

Personal View

Major life events often have innocuous beginnings. For me, the onset of a sore throat, fever, and headache seemed to herald a viral illness; the accompanying vertigo rendered me unfit to drive and forced me to rest. After a week or so I seemed to be improving so I returned to my work in a busy suburban practice. My legs, however, seemed to have developed a permanent jelly-like state and it became a real effort to get about. "Pull yourself together," I addressed myself sternly, but that admonition did not work and eventually, when I found that I literally could not run to save my life, I decided to seek neurological advice.

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By now I had developed symptoms and signs of a peripheral neuritis and my imagination was working overtime on the aetiology.

Vitamin deficiency? Not on my diet. The demon drink? Surely not. Heavy metal poisoning? I was not that paranoid. The dreaded multiple sclerosis? Oh no, surely not that. Guillain-Barré syndrome? But that is rare isn't it?

"Not so rare," said the neurologist after examining me. "There's a lot of it about." In fact I was the sixth such patient in his unit in seven months. The danger of Guillain-Barré syndrome is its sometimes rapid spread from peripheral muscles like gastrocnemius and the quadriceps to the respiratory muscles with resultant paralysis. A hospital bed was found for me. It being the depth of winter with acute bed shortages I found myself in a three bedded side ward of a men's ward with two women companions. One of these suffered from uncontrolled epilepsy and had repeated convulsions all night; the other was a rather pathetic patient with schizophrenia who had taken an overdose. The night staff earned their money that particular night.

I was not in great shape myself. I was too weak to stand unaided, my facial muscles had given up ("too weak to smile" has a hollow ring to it now), and my psoas muscles were very weak. To monitor my breathing I had to blow into a peak flow meter every two hours. I had to have a chest x ray examination and when instructed to "take a deep breath" I could not. My morale hit rock bottom. I had a nightmare vision of spending the rest of my life on a ventilator—perhaps a folk memory of the polio epidemics of my youth and of the iron lung. It was my minister with his cheery greeting—"Well you've given up some funny things for Lent, but walking?"—who made me realise that I had to pick myself up and start to get better.

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And curiously enough I did start to improve. My knee jerk returned—a bit sluggishly—but it was there. I started to smile and at last I had something to smile about. My fate was decided—bed

rest and intense physiotherapy astutely doled out. Bed rest and physiotherapy? No other treatment? Well, that did not bother me though it upset many of my younger colleagues who have become accustomed to the magic pills for all ills.

The rest of my stay in hospital remains a hazy impression. A side ward on a women's ward was found for me and I was safely in the hands of a good neurological team of nurses, physiotherapists, and doctors who had looked after other patients with my condition. On the good days I got up and walked with help and had a bath aided by the Ambulift. On the bad days I lay exhausted on my bed with my radio for company and nothing but the emergency resuscitation box to gaze at.

Eventually, when my twice daily physiotherapy routine had reached a state which would have made Jane Fonda wilt, I was allowed home. Home to burgeoning trees, spring blossom, and bird song. Home to stairs, daily exercise, thrice weekly physiotherapy, and a twilight world of intermittent disability. The flat Cheshire plain had suddenly spawned steps, slopes, and hills. Bus drivers, who should treat their passengers like Rolls Royce customers, drive like demons. I now treat requests for ambulances from the frail and disabled with a lot more sympathy. I was not entitled to one of those nice orange car stickers because I could, on good days, walk a quarter of a mile. So I had to come to terms with my slowly improving condition and learn to pace myself. Newly innervated muscle fatigues easily; I would start out in the morning at a quite sprightly pace and by lunchtime could not get up the stairs. It felt as if I were wading through water or walking through fine sand. An added hazard was my sensory impaired foot and I have a nice collection of scars of burns, scalds, and scratches.

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I was anxious to return to work and was allowed to do so, so long as I took things easily and did not do any visits. This scheme worked for a while but I soon found that even that pace was too much and my small contribution to easing the workload placed a great burden on the other partners. I had to stop work again and get a locum in to replace me. The strain of my illness had also uncovered the rather creaking nature of the practice partnership, which subsequently broke up leaving me jobless and still unable to do a full day's work.

But life is full of surprises and one day I answered the telephone to be invited to join another practice in an adjacent suburb with just the sort of work schedule and organisation that I had decided I wanted. You really could have knocked me down with a feather.

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