



May 2010

# Derby Fibromyalgia Support Group

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## Message from the Chairperson

Hi Fibro friends,

The main topic for me to mention is- **Wednesday 12<sup>th</sup> May is National Fibromyalgia Awareness Day.**

The one thing I have been trying to organise for a while; is **A Swimming Group.** The pool at Moorways is too cold for us fibromites, so without paying a lot of money to join a club with a warm pool, by accident I came across the family pool at Queen Street Baths, where it is warmer, 30 degrees, and, it has steps going into the water as well as the ladders, which most have difficulty using.

So, On a Wednesday, 12 – 1.15pm, “I will” be at Queen Street Baths, (and its ladies only), I usually meet Brenda, so anyone who would like to join us are welcome. It’s the best and easiest exercise we can use without over exerting ourselves.

“So Please Join our Swimming Group”

Jackie x

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## Meeting Dates 2010

### **THERE ARE NO MEETINGS IN AUGUST**

#### Thursday

13<sup>th</sup> May  
10<sup>th</sup> June  
8<sup>th</sup> July  
9<sup>th</sup> September  
14<sup>th</sup> October  
11<sup>th</sup> November  
9<sup>th</sup> December

10.15am – 12.30pm

#### Saturday

22<sup>nd</sup> May  
26<sup>th</sup> June  
24<sup>th</sup> July  
25<sup>th</sup> September  
23<sup>rd</sup> October  
27<sup>th</sup> November  
18<sup>th</sup> December

2.00pm – 4.00pm

#### Admission

£2.50

Free Car Park at Back of Church  
Off Melbourne Street

#### Contact Details

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Email: [derby.fibro@btinternet.com](mailto:derby.fibro@btinternet.com)  
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Derby  
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## Forthcoming Church Events

SPEAKERS			Regular Events	
<b>May</b>			<b>Open Circle</b> Every 2 <sup>nd</sup> and 4 <sup>th</sup> Thursday Of Each Month  <b>7.30pm</b>  No Admission After 7.35pm	<b>Healing Services</b>  Thursdays  <b>2.00pm – 4.00pm</b>
DATE	TIME	SPEAKER		
Sun 16 <sup>th</sup>	6.15pm	Sue Presley		
Mon 17 <sup>th</sup>	2.30pm	Dome Hall (CSNU)		
Sun 23 <sup>rd</sup>	6.15pm	Les Bridgewater		
Mon 24 <sup>th</sup>	2.30pm	Stuart Hamilton		
Sun 30 <sup>th</sup>	6.15pm	June Burks		
Mon 31 <sup>st</sup>	2.30pm	Closed Bank Holiday		
<b>June</b>				
Sun 6 <sup>th</sup>	6.15pm	Emily Baker		
Mon 7 <sup>th</sup>	2.30pm	Nora Watson		
Sun 13 <sup>th</sup>	6.15pm	Pat Collett		
Mon 14 <sup>th</sup>	2.30pm	Diane Gent		

### SPECIAL EVENTS

# Healing and Reading Day

## Saturday 12<sup>th</sup> June

## 10am – 3pm

For More Information

18 Charnwood Street, Derby. DE1 2GU.

Tel: **01332 386 204.**

[www.snu-emdc.org.uk/charnwood](http://www.snu-emdc.org.uk/charnwood)

# Are Joint Hypermobility & Fibromyalgia Connected?

Could there be a possible link between joint hypermobility and fibromyalgia? Or do these two syndromes simply overlap and mimic each other? They certainly share the same symptoms of wide spread musculoskeletal pain and stiffness, but does the liaison end there or do they share a similar underlying disease process? The jury is still out within the medical community, but research teams across the world are in the process of finding out.

Joint hypermobility can be defined as having supple joints that have the ability to perform movements beyond the normal range. It is most common in young women and its prevalence can vary between populations. For example, it is believed to affect about 5 % of the Caucasian population compared to a frequency 38 % of Middle Eastern women.<sup>1</sup>

Joint hypermobility can be diagnosed by asking an individual to perform a series of hyperextensive movements. For example, placing their palms on the floor by leaning forward without bending their knees or placing the palm of their hand on the table and extending their fifth finger backwards by 90 degrees. If a person can perform a certain number of these abnormal ranges of movement then they are diagnosed as having hypermobile joints. It is believed that hypermobile joints can be genetically determined or physically acquired, possibly through sport or work activities or performing constant repetitive actions with a specific joint.

