competent doctors. How well I learnt what I knew. And they never let me down. Galina, Svetlana, Lydia, Vladimir... After the removal of a perforated gangrenous appendix and one litre of pus I recovered slowly but surely—largely because of their love, care, and attention. But it wasn't as if the doctors cared any the less.

Each morning a gaggle of them would arrive. White coated and chef hatted they always asked, listened, smiled, reassured, and organised today's treatment. A central venous pressure line and intramuscular injections were the order of the day (in fact every day). Antibiotics, theophylline, and much that I didn't understand. I tried, "Is that metronidazole?" in sign language, but not content with that, I spent an hour a day staring out of the porthole of a hyperbaric oxygen cylinder eating Russian chewing gum, and I would finish the day having 20 small glass cups stuck to my back. (For the uninitiated, ask your grandfather what "cupping" is.)

Smiling and basic sign language served me well but certain Russian words needed no translating. The word for enema is as memorable as the large, orange, pear shaped contraption is effective: clyisma—or to give it the full title—cataclyisma. The word for "not OK" also seemed particularly appropriate, especially during the early days of paralytic ileus—blocha. (Actually plocha but I persistently used the former.) Some words aren't so easy, as my dear friend David found out. He was ringing Omsk from England on behalf of my parents who were convinced that I was slowly shedding this mortal coil, as was the old priest in Northumberland who was saying rosaries for me. David's Russian was good and he was getting on fine talking to the duty doctor until he was silenced with the immortal phrase, "We have inserted four tampons into him." Tampon is the Russian for drain.

Experience gained

A week after the operation. I was out of intensive care and reading a bizarre collection of English books brought for me by the two doctors who spoke English. Quietly recovering. Eight days later my father, having run the gauntlet of embassies, ambassadors, and numerous officials, arrived together with his guides and hosts, Nelly and Nikolai. Within a day they had organised our return trip: ambulance to the airport, flight to Moscow, ambulance across the city, and hopefully a British Airways flight home.

The last evening was spent giving and receiving presents: traditional wood carvings, Matryoska dolls, and a memorial book about Omsk from my band of surgeons. An evening of bonhomie and genuine warmth. I was sad to say goodbye but happy to be finally going home.

I learnt much when I was ill in Omsk and am learning more as I recover here. About how big an insult to the body an operation is, how important care and attention are, how horrible bedpans are, how impossible it is to flirt with someone who is giving you an enema, and what it means to have a loving family and girlfriend, but most importantly I learnt again that people are the same the world over. Full of the same ingredients of love, hate, honesty, deceit, and so on, that make up the human condition, and so it underlined again the horrifying madness of planning and paying for the destruction of another people. It underlines the dangers of ideology, any ideology—monetarism, capitalism, communism, social democracy—that ceases to strive to understand all the people of this ever shrinking world and attempt to live with them in balance. The same balance that my weedy body is gradually reclaiming.

By a stroke of luck...

HERMAN ANKER

Health professionals are often concerned with interventions to induce changes in people's lifestyles. At other times events of life intervene.

Certain critical events may be anticipated—for example, puberty, marriage, childbirth, and change of job—they are stormy enough, but social norms, education, and planning enable us to deal with them. Faced with the acute trauma of severe illness or the shock of bereavement, we are most often unprepared and defenceless without the tools of experience to help us. It is then the role of the professional helper to ease the passage through a critical phase of life.

Health professionals also are subject to the trauma of major events in life. I believe that their experience as patients may contribute facets useful to our understanding of the impact of acute illness on the process of rehabilitation. I therefore wish to share my experience of an illness that intervened dramatically in my life three years ago at the age of 49. At the time my wife and I were leading active and fulfilling professional lives. My work as a doctor was bringing me into contact with many health professionals, informally and at meetings. There were letters and memorandums to write, lectures to prepare, reports and journals to read. I was also active in international work as adviser of a health project abroad that entailed some travelling. For the past six months illness in the family had made considerable additional claims on our resources.

To relive and expose to others my experience of illness is both

painful and difficult. People close to me played a central part in the events to be described. While I attempt to give a personal account of the events, I also wish to protect the privacy of my family and friends.

