wife is possible, but this is very difficult to establish, and treatment (condom therapy or intrauterine insemination) is doubtful. The doctor and his patient may be driven to in vitro fertilisation or artificial insemination from a donor. Other conditions that may account for unexplained infertility include a luteinised unruptured follicle and menstrual abortion. Menstrual abortion may account for a substantial proportion of these cases.[1] Infertility clinics are silting up with this category as other conditions, more amenable to treatment, are removed. Many of these patients with unexplained infertility are turning to in vitro fertilisation, though a fraction of the resources spent on in vitro fertilisation devoted to research on unexplained infertility would remove many women from this category because the understanding and cure of some of these conditions are almost within our grasp.

Reference

1 Ahmed A, Klopper A. Detection of subclinical abortion by assay of pregnancy specific B_1 glycoprotein. *Br Med J* 1984;288:113.

Personal Paper

What it is like to lose a lung

MARGUERITE KEY

When the hospital doctor told me that arrangements were in hand to have my left lung surgically removed, he obviously expected me to be thrilled to the core at my good luck that an operation was possible. Always a poor sport, however, I felt far from whooping with delight. Firstly, I wanted to know a lot more about what was going to happen to me. What would I feel like after such a big operation? Would I ever be able to function normally again and, if so, how long would I take on the road back?

After all, I thought, any old idiot can die, but it takes real talent to live with certain degrees of disability. I was not at all sure that fortitude and endurance were my best qualities. The only person that I had met who lived with only one lung was a woman who had spent the last 30 years playing Camille on a chaise longue. True she seemed to be happy enough, but it certainly was not a role that I envied.

I asked the questions but the answers I got were vague and, to me, unsatisfactory. "Your recovery depends on how positive your thinking is," said the surgeon. Sister let her voice trail away in a mist of conjecture—"Well, it is a very major operation after all." The physiotherapist muttered from the side of her mouth as if she should not be saying anything at all, "I think the first four months are the worst."

There could have been many reasons why I had to go into the operation without really knowing what to expect and one of them could have been that all the staff were so very busy, scudding about the wards without a moment to spare. Another reason could have been that all the people I was asking had two good lungs and were obviously hoping to keep it that way. Their theoretical knowledge may have been exhaustive but their actual experience of what it felt like was zilch. Whatever the reasons, none of us patients was told much and the whole ward leaned heavily on astrological predictions and clutching at straws.

Still the staff meant well. A sweet faced little woman doctor took the trouble to come and make reassuring noises as I was trolleyed away to the operating theatre. "There is nothing, really nothing, to be frightened of—Mr Thing has done this operation hundreds of times. He is so expert he could do it standing on his head with his eyes shut." I trundled off to oblivion sincerely hoping that he would not try anything so bizarre while I was on the table, even though he was obviously bored out of his skull by the whole oft repeated procedure.

When I came to in the intensive care ward, the man in the next bed (it was a mixed ward) was trying to die and the nursing staff were refusing to permit it. This happened about seven times in the next few hours and each time they pounced on him and thumped him enthusiastically away from those pearly gates. The nurses in this ward were lean and watchful. They walked on the balls of their feet and gave the impression that if you snapped them in half the word "Efficiency" would be lettered right through them, like in a stick of seaside rock. It was evident that a patient had to be immensely determined to succeed in dying in the intensive care ward, and, as I did not feel up to making that kind of effort, I decided that I had better live.

Even though I had not got much in the way of information about my operation, I had acquired a couple of notions. One was that I was going to find it difficult to breathe but this was not the case at all. Breathlessness was never a problem except when I was upset. If I was calm I was not breathless—it was as simple as that.

Repository for old razor blades

The other idea, based on wincing observation of the really impressive hook shaped scars on patients who had already had their operations, not to mention watching them gulp down the painkillers, was that the wound would hurt. This proved a correct assumption, despite all that the hospital staff said about how improved techniques had lessened the pain. In the immediate aftermath of the operation though, I could feel the wound only vaguely through a general drugged muddleheadedness and malaise. It was not until I got back into the surgical ward that it began to feel as if the surgical team had used me as a repository for their old razor blades. Even so it was fairly bearable during the day when I could sit up and vary the pressure on my back, but the nights were dreadful.

The ward was kept extremely hot. They could have grown pomegranates and paw paws with ease on any of the window sills. We slept propped up on a heap of pillows, all plastic covered under their cotton slips and capable of retaining heat with great efficiency. Every wriggle generated more heat until sweat poured

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and it felt as if spine and ribs were contorting in steam heat into the kind of curlicues more properly seen on a bentwood hatstand. By morning I was shaky, exhausted, and hollow eyed.

Still, as I have said, I had expected the actual site of the operation to cause grief. What did come as a complete surprise to me was the insane behaviour of that part of me that lay below the scar—that is, from midriff to feet. All messages from my food processing area seemed to be scrambled and unreliable; I could only guess whether I was hungry or full up, whether I needed the lavatory urgently or had time in hand. Constipation set in like cement and wind gusted noisily and embarrassingly both north and south. My feet sent no messages back at all and seemed totally deaf to all suggestions from the brain except "start" and "stop." My slow and regal tread provoked much comment from my nearest and dearest from the first moment that they saw me up. Combined with an unusually upright posture (I think that Mr Thing had also starched my spine. No doubt he had an idle moment to fill in while operating). It caused an older member of the family to recall the late, great Queen Mary, she of the flowered toque and parasol. My unvarying pace became a major annoyance to me. I could not go faster, I could not go slower. The most infectiously foot tapping music had no effect on my feet at all. I could envisage myself maintaining this even, majestic tread even when beset by charging mad bulls or homicidal muggers.