The majority of people with joint hypermobility suffer no ill effects, however, the laxity of the joints can predispose some individuals to develop musculoskeletal pain and stiffness in their joints and muscles. The underlying cause of this condition is not precisely understood, but current research points towards defective collagen fibres<sup>2</sup> and some researchers now consider hypermobility to be a heritable disorder of connective tissue.<sup>3</sup> Fibromyalgia is a syndrome characterised by a range of symptoms including widespread pain, sleep disturbance, fatigue, exercise intolerance, cognitive difficulties, anxiety and irritable bowel complaints. It is most frequently observed among women and recent surveys have revealed that it affects 2% of the population (3.4 % of women and 0.5 % of men).<sup>4</sup>

Fibromyalgia can be diagnosed using criteria proposed by the American College of Rheumatology (ARC) in 1990. Individuals should have a history of widespread pain for at least three months and exhibit tenderness in at least 11 of 18 specific tender points sites when pressed upon with a force of about 4 kg.<sup>5</sup> The exact underlying disease processes of fibromyalgia are as yet unknown, however, there is increasing evidence to support mechanisms of faulty pain perception and a lack of deep sleep. The constant interruption of deep sleep during the night disrupts the release of growth hormone, which is responsible for repairing and restoring the body from the day's activities.<sup>6</sup> Any tiny tears in the muscles or imbalance of chemicals that have built up during the day are left unchecked. It is like living in a body that is never fully MOTed, leaving you stiff and sore and feeling totally unrefreshed when you awake in the morning.

Faulty pain perception arises from high levels of the chemical substance P, used to transmit pain signals, combined with low levels of serotonin that work to depress pain, causing all pain messages to be greatly amplified.<sup>7</sup> It is like the brain receiving the messages at full blast with no control over the volume switch. This state of play is referred to as 'central sensitisation'.

Fibromyalgia is managed with a combination of medications and physical therapies. Tricyclic anti-depressants like amitriptyline are used in low doses and act as painkillers, as well as increasing the amount of time spent in deep sleep.<sup>8</sup> Muscle relaxants and painkillers like Tramadol can be employed to depress levels of pain by interrupting the pain signals and increasing the levels of serotonin.<sup>9</sup> Exercise can be hard to tolerate, but is important to maintain on a regular basis to keep the muscles flexible and conditioned. Learning to pace activities through the day and knowing your boundaries is a vital step in managing fibromyalgia.

How do these two syndromes compare in the field of research? Current research studies have come up with conflicting results. Researchers Acasuso-Diaz and Collantes-Estevez from Cordoba in Spain believe the two disorders are associated and that mobile joints may play an important role in the underlying cause of fibromyalgia. Their study in 1998 compared 66 women with fibromyalgia to 70 women diagnosed with other rheumatic diseases. Statistical analysis revealed a significant difference between these two groups, with 27 % of the women with fibromyalgia having hypermobile joints compared to only 11.4% of the women with other rheumatic disorders.<sup>10</sup>

This conclusion is supported by a study in 1993 by Buskila et al from Beer-Sheva in Israel working in association with A. Gedalia based in New Orleans, USA.<sup>11</sup> In this study 338 children between the ages of 9-15 were assessed for symptoms of joint hypermobility and fibromyalgia. Children who could perform at least three hypermobile movements were considered to have hypermobility and those who fulfilled ARC criteria were diagnosed as having fibromyalgia. In total, 43 children were found to display hypermobility and 21 fulfilled the criteria for fibromyalgia. 40 % of the 43 children with joint hypermobility also had fibromyalgia and the authors concluded by statistical analysis that the two conditions were highly associated in children.<sup>11</sup>

In contrast to these results researcher Karaaslan and his colleagues from Ankara in Turkey did not find a strong association between fibromyalgia and joint hypermobility. They began their studies with 88 women with widespread pain diagnosed as fibromyalgia and 84 healthy controls. On independent examination of the fibromyalgia participants they found that only 56 of the 88 fulfilled the ARC diagnostic criteria. When the reduced number of fibromyalgia participants

was tested for hypermobile joints, 8 % displayed the symptoms of joint hypermobility compared to 6 % of the healthy controls. Interestingly though, out of the 32 remaining participants with widespread pain who did not fulfil the ARC criteria, 31% displayed hypermobile joints.<sup>2</sup>

