

A tale of two thyroids

Mary Church

My first reaction was that she had a brain tumour. I had just dropped in to see my long time friend Joanne. Her right eye was bulging out of its socket squinting at our kids as they reduced her living room to chaos. As subtlety is not my strongest point I blurted out, "Spinach on the menu tonight, Popeye?" Unsmiling, she eyed me up and down and told me I was the third person to make the observation that day. But although she was a hospital doctor working in a centre of excellence, I was the first with a trained eye to say so.

No one said anything for a while. After an uncomfortable pause we simultaneously started babbling out the causes of unilateral proptosis. The list was short. It was not a common sign in everyday general practice. Trying to remember the differential diagnosis from a page in *Aids to Undergraduate Medicine*, last read 16 years ago, was impossible.

Joanne was the one to suggest brain tumour as the likely cause. I tried to dismiss this suggestion. I tried particularly hard to find convincing reasons for some other diagnosis if only I could think of one. Two hours later, after Joanne had herself dead and buried, planned her children's future education, and started organising her final holiday of a lifetime, commonsense prevailed and a friendly ophthalmologist was sought for an urgent detached opinion.

I was terrified to ask her the verdict. Relief, surprise, and self criticism were the mix of emotions I felt when she dropped the bombshell. She was thyrotoxic. I could not believe it. She was the wrong shape. Thyro-

toxics are bulging eyed lightweights in need of a good feed. Joanne was no lightweight. Given that I had been a general practitioner most of my postgraduate career and that I had known Joanne for more than 20 years, I was appalled at my bloomer and embarked on a course of soul searching. Am I in the right profession? How many other cases have I missed? Doctors, especially doctors you know, do not get these conditions.

"The symptoms had been there for many months for all to see."

I used my retrospectroscope. Although weight loss was not an obvious feature, many other classic symptoms were present. Her appetite was voracious. Conversations I had with her in recent months were all one sided. I could never get a word in edgewise. Audit was the new buzz activity in her unit. She adopted the role of local expert and project coordinator, inventing numerous assignments for her less than enthusiastic colleagues. Her best ideas came to her at 4 o'clock in the morning and her long suffering husband had to listen to them then and there. She would leap out of bed and batter the keys of her word processor until it was time for work. I used to wonder where she found the energy and saw it as a reflection of how lazy I was. Now all is crystal clear.

Three years later she swore that she was euthyroid when we set off on our annual pilgrimage to one of the educational medical meetings. I repeated as I do every year that I was not going night clubbing after dinner. Snoring in the lecture hall the next day did not make a good impression and anyway I hated night clubs. My inability to have a late night mid-week without suffering complete exhaustion was a mystery to my now euthyroid friend, but to me easily explained by the fact

that I am a full time general practitioner with young children to look after and a grown up child, otherwise known as my husband, to pander to.

It was summer. The London forecast was for heat and humidity. I found the capital pleasantly comfortable, but the airconditioned auditorium was like ice station zebra. As Joanne was once more left to ponder what lurked in the great abyss beyond my tonsils when I failed to stifle yet another yawn I complained that I was missing my electric blanket. "It's not cold and you're abnormally tired," she told me emphatically. "Check your thyroid function." I agreed as long as she rechecked hers. She did. Hers was normal.

I was unequivocally hypothyroid.

As every textbook warns the symptoms had been there for many months for all to see including my consultant husband, the general practitioners in the health centre, and my many medical friends. I woke up tired. I dragged my body to work, always well wrapped up in several layers. I fell asleep before the children while reading their bedtime story. The skin on my hand looked more like it belonged to my 90 year old granny. My ability to go to foreign parts and avoid using the dubious toilet facilities for two weeks at a time had become a family joke.

The relief at finding there was a cure for my multiple ailments was shattered only one week later when I discovered that I was pregnant. Obviously my fertility had not been affected. It did occur to me, had it been normal, that I might be looking forward to twins or even triplets.

Remember what we were taught about thyroid disease having a subtle onset. It is quite true. Think carefully before dismissing minor symptoms you may have experienced with everyday excuses. Doctors are not immune to illness.—MARY CHURCH is a general practitioner in Blantyre

MEDICINE AND BOOKS

True grit, no tact

To the Ends of the Earth: Women's Search for Education in Medicine.

T N Bonner.

(Pp 232; £27.95.)

Cambridge, Mass: Harvard University Press, 1992.

ISBN 0-674-89303-4.

A large group of upper middle class men demonstrating against the admission of women to their institution. A 1992 photograph of the Church of England's debate about women in the priesthood? No, actually it is of students at Cambridge

University in 1897. We have not come as far as we thought in 100 years. Just when it seemed that equality in the professions was becoming a matter of indifference, a fait accompli, the church reminded us that the struggle continues.

Professor Bonner has written about a particular part of this struggle: women's search for education in medicine in the years 1871 to 1914. At the beginning of this period most women could not train in medicine in their own countries but were forced to travel to either Zurich or Paris if they wanted to enrol on an established course, work alongside men, and get a proper degree.

These early pioneers were exceptional by any standard: Frances Elizabeth Morgan, an English woman who matriculated in Zurich in 1867, studied Sanskrit as well as medicine,

completed the course in three years, and was noted for her regal bearing and cool intelligence. American, British, German, and Russian women travelled to Switzerland and France, where, after winning the battle for a degree, they had to argue for hospital posts, the right to practise, and admission to the medical societies of the day. The grit of these first students in overcoming obstacles in a foreign country is remarkable. I am sure that I would have sat at home with my embroidery if I had been one of their contemporaries.

This was a colourful time. The fortunes of the Russian students rose and fell with the upheavals of their mother country. The murder of Tsar Alexander II ended women's medical education in Russia for a time, when women medical students were implicated in