The startling stroke

A late January evening; we are sitting in front of the fire of our peaceful living room. Suddenly I slump forward, hitting my head on the table. Lying on the floor, as if groping for some lost object, I feel saliva dribbling from my mouth, my voice is strange and indistinct. I don't know what hit me. Surely it will get better. I hear my wife calling a doctor friend: "Please come, Herman has had a stroke." My objections are firmly overruled. Strong arms lift me on to a stretcher. I cannot move the left side of my body. A young, female intern looks at the admission papers: "I recognise you. You used to be my doctor when I was a kid."

Wheeled into a darkened ward, I am put to rest in the bed nearest to the door by efficient nurses. A urine bottle is placed under the bedclothes, a glass of juice on the table. A string from the bell is attached to my pillow with a napkin to wipe the dribbling saliva. Holding on to my right hand, my wife leans over to kiss my drooling mouth and murmurs: "We'll manage, darling."

Six other beds are emitting human sounds; light snoring, coughs, an occasional fart, and the sound of men turning over in their sleep. I lie exhausted, longing for sleep, and lose track of time. My left side feels inert and heavy, a part of me that is present and yet absent. Like the vibrant string of a spent bow, all my willpower summons the fingers to move. In vain.

I never fall asleep lying on my back. Attempting to roll over on my left side, I nearly fall out of bed. Instead I try turning to the right and embark on the heavy task of shifting my lifeless limbs across the bed with the right arm. Imagine lifting heavy flour sacks from the floor while lying down. Now I feel a pressure in the lower abdomen and must prepare for another procedure.

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After fumbling with the flask for some time I finally pass urine. As I retrieve the bottle warm liquid spills over my body, seeping on to the sheet. Once again I lie motionless, waiting for sleep. I feel no physical pain, only this incredibly heavy and divided body. Exhausted yet restless, I sense an uneasy constriction rising through my chest and pressing into the throat. Suddenly a dam bursts open as my eyes overflow with tears. Overcome by boundless despair I cry and cry in silence. Infinitely helpless.

Excerpt from medical record, present complaint:

On the day of admission, the patient had been to the movies with his wife. Shortly after coming home, while sitting on a sofa, his wife noted that he fell forward, knocking his head against a table. He was however conscious and responded to questions, though the voice was slurred. Physician was contacted who admitted him as emergency with the diagnosis of cerebrovascular accident.

Being a patient

Morning at the hospital begins at 6 am with friendly nurses in white introducing themselves to new patients. I respond with embarrassed apologies for soiling the bedclothes. The sheets are changed and the headboard raised. A nurse helps brush my teeth. Like an obedient child I lie back, already tired. Other patients are milling about, chatting and giving each other a hand. Gradually the light of grey winter dawn creeps into the large ward.

Breakfast is served at 8.30 am. Milk and coffee taste good, though I spill some. As I chew a few bites of a sandwich the bread grows into a solid lump that I must pick from the inside of my flaccid cheek. The tall, blond figure of my youngest son enters with two parcels of flowers in his arms. As he bends to embrace me I hold on to his head. Pointing to my left side, I try to explain. Instead I hear gurgling sounds in my throat saying: "It's good to see you." "You'll be all right, dad." He sits quietly by my side, unwraps one parcel, and places a green plant on the table. The other, a red, blooming azalea, he gives my wife as she arrives shortly afterwards. A tired smile lights her face. The other members of my family have also been contacted and will come by during the day. My son, a medical student, washes me with professional competence. I try to smile "You're so good to me," and feel the tears about to overflow again.

The medical round arrives. The young physician introduces himself and explains that I have probably had a cerebral embolus, or blood clot, to the right side of my brain. Computed tomography today at a tertiary hospital will determine the extent of the damage. With optimistic anticipation I ask his opinion of when the paralysis will recede. "It may take several months before any change occurs. This will probably affect you for the rest of your life."

I do not quite understand and ask him to repeat his answer. Feeling angry and helpless, I hear my voice sounding uneven and stuttering. "You don't mean that I'm going to drag this useless leg around for the rest of my life?" "We can't tell yet, for sure." I feel discouraged and exhausted by this exchange. He seems so confident, and I am so defenceless. I want to shake him and tell him not to talk to patients like that. From my own clinical experience I know that improvement can occur when the acute swelling diminishes at the site of damage. He takes my wife aside. To reassure her he explains that it will take time before I adjust to my situation. Distressed, she sits down by my side, gently stroking my lifeless arm. Freely translated, a Norwegian poet (O Hauge) once wrote:

"When I ask for water
Do not give me the ocean."