The researchers concluded that those participants fulfilling the ARC criteria for fibromyalgia showed little association with joint hypermobility, demonstrating an almost equal frequency when compared with the healthy controls. Whereas those with widespread pain showed a much closer link and could in fact have joint hypermobility, which has been misdiagnosed as fibromyalgia. They reasoned **"hypermobility most likely plays a role in musculoskeletal pain in some individuals, but not necessarily in fibromyalgia."**<sup>1</sup>

It seems evident from all three studies that joint hypermobility is linked to widespread musculoskeletal pain in some individuals. However, the research studies conflict as to whether there is a direct link to fibromyalgia. It is feasible that joint hypermobility could mimic and be misdiagnosed as fibromyalgia, underlining the importance of the ARC criteria. Nevertheless, rheumatologists tend to differ in opinion as to whether strict adherence to ARC criteria is beneficial, but in the light of the evident overlap in symptoms some criteria need to be in place to prevent misdiagnosis.

Interestingly, joint hypermobility has also been linked to osteoarthritis.<sup>1&12</sup> It is believed that these two conditions may share the same defects in connective tissue or the increased risk of trauma to the joints in individuals with hypermobility may increase the risk of developing osteoarthritis.<sup>1</sup> This additional connection suggests that hypermobile joints are unlikely to have a singular connection with fibromyalgia. It also detracts from the results by Acasuso-Diaz et al who compared the frequency of joint hypermobility in fibromyalgia with a group consisting of a range of rheumatic conditions, including, osteoarthritis, rheumatoid arthritis, lupus, carpal tunnel syndrome, tendonitis and osteoporosis. Perhaps if they had compared the frequency in fibromyalgia with the same number of participants with osteoarthritis a similar or even stronger association may have been found between hypermobility and the latter.

How could joint hypermobility predispose to fibromyalgia? It is suggested that excessive or inappropriate physical activity undertaken by people with joint hypermobility can lead to hyper extension of the joint capsule with repeated microtrauma to the ligament structures and surrounding muscles. This idea is supported by studies of hypermobile military recruits who suffer muscular and ligament lesions due to the excessive physical activity.<sup>1</sup> If the microtrauma to the muscles and ligaments is constantly repeated; this could lead to over activation of the pain receptors around the joints causing them to become hypersensitive. This hypersensitivity could lead to amplification of the pain signals, eventually creating a more widespread pain syndrome and triggering the additional symptoms of fibromyalgia. It is suggested that good muscle tone could protect hypermobile joints and physical conditioning with regular but not excessive exercise could help prevent the development of musculoskeletal pain.

In summary, Mary-Ann FitzCharles a rheumatologist from McGill University in Montreal states that, **"There is increasing evidence that at least a sub-group of patients with soft tissue musculoskeletal pain, widespread pain, or fibromyalgia are hypermobile. Clearly, hypermobility is not the only or the major factor in the development of widespread pain or fibromyalgia, but rather a contributing mechanism in some individuals."**<sup>1</sup> Further research is the only way forward to shed more light on this issue and it will be interesting to see what is discovered over the next decade. *Further research is the only way forward to shed more light on this issue and it will be interesting to see what is discovered over the next decade.*

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# Going Bananas

A professor at CCNY for a physiological psych class told his class about bananas. He said the expression "going bananas" is from the effects of bananas on the brain..  
Read on:



Never put your banana in the refrigerator!!!

After reading this, you'll never look at a banana in the same way again.

Bananas contain three natural sugars - sucrose, fructose and glucose combined with fibre. A banana gives an instant, sustained and substantial boost of energy.



Research has proven that just two bananas provide enough energy for a strenuous 90-minute workout. No wonder the banana is the number one fruit with the world's leading athletes.

But energy isn't the only way a banana can help us keep fit. It can also help overcome or prevent a substantial number of illnesses and conditions, making it a must to add to our daily diet.

Depression: According to a recent survey undertaken by MIND amongst people suffering from depression, many felt much better after eating a banana. This is because bananas contain tryptophan, a type of protein that the body converts into serotonin, known to make you relax, improve your mood and generally make you feel happier.

PMS: Forget the pills - eat a banana. The vitamin B6 it contains regulates blood glucose levels, which can affect your mood.

Anaemia: High in iron, bananas can stimulate the production of haemoglobin in the blood and so helps in cases of anaemia.