Not a lot of advice

Two and a half weeks after the operation I was discharged. There was not a lot of advice—just "keep warm and walk about a lot." Good stuff so far as it went, but it should have been couched in far more urgent terms. I had been trudging about (overregally but quite efficiently) in the warm hospital ward, but I was totally unprepared for the extent to which I fell apart in a more temperate climate. We patients had all complained bitterly about the excessive heat of the ward, but it seems that only some bits of me had been too hot; my left side extremities had only just been ticking over at that temperature. Even before I reached home I could feel my whole left side going numb. Though my home is centrally heated there was absolutely no way to keep the whole house as tropical as the hospital ward.

I learnt to wear three of everything, to take hot baths often, and to tuck hot water bottles about my person as I sat. In this way I managed to get some feeling back into my left hand and foot, but my shoulder, which had only given warning twinges in hospital, seized up completely which meant that the whole left arm was painful and useless. Later I learnt that "frozen shoulder" was not uncommon, but nobody had warned me even when I mentioned my twinging shoulder.

I would also have welcomed some words of advice about clothes. At this time when I was feeling exhausted and at the end of my tether it really did not help when the limp caused by a partly numb foot was exacerbated by cross threaded knickers. It is only the most generously sized underwear that can be correctly adjusted when you have only one usable hand. I also suffered from a bosom which was normal on one side and varied bewilderingly on the other from egg cup to challenge cup in size. The choice was either no bra or a larger size. Absolutely nothing could be put on or taken off my top half without intense discomfort unless it fastened down the front. At the time when I found all this out I hardly felt well enough to go and and shop for clothes, but if I had known in advance some provision could have been made, by borrowing perhaps.

It was difficult to follow the instruction to "walk about a lot." I had this limp and a deep wish to subside into a sodden mass of self pity. In any case, walking did not seem to be doing a lot for me. I could not go fast enough to improve my circulation; I just got colder from leaving the fireside. Some six weeks after the operation, I acquired an exercise tape, not Jane Fonda's aerobics, the less ambitious Eileen Fowler cassette prepared with the enfeebled elderly in mind, and this proved quite a success. It encouraged movement in my feeble arm and shoulder as well as in my Queen Mary feet. It produced a tiny glow of warmth and improved my circulation. The exercises proved so effective that in retrospect I am surprised that I was not issued with an exercise sheet or a cassette when I left the hospital. It is quite a thought that if I had had a tricky back—or hip—I might not have been able to follow a commercial tape without doing further damage.

Again, using hindsight, I could see that two months after the operation my health was improving. I could lie down properly at night and was beginning to catch up on my sleep. The cassette was helping my movement and circulation. My intestines began to speak to me en clair instead of in code. I stopped looking like an undernourished giant panda, gaunt, white faced, and with dark ringed eyes, and started to put on weight and look quite pink.

I did not feel very improved though. I had gained the ambition and energy to try and pick up the threads of running a house and leading a more normal existence, but everything that I tried to do was totally exhausting and usually it hurt. It seemed that every few minutes I had to lie down and rest—for example, after the effort of peeling two small potatoes. I would get up, peel two more potatoes, and put all four in a small saucepan with water—time for another lie down to build myself up to make the supreme effort of carrying the saucepan over to the stove. At the same time that I was having all this aggravation, it was apparent that, now my looks did not pity me, all the nearest and dearest were feeling it was time that I snapped out of these invalidish ways. Healthy people find it difficult to believe that anything at all can take more than a week or 10 days to get over if the will is there. I had long overstepped this time span. Nobody was in the least unkind, but you could tell that they thought that I was making a meal of it. They had been used to spending their free time with me. Now they began finding other things to do. Life had to go on and nobody is indispensable. In the nicest possible way I was being dispensed with and I gloomily realised that if I ever recovered to the extent of having a social life I was going to have to build a whole new one for myself. It was all very daunting.

I could not walk far so I started driving again. Gear changing hurt my arm and shoulder (oh, for an automatic), but it was worth it because driving was a lot less tiring than walking. By this time I had a lot of things to practise every day—my exercises, walking, driving, various household chores. It was maddening that I could not count on maintaining an even progress. Things that I could do yesterday, I could not necessarily do today or tomorrow, but almost imperceptibly the odds did improve and it became more likely than not that I would succeed.

And so the weeks crept by and four months after the operation I found that I could run a house unaided—shopping, cooking, laundry, cleaning, the lot. I did it all slowly and I still had to dress as if I was penguin hunting on South Georgia. I still had twinges and strange rheumaticky aches. I crashed out into exhausted slumber at 9 15 pm every night, which is pretty limiting—even for watching television. Nevertheless, I must admit that progress had been made. That physiotherapist might just have been right when she said that the first four months are the worst.

Six months after the operation I was feeling quite well and strong enough to begin to pick up the threads of a normal life.

A 74 year old patient with Parkinson's disease is being treated with levodopa/benserazide (Modapar) 125 mg every six hours. He reports that when he goes to sleep he lies on his back and if he wakes up he then has difficulty in turning on to his side, yet he often finds himself lying on his side on waking. Why is this?

The main motor defect in patients with Parkinson's disease is a difficulty in initiating voluntary movement but there is no actual weakness, and it is not at all unusual for patients to carry out successfully movements on an automatic or reflex basis that they cannot perform voluntarily. The point raised by the correspondent is therefore fundamental to the disease itself and the patient's present treatment is not relevant.—ALASTAIR COMPSTON, consultant neurologist, Cardiff.