

Personal View

The students gazed across the river at the rain cascading down the pinnacles and windows of the Palace of Westminster. They may, like one of their predecessors (jointly claimed by St Thomas's Hospital and Guy's Hospital), have been musing on "magic casements opening on the foam of perilous seas," or they may perhaps have found it a more restful sight than that of a colleague glued to a precordium while pretending to hear the murmur of mitral stenosis. To disperse lethargy we rapidly moved to the next patient on whom I was teaching, a man with a longstanding ulnar nerve lesion. It took only a few minutes to greet him and demonstrate the physical signs before passing to a more interesting "case."

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The weather changed, and two weeks later, on one of those summer Sundays on which London looks its best, I went into the hospital laboratories and ensured that my chronically hypercapnic rats were truly hypercapnic. Then followed a large roast lunch in the doctors' dining room, during which I chatted to the resident anaesthetist, whom I would see later that day under different circumstances. On arriving back at the flat I noticed that the sun reflected dimly from the rather grimy front windows and decided they needed an overdue cleaning. While perched on a ladder and polishing vigorously I heard a crash and, looking down, saw that my right hand had shattered the pane and that blood had fountained on to the curtains and broken glass. A wave of nausea struck but reflexly I grasped the severed artery with my left hand.

A neighbour bandaged the arm and delivered me to the casualty department, where I staggered in, apparently looking like the proverbial sheet. The ulnar artery and nerve and the medial flexor tendons at the wrist had been severed. It was slightly reassuring to note that there was some backflow from the distal ulnar artery and that, though the thenar eminence had been cut, the median nerve was intact. By now there was a deep throbbing ache in the arm, but after an opiate injection this lessened considerably and I felt dissociated from the remaining pain. I was operated on that evening by the senior registrar in plastic surgery. At one stage, inevitably, the operating microscope broke down. The next day reality struck. I had lost sensation and movement in half of my dominant hand and, though a physician and not a surgeon, I was apprehensive.

Unlike many others who have recounted their hospital experiences I have no complaint, except perhaps at the number of visitors on the first postoperative day, when I was physically and emotionally exhausted. The nursing care on the staff ward was quite exceptional and the kindness and help offered by friends and colleagues overwhelming. On first leaving hospital there was an unpleasant heightened awareness of the dangers of everyday life, a feeling reinforced by seeing a woman hit by a bus and knock her head on the pavement with a sickening crack. This unease, however, soon passed—there is little point worrying about chance misfortunes. The arm was in plaster for six weeks, during which I convalesced with friends and relatives around the country but was unable to drive. At first it was

difficult to travel by public transport or to dress and eat—sequels that I had never before considered when seeing a hand and arm immobilised in plaster.

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Protopathic sensation began to appear after about four months and now there is little sensory deficit. For the first eight months my hand was in the classical "en griffe" position, but, because of the intact median nerve, I could still examine patients, write, and perform experiments (including some microdissection). The most embarrassing disability was the inability to extend my medial fingers when shaking hands. At large meetings or parties I became bored with explaining this and resorted to subterfuges to avoid shaking hands. I made sure I had a drink in one hand while in the other I held a snack or even, I am ashamed to admit, a cigarette. I knew the anatomical consequences of an ulnar nerve lesion and now remembered the patient on whom I had taught shortly before my accident. I realised that, though I had demonstrated the deformity and listed the muscles affected, I had not discussed the resulting disability, which to the patient is the most important aspect. On that wet summer day the patient must have thought it strange that we did not ask him how his injury interfered with ordinary activities.

Eight months after the accident I could still not extend the medial two fingers, and it was with trepidation that I embarked on a skiing holiday in France. Putting a ski glove on the right hand proved difficult because of flexion deformity. Movement shortly began to return. Was it the result of physiotherapy inherent in much inept handling of ski poles, the result of an afternoon sightseeing at Lourdes, or the delayed effect of excellent surgery? Now I can freely extend all fingers, owing partly I think to trick movements that I do not really understand. Grip is strong but I am unable to adduct the extended fingers, a minor nuisance when swimming. Although not self-conscious about the scar, I worry slightly that if patients notice it they might think it the result of an attempt at suicide. Apparently many people with traumatic wrist injuries share this anxiety.

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Some accidents are unpredictable but many may be avoided. I wince to see children running, glass in hand, or people opening doors by pushing on the panes. Each year thousands of children are badly injured in accidents involving broken glass. In *The Times* recently the Glass and Glazing Federation has called for laws to enforce the use of toughened safety glass at danger points in doors and windows. This body obviously has a vested interest, but there is a strong case for improved safety standards when the government issues its revised building regulations. I have since learnt that the window that I was polishing was framed, not with window glass, but with weaker picture glass. I am now extremely wary of glass and try to be obsessional about safety measures when doing do it yourself chores, which is as seldom as possible. I have not cleaned a window for over two years.

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