Blood Pressure: This unique tropical fruit is extremely high in potassium yet low in salt, making it perfect to beat blood pressure. So much so, the US Food and Drug Administration have just allowed the banana industry to make official claims for the fruit's ability to reduce the risk of blood pressure and stroke.

Brain Power: 200 students at a Twickenham (Middlesex) school (England) were helped through their exams this year by eating bananas at breakfast, break, and lunch in a bid to boost their brain power. Research has shown that the potassium-packed fruit can assist learning by making pupils more alert.

Constipation: High in fibre, including bananas in the diet can help restore normal bowel action, helping to overcome the problem without resorting to laxatives.

Hangovers: One of the quickest ways of curing a hangover is to make a banana milkshake, sweetened with honey. The banana calms the stomach and, with the help of the honey, builds up depleted blood sugar levels, while the milk soothes and re-hydrates your system.

Heartburn: Bananas have a natural antacid effect in the body, so if you suffer from heartburn, try eating a banana for soothing relief.

Morning Sickness: Snacking on bananas between meals helps to keep blood sugar levels up and avoid morning sickness

Mosquito bites: Before reaching for the insect bite cream, try rubbing the affected area with the inside of a banana skin. Many people find it amazingly successful at reducing swelling and irritation.



Nerves: Bananas are high in B vitamins that help calm the nervous system.

Overweight and at work? Studies at the Institute of Psychology in Austria found pressure at work leads to gorging on comfort food like chocolate and chips. Looking at 5,000 hospital patients, researchers found the most obese were more likely to be in high-pressure jobs. The report concluded that, to avoid panic-induced food cravings, we need to control our blood sugar levels by snacking on high carbohydrate foods every two hours to keep levels steady.

Ulcers: The banana is used as the dietary food against intestinal disorders because of its soft texture and smoothness. It is the only raw fruit that can be eaten without distress in over-chronicler cases. It also neutralizes over-acidity and reduces irritation by coating the lining of the stomach.

Temperature control: Many other cultures see bananas as a "cooling" fruit that can lower both the physical and emotional temperature of expectant mothers. In Thailand, for example, pregnant women eat bananas to ensure their baby is born with a cool temperature.

Seasonal Affective Disorder (SAD): Bananas can help SAD sufferers because they contain the natural mood enhancer tryptophan.



Smoking & Tobacco Use: Bananas can also help people trying to give up smoking. The B6, B12 they contain, as well as the potassium and magnesium found in them, help the body recover from the effects of nicotine withdrawal.

Stress: Potassium is a vital mineral, which helps normalize the heartbeat, sends oxygen to the brain and regulates your body's water balance. When we are stressed, our metabolic rate rises, thereby reducing our potassium levels. These can be rebalanced with the help of a high-potassium banana snack.

Strokes: According to research in The New England Journal of Medicine, eating bananas as part of a regular diet can cut the risk of death by strokes by as much as 40%!

Warts: Those keen on natural alternatives swear that if you want to kill off a wart, take a piece of banana skin and place it on the wart, with the yellow side out. Carefully hold the skin in place with a plaster or surgical tape!

So, a banana really is a natural remedy for many ills. When you compare it to an apple, it has four times the protein, twice the carbohydrate, three times the phosphorus, five times the vitamin A and iron, and twice the other vitamins and minerals. It is also rich in potassium and is one of the best value foods around so maybe its time to change that well-known phrase so that we say, "A banana a day keeps the doctor away!"

#### PASS IT ON TO YOUR FRIENDS

PS: Bananas must be the reason monkeys are so happy all the time! I will add one here; want a quick shine on our shoes?? Take the INSIDE of the banana skin, and rub directly on the shoe....polish with dry cloth.. Amazing fruit!!!

## A Young Person's Perspective on Fibromyalgia

By: Jessica Franke

Reprinted from FMOOnline USA

Life as a 23-year-old woman with fibromyalgia has presented many unique challenges. I had to deal with brain fog during the SATs, an unfortunate prescription drug interaction with alcohol at a frat party, and unexpected weight gain during prime dating season.

