

were paid on Saturdays and Sundays only to very sick patients or in answer to special requests, so the work was generally lighter than usual and the girls enjoyed their two days off during the following week. Problems that needed help from hospice trained workers were not limited to office hours and often seemed to surface at weekends, coinciding with the off duty of familiar community staff. Our own nurses had therefore been anxious to contribute to continuity of care in this way.

Encouraging interest in the professions

As I put down the telephone I thought I would just have time to polish up some lecture notes for two talks I was giving in the coming week before I had to start getting tea ready for the family. One was a lecture on symptom control for a group of Marie Curie nurses and should not pose any problems. I had given several talks previously on this subject, and all I would need to do for this one would be to expand the section on nausea and vomiting as they had asked for this topic to be emphasised. The second talk, to general practitioner trainees, was a little different. I was thrilled to be asked to give it as, no matter how we varied the time or venue, the medical profession was generally poorly represented at study days. Evidence of interest coming from the profession was encouraging and it was important to make the afternoon as good as I possibly could. But the brief I had been given—terminal care—was wide and I wondered how best to present the two hour session to be most helpful. Apparently an informal talk was preferred, so I decided to begin by asking the trainees what they most wished to talk about and then to have as wide ranging a discussion as possible based on several case studies covering different topics.

I had just tidied away my notes when the door burst open and the children fell into the house, with seal wet hair and bundles of soggy towels clutched under their arms. They were at the tea table, giving a lifelike

imitation of gannets feeding, when the telephone rang again. This time it was Tom, an old man who had been to visit his wife, Elsie, in the radiotherapy ward to which she had been admitted after I found signs of early cord compression at my assessment visit. Seeing her there, surrounded by other very ill people, Tom had been forced to recognise what he had so far managed to deny—that she was unlikely to recover. “You said to ring if I wanted to talk,” he apologised. It was obvious that he was very upset so I suggested he made himself some tea while I fed my hungry mob. I said I would call round as soon as I could. This kind of visit was not exclusively the task of either doctor or nurse, so whichever team member was best placed to respond would go. Our nurse had already put in a full day’s work, and I lived nearer to Tom than she did.

The familiar act of making tea had calmed Tom somewhat by the time I arrived, but he wept a little and talked of how he was feeling. I heard of how he and his wife had met so long ago, of the holidays they had enjoyed together, of the hopes, never fulfilled, of the family they had longed for. His Christian faith was strong, but feelings of anger and resentment troubled him and we talked about this for a while. When I left nothing had changed except that he said talking had “cleared a lot of rubbish away” and he now felt strong enough to take up the challenge ahead of him for a while longer, for both their sakes.

I got home in time to put the neglected sun bed away and my youngest to bed. In the twilight garden my husband was watering some flagging runner bean plants. I took up my work watching pose. “If you go on doing that it’ll rain for sure.” He laughed. “It’s bound to do that anyway if you’re off duty next weekend. Has it been a bad one this time?” We went into the house as the second wave of midges moved into the attack. “Bad?” I thought of Mrs Walters, of Chris Jones and his patient, Bill, of Hilda and her poor family, and of Tom and Elsie. “No, not really. Not a bad weekend at all.”

The last game

Erl Annesley

I was home later than expected from my golf dinner that Thursday and there was a glass of whisky already poured and waiting on the kitchen table. I seldom drink whisky and I was looking at it with some curiosity when my wife came in from the day room. I could see that something was wrong. “It’s Martyn,” she said very quietly and stood with her arms around me.

Martyn wasn’t my son, or my brother, but a close friend and fellow general practitioner, who had started in practice at the same time as I had in a town some 20 miles away. Although of very different temperaments, we hit it off as soon as we met and remained firm friends for nearly 30 years, swapping stories of practice life, comparing work rates, incomes, and partners, and putting the medical world to rights. As well as regular postgraduate weeks in Brighton and elsewhere we often continued with peer review during our local weekly golf game, and sometimes even further afield when we played over the many beautiful Scottish links.

When the new contract raised its ugly head and there were mutterings about resignation Martyn would remember the earlier crisis in the ‘sixties when we had all sent in our undated resignations to the BMA and insisted that it would never happen. Similar debates were carried on during winter nights at the squash club. There we would meet up with a regular crowd of

general practitioners, consultants, and others of the same age for our twice weekly game. By playing regularly among this same group over the years, giving up smoking, and moderating our alcohol intake, we were able to keep going through our 30s, 40s, and into our 50s.

Often after a Friday night surgery the last thing we felt like doing was playing squash, but when the game was over and we were sipping a cool drink suddenly the batteries were recharged and in the midst of Martyn’s laughter we would all be uplifted, mentally and physically. We had found the way to stave off the dreaded general practitioner burnout, driving our bodies for that last match point, then arguing in the bar afterwards about politics, or air safety, or carpet manufacture, with our fellow mature players.

Hard work counterbalanced with an active sporting life, and good company was the sure way of drawing the NHS pension for as many years as possible. Martyn and I had it all worked out. We would conquer the new contract, see it settled in and working, and then retire to the quiet life, with a week’s fishing here and a few days’ golf there. We might even put in an occasional gentle game of squash.

But there can never be a gentle game of squash.

That fateful Thursday, while playing against a

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surgical colleague, Martyn suddenly collapsed on the court. All efforts to revive him by three experienced doctors were of no avail, and so while I attended a dinner elsewhere Martyn played his very last game.

The mental inquests have been going on since. Should men in their 50s, regular players or not, be playing such a demanding game? Do middle aged doctors seen playing squash give a false sense of security to others? Is there any way of predicting such an event in a man who has no symptoms, plays regularly, and had played an equally hard game only days before?