My wife and son escort me in the ambulance and I doze off on my way to the other hospital. In the radiology department nurses strap me on to a metal slab that silently slides into a steel cylinder. I am surrounded by blinking lights and the purring sound of revolving parts in the cylinder wall. A loudspeaker voice instructs me to keep my head absolutely still during the examination. I lose contact with time inside this giant womb as I lie motionless with fantasies about Freud and Orwell until I am delivered from my technological prison. The radiologist has shown my son the area in the right hemisphere of the brain that has been deprived of blood, which is localised where the motor nerves collect before crossing over to the other side of the brain to control the left side of my body.

On return to my hospital bed I feel exhausted. My mother, daughter, and eldest son have also arrived; my dear, loving family. I recall that my parents lived abroad when my father had his stroke. At the time he was 20 years older than I am now.

The physiotherapist looks in. With professional competence she carries my limbs through stretching movements and helps me sit on the edge of the bed, swaying precariously. She will come back tomorrow to start a training programme.

I lie still, infinitely tired, chained by the leaden weight of my lifeless half body. In a few months I will be 50 years old. We had looked forward to much

unlived life to be fulfilled. Will we ever accomplish our plans for studying abroad for a year or working together in Africa? A return to Kenya had tempted us. Perhaps not. We had moved into our apartment believing it to be a home where we could grow old together, even if disabled, as it had wheelchair access. A wheelchair...no, not yet. Once again my fantasies are drifting, now to a mountain road descending in steep curves toward the fjord thousands of feet below. As I gather speed at a bend of the road I steer my wheelchair into a wild leap. Liberated, I glide freely to the engulfing blue surface. Would I be able to seek this delivery and leave the people who love and watch over me? Images come and go, drifting aimlessly toward distant hills. Suddenly I feel a restless rumbling inside of me, a surging geyser I cannot suppress. It is like the relentless breaking of a raging sea or a tropical rain wildly whipping the water of a crater lake in Sumatra. At last I feel my tears breaking through, like the mild redeeming rain of spring on the mossy floor of a pine forest. I sense a tender goodnight kiss. I am alone, beyond reach.

Entry in the medical record 24 hours after admission:

"The patient has been relatively awake since admission. CT scan today reveals a small median infarction of the right hemisphere. As expected he is somewhat dejected by the event, as well as unrealistic about the future. Have informed him to expect many months of rehabilitation."

Learning to cope

A new day dawns on me. I slept better with a little medication, a dreamless slumber interrupted only by attempts to shift my infinitely heavy and lifeless limbs.

A radio is turned to the morning news followed by music. Now playing is a piano concerto by Mozart. The melodious themes of the andante movement are woven into a poetic dialogue: one theme is first exposed by the sensitive touch of the keyboard; the strings reply with a variation that is elaborated by the woodwind. I anticipate each note. Vibrating inside me, the notes open the door to an enchanted world: a rondo, sonatas, the D minor fantasy. My left hand lies immobile on the sheet. Will it ever come to life again on the keyboard? My father closed the grand piano after his stroke. I begin to weep again, defenceless, grieving in silence.

After some time I pick up a book, a recent bestseller, celebrated for its warm humour. The stiff covers are like springs opposing the grip of my right hand. I read sentence by sentence. Somehow they don't fit together. New characters keep turning up in the narrative. I have to go back to the previous page to identify names. I can't make sense of the sequence of events. After half an hour I have read only three pages and feel tired from the mental concentration. The book and I both need a rest.

My brother stands by the bed, patting my cheek. When we were small I used to defend him against the big boys. Now he is a half head taller than I. We are good friends, and I know he would look after those I love.

The physiotherapist brings a wheelchair. Cheerful and encouraging, she carefully lifts my leg over the edge of the bed and supports me to a sitting position. United efforts bring me into the wheelchair. As my wife wheels me across the corridor to the common room I hear gay remarks from other patients. Trying to propel myself with the right hand is like paddling a canoe in circles.