I've also coped with many of the same experiences as my more "typical" fibro counterparts: an abrasive doctor who told me (for five years) that fibromyalgia was a fake diagnosis delivered to whiny old women to shut them up; an unfeeling therapist who told me I was lazy and manufacturing my symptoms to get attention; and the oblivious elderly patrons of the warm water pool where I do physical therapy asking me what sport I was playing when I was injured. Yes, I've suffered disbelieving friends, family, strangers, and doctors, invalidating insults from clueless sympathizers with only the best intentions, and the frustration of having to explain for the millionth time what fibromyalgia is and that I'm not making it up.

I lead a life very different from the rest of my fun-loving, carefree generation, and I'm often amazed by the things they take for granted. Many young adults buy fancy cars; I bought a fancy mattress. When my amazingly supportive husband and I looked into buying our first house, our primary concern was limiting the number of stairs I'd have to climb because the bursitis in my hip often keeps me from walking. I usually don't go to parties because I know I'll be too tired to stay long, and I have to choose restaurants carefully to cater to my IBS. Even on our honeymoon we had to plan activities around my napping schedule... and I packed a heating pad, not sexy lingerie.

I've been most frightened by the threat to my lifelong dreams and aspirations. I realized after a month of trying that I would never be well enough to have a veterinary career. I quit playing tennis and had to limit my forays into pottery. The promising future I'd expected to have as a child has been stolen from me, or at least made a thousand times more difficult. I suppose fibromyalgia has helped me sort out my priorities and appreciate what I have: everything I accomplish is a result of persistence and desire. I take nothing for granted.

My wizened outlook on life is a result of a year of forced "vacation." A year ago I became too sick to continue with normal life, and had to quit graduate school, move across the country to live in my parents' basement, and completely re-evaluate my life. After years of preparation, I was standing at the starting line of my real life and unable to take a step forward. I felt like a washed up has-been, except I was so young I was a never-been.

I was often told invalidating things like, "It could be worse," or "I guess you'll just have to learn to live with it," or, my personal favourite, "You're just not motivated." Ambition and intelligence are not my problems. The myriad symptoms of this complex, completely misunderstood set of illnesses (and some very poor medication choices made by clueless doctors) are my problems. Dismissive statements don't take us seriously: chronically ill people don't have the energy for anything but utter honesty. When I explain fibromyalgia, I want someone to say, "That really sucks, and I am so glad that I don't have that!" That would be validating.

But a year, many days of sleeping, lots of Aleve, two good doctors, the proper medication, and several hundred dollars of physical therapy later, I'm back on track and have some hope for my life ahead. It won't ever be a normal life, but I try to convince myself that it will be richer because of the trials I've faced and the lessons I've learned. However, I need what every fibromyalgia sufferer needs: understanding, compassion, a wonderful doctor, a strong support group, tenacity, and a heavy dose of good luck. And as a young person with fibromyalgia, I need a relaxing party that ends early and features bland cuisine.

# Moorways Track Fit



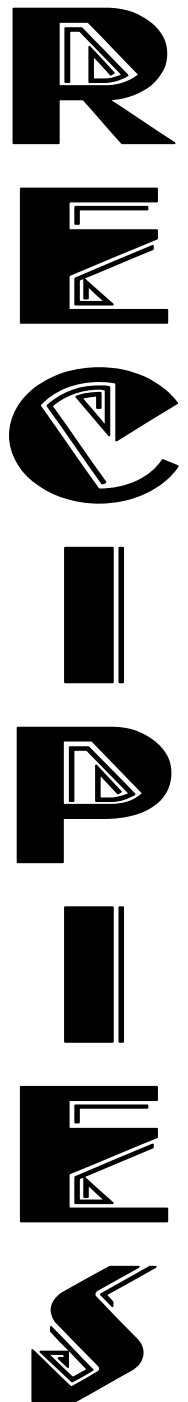
Track Fit is coming to the stadium. This is a new **free** activity at the stadium which is aimed at anyone looking to get fit. These sessions will be targeting everyone regardless of fitness level you don't even have to be able to run. We will be providing pre written training programmes and support for everyone of all abilities. we need people of all ages and fitness levels feel free to bring family and friends. The idea is to let people try the programmes so we can get some feedback before we launch it to the public. There is no set start time just turn up when your ready. Hope to see you there!

