
		D.O.B. / Age:	08/08/1973
		Address:	
			BRIGHTON

Copy of Spinal cord report as sent by Dr A Rainey, Consultant Histopathologist, Royal Sussex County Hospital & Dr A Chaudhuri, Consultant Neurologist, Oldchurch Hospital.

Consent given by Ms Corrina Wilson (mother)

NATURE OF SPECIMEN

Segments of formalin fixed spinal cord and segments of snap frozen spinal cord tissue received as requested

A Spinal Cord, Prox - Cauda Equina
B Spinal Cord, Thoracic
C Spinal Cord, Cervical
D Spinal Cord, Upper Cervical

CLINICAL DETAILS

Suspected chronic fatigue syndrome / myalgic encephalomyelitis

Unexplained death (Coroner's Post Mortem Examination)

MACROSCOPY

Four segments of fixed spinal cord recieved.

Segment A
The largest piece, measuring 18.5 x 2.4 x 1.4cm cross section of at proximal end, including cauda equina at the distal end (blocks A1 - A5)

Authorised By: 13/02/2006 13:25 Dr O'Donovan

Lab No: 06P300001

Date Collected: 02/12/05 Date Received: 23/01/06 Date Reported: 13/02/06

Reports are authorised electronically

CPA ACCREDITED LABORATORY

Barking, Havering and Redbridge Hospitals NHS
NHS Trust

208 b

NEUROPATHOLOGY REPORT

Oldchurch Hospital

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Location:	Not on system	Hospital No:	
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		Sex:	F
		D.O.B. / Age:	08/08/1973
		Address:	
			BRIGHTON

Continuation of Report:

Segment B
Measuring 11.5 x 1.7 x 1cm (blocks B1 & B2)

Segment C
Measuring 6.5 x 1.5 x 1.2 (block C1)

Segment D
Measuring 2 x 1.4 x 1cm. (block D1)

As reconstructed segments A - D appear to be in order chaudal to rostral, therefore it appears 3 segments, cervical, thoracic and lumbar have been removed and are now stored frozen at -40° C in the Neuropathology Department, Oldchurch Hospital.

The dura is intact.
The filum terminale is identified and appears normal. There is some compression artefact of the cervical segment. The nerve roots show no atrophy.

MICROSCOPY

There is some crush artefact of the cervical cord on sections C1 & D2.
Section A5 comprises five pieces: three dorsal root ganglia 2 in transverse section and 1 in logitudinal section and one transvers and one longitudinal section of a root without ganglia.

All three samples of dorsal root ganglia show a mild focal chronic lymphocytic infiltrate. There is loss of ganglion cells and and nodules Nageotte are noted. There is evidence of invasion of some large ganglion cells by lymphocytes. A number of ganglion cells have pale granular eosinophilic cytoplasm and slightly pyknotic nuclei. However, no Cowdry A type nuclear inclusions are identified. The LFB-CV stain of dorsal root ganglia shows loss of Nissl substance. The nerve roots also show focal loss of myelinated fibres. However, there is no extension of the
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NEUROPATHOLOGY REPORT

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Continuation of Report:

inflammatory cell infiltrate into the dorsal nerve roots themselves. Sections of the remainder of the cord show no evidence of inflammation in either ventral or dorsal nerve roots or in the spinal cord grey or spinal white matter columns. In particular there is no evidence of poliomyelitis. The anterior horn cells appear to be normal in number. Some, however, show loss of Nissl substance and are swollen with granular eosinophilic cytoplasm. There is no obvious loss of myelinated fibres from the spinal white matter columns. In particular, there is no evidence of B12 deficiency leading to subacute combined degeneration in the spinal cord (SACD). Small numbers of corpora amylacea are noted in the white matter columns and grey matter. There is no evidence of acute purulent meningitis or vasculitis and there is no evidence of neoplasia.

Conclusion

Definite pathological changes are identified in this spinal cord specimen in particular there is a dorsal root ganglionitis in three out of four dorsal root ganglia sampled. The cause of this is not immediately evident. However, possible causes include Herpes zoster infection, Herpes simplex infection and paraneoplastic ganglionitis.

Comment

Herpes zoster infection usually presents with classical vessicular eruption in a dermatome. However, the eruption may not necessarily be evident eg. Zoster sine herpete. It is important to note that the latent phase of the virus is thought to involve the dorsal root ganglia and trigeminal ganglia and Zoster may be associated with recurrent pain going on for many years in some patients. This is a possible explanation for the illness suffered by this patient. However, it is difficult to explain the generalised pain as opposed to pain confined to a limited number of dermatomes as is usual. A paraneoplastic ganglionitis is much less likely especially as no carcinoma was identified at post mortem.

If Herpes zoster is the explaination, Reye's syndrome should also be considered as a possible

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NHS Trust

208d

NEUROPATHOLOGY REPORT

Oldchurch Hospital

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Location:	Not on system	Hospital No:	
		NHS Number:	
		Sex:	F
		D.O.B. / Age:	08/08/1973
		Address:	
			BRIGHTON

Continuation of Report:

cause of death, but in this scenario cerebral swelling and brain shift, and fatty liver with metabolic derrangement would have to be identified to confirm this hypothesis.

DIAGNOSIS

Necropsy spinal cord tissues including dorsal root ganglia: Dorsal Root Gangionitis

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