Back in bed I lie exhausted by the effort. My wife has had little rest. The phone is constantly ringing: family, friends, and colleagues wish to express concern and offer us support. Flowers arrive with messages of encouragement from many people. Long stemmed roses, bouquets of spring flowers, bundles of tulips, and artful decorations surround me. In a sleepy daze I look up at the lofty fresco paintings in the chapel of the crematorium. I contemplate a white coffin as the eternal music of a Brandenburg concerto fills my spirit and reconciles my grief.

Sign of improvement

On the fourth day the first slight sign of improvement occurred and I began the struggle to salvage my shipwrecked self. The uncertain outcome of this process lay somewhere in the future.

The physiotherapist became an important person to me in this phase. She came by every morning, her professional enthusiasm inspiring. Through passive movements she stimulated sensitivity of my joints and prevented development of contractures or shortening of the tendons, which occurs readily with disuse. She demonstrated exercises that my wife and I could attempt together. A first goal was to make the thumb meet the other fingertips. Initially even the greatest effort of concentration was of no avail. Eventually the fingers responded to command and moved imperceptibly. Indeed a beginning. Patiently my wife helped me train to bend each finger against the resistance of her fingertips. At first every movement was the result of a conscious message. It seemed that I needed to encode a new

pattern of signals from the brain to their final destination. The signals were too weak to enable the fingers to hold a piece of paper. Gradually the toes and foot also began responding, as if the signals had longer pathways to travel. The next triumph was to sit on the bedside, balancing without support.

Visiting hours being flexible, relatives, friends, and colleagues came by to see me at all hours, bringing flowers, fruit, books, wine, or a plate of cheese. I was touched and overwhelmed by all this attention. There I lay absolutely helpless and useless to others, yet everyone wished to show me how much I meant to them.

As a doctor I was used to being the active helper, concerned with others when dealing with illness or the complexities of anguished lives. Perhaps providing care, being needed by others, was more important for my self esteem than I was aware. My present incapacity to give seemed to reinforce my feeling now of being worthless. I had questioned the issue of professional identity with some anxiety when I left clinical practice for administrative work a few years ago. After 20 years with patients I felt comfortable in my new and challenging career, yet I liked to maintain contact with former patients and follow the development of children I had known since the prenatal care of their mothers.

Being physically paralysed and totally dependent on others made me vulnerable and defenceless. I had closely identified with the people near to me; we were interdependent, on equal terms. Now my autonomy was shattered. Chained by my disabled body, I was faced with the ultimate solitude of the spirit. Over the months to come I gratefully accepted the consistent support of my family and friends while I grappled with my own salvage.

My emotional state fluctuated between lonely despair and high spirits. I cried a great deal, often precipitated by words of compassion from a friend. At other times I joked inappropriately about my state as a healthy lesson in rehabilitation. Yet I was bewildered when someone remarked that I had really been quite lucky. I could barely fathom the uncertain consequences of the catastrophe before I was expected to acknowledge the statistical good fortune of not being among the one third of patients who die in the acute phase of a stroke. Neither did I have the insight to appreciate my family's anxiety for a son, husband, and father. I was too absorbed by responding to the challenges of each moment.

One evening my wife brought a mysterious basket. Off she took me on a wheelchair safari down the corridor to the x ray department, which was quiet at this time. In the waiting area she deployed all the ingredients of a delicious picnic: cheese, ham, French country bread, and a half bottle of champagne. We drank to the many picnics we had enjoyed together and talked of places we had visited in Norway and in many foreign lands. Light headed, I tried to respond to her smile, silently wondering if travel and the active outdoor life of skiing, hiking, and windsurfing would ever be in my future.

Alone again in my bed, overwhelmed by so many impressions and exhausted by the smallest efforts, I wept relentlessly. I had lost control over my emotions. I recalled patients with stroke reacting that way. "Emotional incontinence" is the medical jargon applied to the expression of feelings perceived as inappropriate by others. More usually incontinence means loss of control over bladder or bowel function. I searched in vain for a muscle that could close off the flow of my tears.

Starting again

After another few days I tried to stand on my feet. This felt good, but I was immediately confronted with the reality of being unable to walk. It had to be learnt all over again. With the support of a "walker" I attempted to swing the left foot forward a few inches. A simple process that I had taken for granted was never more difficult. Every day the physiotherapist guided me along the hospital corridor in my efforts to regain strength and rhythm of movement. Lying on a couch or on the floor of the physiotherapy room, I exercised systematically to restore the basic movements of flexion and extension, abduction and adduction. Lifting the leg and trying to make circular movements with the foot was a great strain. After each session I was exhausted, but the enthusiasm of the physiotherapist and nursing staff was contagious.