Mark

Mondays 4pm till 7pm

Fridays 4pm till 7pm

# Try These



## Chorizo Spanish stew

- 2 red peppers cored, de-seeded and thinly sliced
- 1 large onion, peeled and chopped
- 600g charlotte potatoes, cut into large chunks
- 1 x carton Tesco Passata with garlic and herbs
- 300ml (10 flu oz) vegetable stock
- 1 x 250g Ingredients Cooking Chorizo
- 20 Pitted Black Olives
- Garnish - Chopped Parsley
- To serve - Crusty bread optional



- Place peppers, onion, potatoes and passata into a large pan. Bring to the boil and Simmer for 25 -30 mins until vegetables are tender.
- Slice Chorizo and add to pan with the olives. Continue cooking over a medium heat for 10 minutes. Garnish with parsley.
- Serve hot with crusty bread.

From: [www.tescorealfood.com](http://www.tescorealfood.com)

## 2 minute Banana dessert for one

### Ingredients

- A Banana
- Digestives biscuit or dry breakfast cereal (Fruit and Fibre is good)
- One tub of yoghurt (Toffee is my favourite)

### Method

- Slice banana into small pieces or slice long ways if you have a bowl long enough.
- Put in bottom of bowl
- Crush biscuit and sprinkle over banana (do the same with cereal)
- Pour yoghurt over the top.
- Make another layer on top with biscuit/Cereal and yoghurt.
- You could do this with almost any fruit or even cake like Swiss Roll
- You could sprinkle with raisins or currents instead of biscuit

**Chef Doug**

# Puzzle page

## Weakest Link Brainteaser Test

First Question:

You are participating in a race. You overtake the second person. What position do you finish?

Second Question:

If you overtake the last person in a race. What place do you finish?

Third Question:

Very Tricky math! Note: This sum must be done in your head only -- do NOT write it down.

Take 1000 and add:

40;

1000;

30;

1000;

20;

1000;

10.

What is the new total?

Fourth Question

Read this sentence:

FINISHED FILES ARE THE RESULT  
OF YEARS OF SCIENTIFIC  
STUDY COMBINED WITH  
THE EXPERIENCE OF YEARS.

Now count aloud the F's in that sentence. Count them ONLY ONCE. Do not go back and count them again. What is your answer?

Fifth question

Trouble with Sons: A woman had two sons who were born on the same hour of the same day of the same year. But they were not twins. How can this be?

Answers next month.

April answer

First Name	Last Name	Words Missed	Guessed Word
Alice	Summer	3	fructuous
Barbara	Willow	5	pervade
Mindy	French	4	arcanum
Rhonda	Mincer	2	egregious
Tara	Heart	1	endue

# Did you know?

The nickname the "The Old Lady of Threadneedle Street" first appeared in print as the caption "Political Ravishment or The Old Lady of Threadneedle Street in danger" to a cartoon published in 1797 by James Gillray. It depicts William Pitt the Younger, the Prime Minister of the day, pretending to woo the Bank, which is personified by an elderly lady wearing a dress of £1 notes seated on a chest of gold.



There are two theories for the name Threadneedle Street. One is that it comes from the sign with three needles, the arms of the needle makers, who, tradition has it, had premises in Threadneedle Street. An alternative theory is that it was a child's game in 1751 in which children hold hands and the last two form an arch while the others run through, like threading a needle. This is repeated many times.



The £ sign developed over the years from the letter 'L', the initial letter of the Latin word *Libra* meaning a pound of money. It is generally agreed that the letters 's' for shilling and 'd' for penny stand for the Latin words "*solidus*" and "*denarius*" respectively. These were originally Roman coins of considerably greater value than the shilling and the penny.

The facsimile signature of the Chief Cashier did not appear on Bank of England notes until 1870.

The monarch's portrait did not appear on Bank of England notes until 1960.



The firearms on the wall in the Museum Rotunda are percussion cap muskets. Similar weapons were issued to the Bank branches for defence.

Between August 1940 and January 1941, the Bank of England staff collected £5000 to purchase a MKII Spitfire, which was presented to the Royal Air Force and subsequently named the Old Lady.

The Bank of England's building in Threadneedle Street has more space below ground than is contained in the former NatWest Tower, now renamed Tower 42. The tallest skyscraper in London.



For nearly 200 years, from 1780-1973, the Bank was protected every night by a military detachment called the Bank Guard or Picquet (pronounced picket). This protection of the premises followed the Gordon Riots of June 1780.

The gilded-bronze figure set high above the dome between Princes Street and Lothbury and known as Ariel after the Spirit of the Air in Shakespeare's 'The Tempest', is the symbol of the dynamic spirit of the Bank carrying credit and trust over the world.