The experts think not. An abnormal exercise electrocardiogram would be an obvious contraindication, but a normal one doesn't mean you are safe. By its very nature squash carries high cardiac risk. The exercise is in explosive bursts. It is exhausting, and the

very object of the game is to wear your opponent down by working him as hard as possible.

Regular play must lessen the risk but is no guarantee against a disaster, and Martyn's death was the second on our courts in a few months. Set against that it is exhilarating and mentally refreshing and, like all sport, an antidote to the often considerable stresses of work. Martyn loved it dearly. All this means that so far as I'm concerned the jury is still out on middle aged squash.

So I don't mourn for Martyn, who loved his sport and at least never had to suffer the infirmities and indignities of old age. I mourn for his family and his friends, who will miss his laughter and sometimes wish that they could have predicted the unpredictable, achieved the impossible, and persuaded him against that one last game so that he might have been around for at least a little longer.

A modern day Iona

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It was a chilly night for mid-February but that was not surprising as we were camping on a small ledge at 1200 m under the massive columnar dolerite ramparts of Cradle Mountain in central Tasmania. The sun had set and the cool southerly winds had travelled from the cold southern ocean which is all that separates the island from the snows of Antarctica.

My wife and I were on the fifth and penultimate day of the arduous 80 km track through the famous Cradle Mountain National Park. This is the most well known of Tasmania's protected wilderness areas and includes every type of country that the adventurous trekker would wish for. Our journey started on the northern shore of the cold waters of Lake St Claire and the surrounding Mount Olympus range. The boatmen, who left us apprehensive and isolated at Narcissus Bay, told us of the great depth of the lake and of the aboriginal tribes who had previously lived in the area until the end of the last ice age over 10 000 years ago. Not surprisingly, for Australian urbanites, this new experience of total self dependence and reliance on maps, compass, tent, and personal food supplies gave a feeling of isolation and personal vulnerability. The heavily laden rucksacks were a burden and the comforts and security of home, shelter, and warm beds seemed remote.

The first night as the eerie dusk fell we erected our

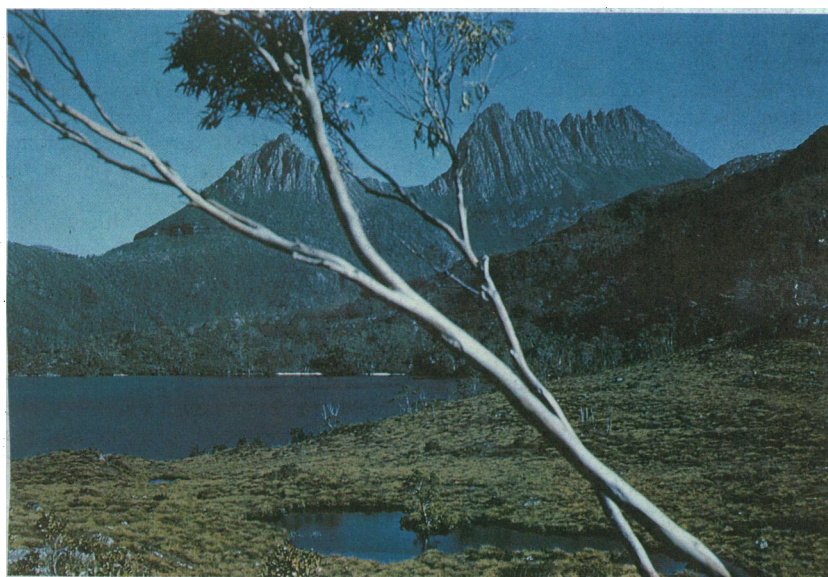
tent. A strange, dark badger like creature emerged from the dense bush and fearlessly sniffed our packs before moving away to a safe distance, apparently satisfied that we had little to offer. I recognised the visitor from memories and from picture postcards as a Tasmanian devil. As the days went by we experienced a remarkable personal change. Our earlier perceptions of apprehension, isolation, and fear were replaced by awe, wonderment, and admiration as massive mountains with jagged peaks and pillars with classical names such as the Acropolis, the Citadel, and Cathedral Rock towered above and around. Dashing rivers and streams accompanied by the sounds of tumbling water were everywhere. Giant trees with massive trunks ascending hundreds of feet into the sky were encountered before giving way to glades of damp green primeval grottos dripping with moss and old man's beard clinging on to ancient gnarled boughs. Strange birds and coloured parrots shrieked loudly as they flew by, going about their lives, lives which we had previously been unaware of.

Shared sense of reverence

On other occasions we were startled by shiny black venomous yet shy tiger snakes, which slithered away on hearing our clumsy approaching feet. The trail sometimes led to high plateaus of open moorland, sometimes with deep pools of mud and shallow lakes, which at times were reminiscent of memories of Dartmoor or the High Peak in Derbyshire. While the sheer physical and geographical splendour leaves the traveller in a constant state of wonderment, the overland track is unique for other reasons. Several times a day you meet fellow travellers who are savouring the delights of these unique and spectacular offerings. Everyone comments, not only on the splendour of the place but of the importance of preserving and sustaining it for future generations. You become aware of a collective sense of reverence and a shared feeling of threat from the destructive elements of man, who could easily damage this fragile environment.

For many kilometres of the walk wooden walkways have been carefully and painstakingly laid down. This is not to help the walker but to protect plants, roots, and fauna from the boots of the increasing number of pilgrims who wish to test themselves against the rigours of untamed nature. Tons of wood paving have

Cradle Mountain



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