For some days there was talk of transferring me to a rehabilitation centre some distance from the city. I resisted this suggestion almost in panic. I could not bear the thought of being isolated and having to relate to new staff and long term patients talking about their illnesses. As a doctor I tried to keep a low profile in relation to other patients, avoiding participating in conversations when I could be asked to give medical opinions on the illness and treatment of my fellows. No fuss had been made over my professional status as senior health official, and I wanted to retain the privilege of privacy as a patient.

I longed to be in the familiar surroundings of our home, sleep in my own bed, and reorientate to my daily life. Rather than being in an institution I

would prefer to do exercises at home and come regularly to the hospital for continued physiotherapy.

At the end of two weeks I was considered sufficiently improved to manage on my own while my wife was at work. The cardiological and biochemical tests had all been normal. Equipped with an elbow crutch, I said a grateful goodbye to the staff and was discharged.

Coming home was an important transition in the continued challenge of trying to regain physical strength and mastery of skills, recover my intellectual capacity, and restore emotional balance. Reclaiming the shattered fragments of my self image was a process of maturation and integration that proceeded at an uneven pace along different pathways; yet each step was interrelated in an often bewildering pattern. Indeed my divided body and disturbed soul were a living experience of the whole being more than the sum of its parts.

To be home was a blessed relief from the constant background noise and activity of the hospital ward, once again together in the quiet and restful atmosphere of our apartment. I diligently continued doing the prescribed exercises on the living room floor where I had recently collapsed; it seemed an eternity ago. Now I challenged myself to endure longer efforts each day. Several times a week I went for treatment at the hospital, sometimes by taxi, on other occasions driven by a friend. The snow and ice outside required particular care when I slowly "crutched" my way 20 yards to the waiting car. Gym gear I carried in my rucksack. The physiotherapist systematically supervised the strengthening of muscle power and improvement of coordination. She encouraged my hope of perhaps skiing cross country again.

The many trivial procedures of everyday life took longer as movements were slow and clumsy. While at work my wife was anxious about my being alone at home lest I fall or suffer a new stroke. I was sitting on the toilet one day when the phone rang. Literally caught with pants down, I limped and crawled to reach the phone in time to reassure her that I was all right.

Sitting hesitantly by the piano, I started browsing through a stack of sheet music: Bach, Mozart, Chopin, Brahms... Finally I found a special friend, a folk ballad of poetic wisdom: "Thou shalt have another day tomorrow." Slowly labouring my left hand, I made my fingers somehow touch the base keys. Tears of hope streamed down my face.

I wanted to begin the task of writing letters to thank the many friends who had sent me greetings. A practical obstacle was holding on to the paper. A clipboard solved this problem. While in the hospital I had managed to write a note to a friend whose 50th birthday I had missed. Now I tried as best I could to write personal letters of response. It gave me a good feeling, though I struggled to find the right words and tears often dripped on to the paper. I wanted to reassure, and I believe that the letters conveyed more optimism than I felt deep inside.

The mental effort of writing a few letters invariably made me tired. The deep green armchair by the window was a cherished place to rest, overlooking the frosted landscape with a glimpse of glittering, sunlit sea between the pine trees and distant hills on the western horizon. In the twilight of sleep images kept returning to haunt me like vultures high above stalking their prey.

Most of these visions were related to war experiences from my early life... pictures I had seen of the concentration camps, starving prisoners, corpses stacked in front of the gas chambers... my own journey through Germany at the end of the war with a group of liberated prisoners, fellow countrymen who had survived... total destruction, the wandering masses of displaced people... later on, aged 18, I had volunteered for service as a medical orderly in the Korean war with the first Norwegian surgical team that joined the United Nations forces... I could sense in my nostrils the sweet, sickly smell of children burned with napalm and hear their whimpers... I packed in paper the amputated limbs of children injured by land mines or mortar fire, carried them to the rusty oil drum we used as an incinerator, and burned them... sometimes going without sleep for several days, assisting in the operating tent... over 450 casualties passed through our unit one day, brought in by helicopter and ambulance... young soldiers of my own age with bodies splintered by fragments of shell... most often lifesaving operations, at other times in vain... living people became corpses.

We sat one afternoon on a small hill near the camp overlooking rice paddies across the valley where blue smoke rose from thatched farmhouses. The artillery pounded persistently to the north, while fighter bombers were flying past at low altitude. One of our men had got hold of a gramophone and some records at the flea market. Suddenly the brutal noises of war were displaced by the serene music of Bach. We listened in silence to the fourth Brandenburg concerto; the sublime aspirations of the human spirit toward compassion and mercy...

As I woke from fretful sleep I began to cry, once again unable to stop tears of desperate sadness.

For many months my emotional instability was no doubt a trial of tolerance to people near me; I was prone to outbursts of tears and unpredictable shifts in mood. Irritable and impatient, I often misinterpreted well intentioned remarks. I felt anger and revolt against my unjust fate. I had

great difficulty in coming to terms with this undeserved helplessness. Was my illness a protest against sustained stress beyond my control?

These feelings forced me to re-experience long forgotten injustices and shed light into some dark crevices of the past.

Recovery of physical skills progressed remarkably. Approaching four weeks after the stroke we ventured outdoors. On a bright, sunny day of late winter my wife drove us to the golf course nearby, where we had taught the children to ski. Balancing unsteadily, I set off on the path gently sloping toward the lake. The left leg tended to skid away from the track, and I had difficulty in using the left stick for propulsion and balance. I fell several times, scrambled up, and continued across the snow covered, frozen lake. Attempting to glide rhythmically was a challenge to strength and coordination. Returning to the car after one hour, I was completely exhausted, but what a joy to be out together in the winter sunshine. Coming home, I slept for several hours. I felt exhilarated and grateful. The next goal would be our little cabin tucked away by a forest lake. In the following weeks my youngest son also took me on short skiing trips near our home to encourage my self confidence.

The excessive tiredness persisted for a long time. Though gradually diminishing, it was an obstacle that limited intellectual concentration. I practised every day by setting aside time to finish the draft and edit a short book I had nearly completed before the stroke. It was a slow process of clarifying intentions and ordering the sequence of the material. I fiddled endlessly with each sentence, weighing the values of alternative formulations. With patience a final draft was ready for word processing.

On a day that I was not going for treatment at the hospital I visited my colleagues at work. We had been in contact by phone, and I was moved by the warm welcome they gave me. It felt good to be among them again. Gradually I began dropping by the office to catch up on events and look at the mail. Sitting at my desk, I was unable to concentrate on systematic work.

Encouragement

Another important event on the path to recovery was an invitation from my professional organisation to come as guest for a week at a course held at a mountain resort. I had for many years participated in organising these courses, attended by general practitioners from the whole country. Many brought their families; a happy crowd with children enjoying a winter holiday. For once I went without my wife, feeling it was good to take responsibility for myself. Everyone was so kind to me, and I enjoyed immensely the company of many old friends. Attending some lectures each morning was stimulating. One session was concerned with terminal care and summarised the experience of a thoughtful and sensitive female colleague. The audience was quite moved; two of us wept silently. The other person had spent several years in a concentration camp, arrested by the Gestapo while a medical student. We knew each other and exchanged some feelings. It seemed that we shared a similar vulnerability.

Afternoons I reserved for skiing. Gauging temperature and snow conditions, I waxed my skis and set off with a map of the mountain trails. Stretching my limbs and reaching out for the old feeling of mastering long climbs and descents of uneven slopes was just great. At the end of the week, when I had covered 15 miles in one afternoon, I was again in tune with my body. I thought of the many ski trips my wife and I had taken together on these trails, pausing to examine animal tracks or take in the exhilarating view as we peeled oranges. Alone with the striking beauty of our rugged, old mountains in the winter stillness, I experienced a sense of freedom and contact with a familiar solid core somewhere deep inside me.

Life really does go on

As spring progressed we started on weekends preparing for summer at our seaside place. We were busy with many tasks; clearing old leaves, cutting and gathering branches and overgrown trees for burning on the beach. The water pumps were connected and houses cleaned in anticipation of our grown up children coming for weekends or holiday. Tending to plants and feeling earth in our hands was good.

I took the windsurfer out on the bay. At first I drifted hopelessly as I fumbled too much crossing to the other side of the board when tacking. With practice, coordination of rapid movements improved and I could lean back and enjoy the thrill of long, crosswind stretches, mastering wind and sail to shoot across the waves.

In town one day I met an old friend who had been on the point of phoning me as her teenage son had just suffered a stroke. I went to the neurology department of the university hospital to visit him. We sat chatting for a long

time, sharing common experiences. I tried to inspire some confidence and hope for the future.

My 50th birthday was a moving and festive occasion to thank my family and friends for their love and support. In spite of these outward signs of recovery and the cheerful and relaxed company of family and friends I still struggled with an uneasy undercurrent of sadness and vulnerability.

In August I resumed full time work. Would my colleagues still count on me as a partner capable of taking a fair share of the workload? They certainly did, but encouraged me to keep to a pace I felt comfortable with. Yet when at first I sometimes did not make it for eight o'clock, being up to half an hour late, I had a sense of guilt as if I were taking advantage of my illness. On the other hand I often stayed after office hours to complete urgent work.

Many colleagues made friendly comments to the effect that I seemed to be my cheerful old self again, which of course I was not yet. In relation to my work I wanted to be perceived as dependable and productive, which I gradually became. I felt praise of my work as a reinforcement to reclaim my self esteem.

Much to be thankful for

Looking at an inventory I see many causes for gratitude. While I previously often took on jobs to please and be helpful, I now find it easier to set limits. I believe I am more critical and selective of tasks, giving priority to new challenges because they are particularly important to me. I feel dedication to work as motivated more by choice than by sense of duty. In my professional life I am less anxious about taking on conflicts and more assertive of my own needs. In a sense I feel less dependent on the judgment of others.

In the time that has elapsed since my stroke I have become more conscious of time as a constraint to life. Knowing that my time may be shorter, I feel a greater urgency to use myself fully and creatively. In encounters with people I often sense a directness in response that enriches contacts. I find myself more often saying: "I know how you feel," rather than "I can understand your feelings."

While in the hospital I experienced sadness and loss, realising that I might never play the piano again, which I had done since childhood as a modest amateur. Though my left hand is less agile, I have selected well known compositions to train different skills and have ventured into new musical discoveries. I have also taken up painting as a hobby, a new source of joy. I have discovered watercolours as an enchanting medium for capturing the shifting light and moods of nature. The watercolours have become faithful travelling companions in my leisure time at home and abroad. Though I have had offers of purchase, I have so far only given away the pictures I paint.

Other hopes shattered by illness have also been fulfilled. Ever since the Korean war, which killed four million civilians, I have wished to return to the "land of morning calm" and its people, whose suffering destined my choice to study medicine. Recently I was invited with my wife to revisit Korea with a group of Norwegian veterans. Only the rice paddies, the red earth, and the jagged mountains remained unchanged. The valley where we once pitched our tents in the turmoil of war was now a housing development. Here children, dressed in gay colours, played happily. Somehow their faces seemed so familiar, as if I had seen them only last week. Yet I realised that they belonged to the children and grandchildren of the people I had known begging food, humiliated by war.

As I later sat painting in the timeless serenity of a temple garden I struggled to reconcile the gap between the present and the vivid memories of three decades ever within me. A cycle was completed.

We had once planned to take leave from our established lives for a year to develop professional experience by working or studying abroad. During the past year we have enjoyed the stimulating challenge of completing graduate studies in a foreign country as contemporaries of younger health professionals from all corners of the world. This unique experience has nurtured friendships across continents and cultures.

Recovery from illness occurs in interaction with other persons. I feel a deep gratitude for the generous love and tolerance of my family and the thoughtful and warm support of my friends. By their concern they acted as guardians of my dignity while I was helpless, the finest expression of human solidarity anyone can experience.

I am still easily moved to tears; in response to distress in people I meet, on seeing a disabled child... and when I hear the tune of a certain Brandenburg concerto. Sensitivity to painful memories also means being in contact with basic feelings, with qualities of strength and weakness that make us into human beings capable of sharing. The tears I have shed enriched my life by watering deep roots and stimulating growth. When I get excited or impatient I sometimes sense a spastic restlessness in my left hand, a timely reminder of my "stroke of luck"... a gift of life.